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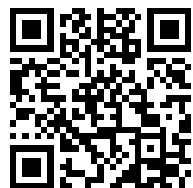
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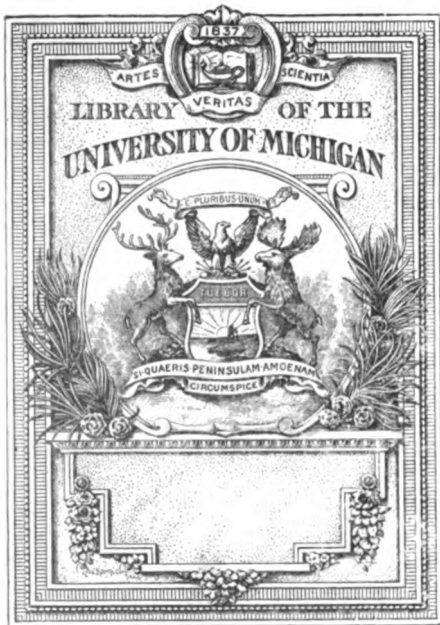
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THE

1893

# MEDICAL ADVANCE

A MONTHLY MAGAZINE OF

HOMOEOPATHIC MEDICINE

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H. W. PIERSON, M. D.,  
EDITOR.

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No. 1

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How do you like this number?

\* \* \*

THERE is a skeleton in every man !

\* \* \*

MEN are said to be "white" without reference to the color of their skins.

\* \* \*

THE similar remedy, the single remedy, and the minimum dose is a pretty good platform to practice on. Moreover, it's a winner.

\* \* \*

OUR genial friend, Prof. T. H. Hudson, M. D., of Kansas City, has given us one of the strongest campaign documents ever written in "Two Decades of Medicine." We have one objection to the city at the mouth of the Kaw. It is in some respects too small a town for such a man as T. H. Hudson to live in.

\* \* \*

MR. S. H. H. CLARKE, the famous railway manager, long an intimate friend of Mr. Jay Gould, said, in speaking of the latter's death: "He had an attack of pneumonia, about five years ago. He was not naturally strong. The attack on his lungs perceptibly weakened them and it is almost certain that the disease *was not fully cured, but simply grew into the other.* I do not believe that consumption was hereditary in

his family. His father I know did not die of it, and I do not think his grandfather did." This is the old story. What a magnificent success old Allopathy is in suppressing—squelching—annihilating "diseases;" and what a stupendous failure in curing sick people!

\* \* \*

ANOTHER dismal ignoramus has turned philanthropist. A young upstart, who calls himself "Reverend," has published more than 300 pages which he says are "Plain Points on Personal Purity, or Startling Sins of the Sterner Sex." To be sure, the volume is "*for men only*," which is an infallible indication of the kind of person who wrote it. This book ought to have been christened, "Pungent Points for Prurient Persons, or Salacious Slices for Sinful Sons." Through what channels, we should like to know, that are creditable to his calling, did this bumptious and impertinent young "Reverend" secure the information necessary to place him amongst the authorities on sexual matters? We do not pretend to be an authority on qualifications, but we do suggest that an evangelistic experience, the only sort this man has had, is not ordinarily regarded as sufficiently complete as a basis for authorship.

\* \* \*

TO CHARLES E. FISHER, M. D., of the United States of America, and to Mrs. Fisher and family we extend a most cordial welcome. They came to Chicago to make this city their home. To Fisher himself—not Dr. C. E. Fisher, nor Wheelhorse Fisher, nor Fisher with any prefixes or additions whatever, but simply to Fisher—we wish abundant happiness and great success, as editor-in-chief of *The Medical Century*.

\* \* \*

A MEDICAL gentleman, in apologizing for a clumsy piece of prescribing, said: "In addition to the usual remedies, we will give this patient two grains of Quinine a day—not as a medicine but simply as a food." Food in quantities of two grains a day is good.

\* \* \*

"BLEEDING," says Benjamin Rush, "when sufficiently copious, will nearly always prevent hemorrhages." In other words, it never rains in dry weather; or, to be more specific,

a pig will find very little nourishment in an empty trough. There is, by the way, a Chicago medical college named for Benjamin Rush. We wonder if bleeding is taught in the institution? If not, why not? And yet there are honest souls who are ready to jump at every miserable makeshift of that stupid school that never had any principles and never will have any. Homœopathy has the principles; they are here to stay; and the cowards and the numbskulls are most welcome to get out whenever they please.

\* \* \*

By the way, what is Allopathy? It is not Surgery, nor Obstetrics, nor Hygiene. "Regular medicine?" Well, how regular? As cold is the absence of heat, as darkness is the absence of light, so is Allopathy simply the absence of Homœopathy. It is just as well that there is a general term to cover the whole ground of experimental dosing. And so, instead of being somebody, old Allopathy is worse than nobody—in the same list with sin, darkness, and other negative quantities. We never had a very high opinion of her anyhow.

\* \* \*

IN the South Sea Islands, when a native gets his leg broken, the cocoanuts that grow on the trees in the dark of the moon know enough to treat the case surgically. In this great land of Washington and Lincoln there are persons over two years old who try to make raw students believe that certain homœopathic practitioners treat fractures by therapeutic agents. This is a favorite method of disposing of an antagonist—misrepresenting his position and then proving that position to be false. It is not a manly or a brilliant thing to do, but it will likely remain at the head of logical humbugs for many a day to come.

\* \* \*

IF braying over the brink of rural pulpits is a sufficient schooling for a stripling who has the impudence to pretend to be an authority on sexual physiology and hygiene, why may not a railroad "section boss" furnish us with a valuable paper on "The Therapeutic uses of Iron?"



WE think of no reason why the matter of early frosts or of late frosts should concern the alleged editorial department of a medical print. Frosts are such ordinary occurrences that few people, even in the rural districts, ever take the trouble to write about them. They are harmless, as a rule, and, in fact, are regarded as wholesome occurrences. Perhaps the scissors that "edits" the great organ of opinion that we have in mind is really concerned about something else than frosts. When a man refuses a cushioned seat, insists upon standing all day, and can not be induced to sit even for a moment on a downy pillow, somebody is sure to accuse him of having a highly-developed boil somewhere below the subclavian artery.

\* \* \*

A MISSOURI editor, with a brother journalist in view, says: "Such mud is only thrown by a confirmed dirty dog." Now, this editor is mistaken. In the first place, dogs are never confirmed at all, whether they are dirty or whether they are clean. Confirmation is, we believe, a religious ceremony, generally performed by human beings in a sacred edifice, and is a serious and impressive performance. Dogs would be almost sure to disturb the gravity of the occasion. Besides, there is no good reason why dogs should be confirmed.

Moreover, dogs never throw mud. That elegant pastime is reserved for nasty little editors.

\* \* \*

A RECENT issue of *The Medical Age*, of Detroit, contains an article on typhoid fever by R. H. Honner, M. D., and seriously, we should like to ask the author why he ever wrote it. He says:

"The treatment of typhoid fever may be divided into antiseptic treatment (or specific treatment, if you like the term better) and antipyretic treatment. *The former is undoubtedly the ideal treatment, but the latter has undoubtedly given better results.*"

Ideal treatment, indeed! Whose ideal? A wretchedly poor ideal, we should think, when another method not "ideal" produces better results.

"It is generally conceded that there is no real specific for typhoid fever."

Specific for typhoid fever? Do you know of one single specific for *anything*? Why in the name of all the slaughtered do you harp everlastingly upon a broken string?

At this point Dr. Honner has a gleam of faint light cross his mind, for he says that:

“Conservative skepticism should not prevent us from hoping and believing that the time will come when there will be no self-limited diseases—that \* \* \* medicine will be an exact science,” and “the dictum of the physician will be as immutable as the astronomer’s.”

We do not believe that Dr. Honner will ever see an “exact science” that is not based upon *a law* as eternal as the hills. He knows nothing of the law of similars, of course, and he is possessed of a very hopeful temperament if he shall continue to look for anything approaching exactness in an irregular experience meeting.

“Of the specifics that I have used I will mention carbolic acid and iodine, calomel, chlorine, salol, copper arsenite, and turpentine.”

“Specifics” again. A specific, according to Honner, is something that is not a specific. But Irregular medicine is such a miserable muddle of multiplied idiocy that small inconsistencies count for very little.

“I never got any results from chlorine water.”

The thousandth potency of evaporated moonshine never scored a more dismal failure than this.

“Theoretically, salol ought to be an ideal remedy; but clinically, in my experience, at least, it has failed to produce ideal results.”

If this is not literally “firing into the woods,” hoping by accident to hit a squirrel, or a stump, or perhaps a cow, we are not a judge of human conduct—but then we are not an Irregular.

The remainder of the paper is worse, if anything, than the extracts above given. The whole stupid business recalls the observation of a venerable allopath who sadly remarked that “this medicine is splendid for the disease, but it seems to play the devil with the patient” (*Digitalis*, as we recall it, in a case of dropsy). If Dr. Honner be an honest man and a student of science, and not a graven image of bigotry, he can learn

something of value in *the healing of the sick* by reading Hahnemann's *Organon*, Dunham's *Lectures*, and Guernsey's *Obstetrics*. He will then know how to cure his *patients* when *they* have typhoid fever.

\* \* \*

"AMERICA has as yet but one statue of a medical man, namely, that of Dr. Sims."—*The Medical Record*.

On Main street, in the little city of Danville, Kentucky, there stands a beautiful shaft erected by the Kentucky State Medical Society to the memory of Ephraim McDowell, M. D., the father of ovariectomy, which operation was performed first near where this monument now stands, in December, 1809. This monument was unveiled May 14, 1879, nearly half a century after the death of Dr. McDowell, which took place June 20, 1830. The ceremonies connected with the dedication were impressive in the extreme. The renowned Samuel D. Gross journeyed from Philadelphia to deliver the dedicatory address, which was a beautiful and glowing tribute to the heroic virtues of the modest backwoods surgeon whose fame had filled the world. The governor of the State, attended by his staff; Dr. Lewis A Sayre, president of the American Medical Association; the celebrated ovariectomist, Gilman Kimball, and scores of men distinguished in law, medicine and surgery, occupied seats upon the platform.

At the conclusion of Dr. Gross's address, Richard O. Cowling, M. D., of Louisville, presented to the great Philadelphian an old-fashioned knocker, which had hung for years at the door of McDowell, and which had summoned its owner to many a deed of mercy. The remarks of Dr. Cowling have rarely been surpassed for grandeur of sentiment and felicity of expression.

McDowell also performed the operation of lithotomy upon James K. Polk, who defeated Henry Clay for the presidency in 1844. At the time of the operation Polk was a scrawny, sickly, saffron-colored boy of fourteen years.

We are surprised that *The Record* should have forgotten the facts that we have herein narrated.

\* \* \*

DIPHTHERIA being purely a local affection and depending

for its cure upon measures entirely topical, we see no earthly reason why liberal excision of the parts should not be practiced. One great "Specific" after another has failed and something has got to be done that will cure somebody. Try the knife; if that fails we will do just as the Irregulars do and advise something else.

\* \* \*

AS THE patient has nothing whatever to do with "disease," and is never considered as of more than passing importance in the little matter of therapeutics—in short, as a man is so little concerned with, and is so wholly separated from that monster, disease, we actually wonder why the allopaths do not treat knot-holes and potato hills.

\* \* \*

PROF. DE JASACK'S new method of treating scarlet fever is especially commended to the most prayerful attention of our readers. The Professor has discovered what we have long known to be the truth, namely, that scarlet fever is purely a skin disease, and can readily be cured by removing the skin.

\* \* \*

WE observe that a certain "skin" clinic is highly commended by a cotemporary. We do not believe that there is a statute covering the offense, but the "skin game" is as unpopular as ever in police circles.

\* \* \*

OUR method of curing syphilis consists in amputating the penis behind the "disease." This method is so far ahead of the milk and water treatment by a stick of caustic, that we cannot understand why anyone should hesitate to adopt it.

\* \* \*

"A JOURNAL for Negro Physicians" will soon be issued by M. V. Lynk, M. D., whose address is not forthcoming. The new organ will probably be printed with black ink.

\* \* \*

THE *Evening Post* says that, "T. Wright of 1231 State street, died suddenly without medical attendance at that number at nine o'clock this morning." Dying without medical attendance is *such* poor taste that we cannot understand it.

## Comment and Criticism.

### ISOPATHY.

The very suggestive paper from Dr. Holmes, of Omaha, on "Idiosyncrasy, Predisposition and Isopathy,"\* calls attention to an important subject. Among many inquiries it awakens, there are two that I desire to make through the columns of the *ADVANCE*:

First. Has Dr. Holmes, in his views on "Idiosyncrasy and Predisposition," added anything to Hahnemann's doctrine of the miasms? Second. What is "Isopathy?"

The reply to the first question may seem very evident if we take some single passages from Hahnemann's writings. He appears to have had in view in many instances, where he refers to the miasms, those diseased conditions manifesting themselves in eruptions, discharges, ulcers and other disease signs characteristic of the several miasms—but he certainly teaches us that psora, for example, may reveal itself in manifold forms of disease, both chronic and acute. Psora thus becomes the antecedent totality of all of the predisposing and idiosyncratic tendencies, or symptoms of disease. And similarly of sycosis and syphilis. Any one or more of which miasms may result in "recurring pneumonia," asthma, bronchitis, gastritis, tuberculosis, cancer, or a thousand other localized manifestations of disease. Is not the doctor therefore proving his true discipleship to the great master by attacking these constitutional miasms by our homœopathic armamentarium?

"Homœopathic practice never requires us to single out some primary or secondary symptoms resulting from chronic miasm, nor to resort to external local remedies, either dynamic or mechanical. But wherever one of these symptoms appears, Homœopathy cures the great fundamental miasm, together with which its primary as well as its secondary symptoms vanish simultaneously."—*The Organon*.

The second question in reference to Isopathy may be answered on an entirely different hypothesis than that referred to in the paper. As Dr. Holmes says: "The accepted illustration of isopathy is the treatment of hydrophobia by the

\* Reprint from the *MEDICAL ADVANCE*.



administration of its diluted virus." It seems to me equally probable and more reasonable to say that the so-called isopathic remedies are nothing more than drugs homœopathic to certain diseases, among them being those diseases one of whose morbid products is the crude substance of the drug. Contrary to the allopathic notion now current, this substance is not a vegetable. Nor is there any more proof of it being the product (ptomaine) of the vegetable, than that the vegetable is the product or contemporary of the ptomaine. Indeed there is no proof that they have any necessary relation. For in no case of "inoculation" by the bacteriologists has the microbe ever been isolated from the fluid in which it happened to be resident; and whether the virus of infection or contagion was in the microbe, or the menstruum, or in neither one, is a question as yet undetermined. It is at least reasonable to assume that the so-called ptomaine is perhaps another hydro-carbon compound--possibly analagous to those found in Rhus, Opium, Carboic acid, Prussic acid and other substances.

This substance when proven may be added to the materia medica as any other. As in the case of Strychnine and Arsenic, many of whose symptoms have been taken from the severe over-action of the drug, so in the isopathic remedies, the nosodes, the first list of symptoms would naturally come from observing those persons who were seriously affected by the poison, or virus of the disease.

The term isopathic names a mere co-incidence to the law of *similia*. Any remedy may be isopathic, every remedy must be homœopathic. It would be as well, perhaps better, to drop the term "isopathic" altogether, as it really stands for nothing of any value.

I firmly believe that Homœopathy in its study of the nosodes will add something to the curative armament of the physician of infinitely greater value than anything done by Koch and Pasteur; and it ought to be to our shame if we do not step in and utilize the discoveries of these men in their suggestive extension of the great homœopathic law. They bring to us for our consideration and proving a new group of substances, known to have a most powerful effect upon the vital force. It is our duty, under the guidance of the

law of cure, to determine the value of these morbid agents in curing disease. It may be assumed that this carries us into a field unknown to Hahnemann; but this is not the case. When Newton discovered and demonstrated the eternal and omnipresent verity of the law of gravitation, the world had no knowledge of the existence of the planet Neptune. Yet when Adams and Leverrier computed the place of a planet that no eye had ever seen, they trusted to the correctness of Newton's law, and when the astronomer turned his lenses toward the spot where the mathematicians declared a planet would be found, he but added another verification of the law—he discovered no new principle, though he did discover a new planet. So with all laws in science. By them prevision is possible, and by them alone. Eclipses can be foretold with absolute certainty. Hahnemann foresaw the treatment of cholera, and gave its cure before he had seen a case. If *similia* be a law it must prove itself under this test, and it does. To what unknown, undiscovered forms of disturbed vital force, or curative drugs it was to be applied, Hahnemann no more could see than Newton saw the planet Neptune. It remains for Hahnemann's disciples to ever extend the domain of the great law of cure, and now is our opportunity in the sphere of the nosodes, and the three great miasms lying back of so many of the diseases we are called upon to treat. Bacon, who gave to the world the organon of science, as Hahnemann gave us the organon of medicine says:

“Man, the minister and interpreter of Nature, does and understands so much as he may have discerned concerning the order of Nature by observing or meditating on facts. He knows no more; he can do no more. \* \* \* And so one may quite hope that there are many things of excellent use still hidden in Nature's bosom which have no kindred or parallelism with what has been already discovered; but are altogether placed out of the ways of fancy; which, as yet, anyhow, are undiscovered; which doubtless after many circuits and turnings of ages will at some time come forth.”—*Novum Organon*.

THOMAS J. GRAY.

## THE HIGHEST POTENCY.

I want to unload my mind, and I hope your readers will take notice, as I will only tell what I know. And first, about small-pox—*all* cases, no matter how bad, even at death's door, can be cured with the *highest* potency of variolinum, and there is no necessity for vaccination in any case—how dangerous it is, statistics show. Physicians may safely give the indicated remedy in the most critical cases, if they will use the highest potencies. I will only mention one case of double pneumonia with the lower third of both lungs hepatized, cured with Phos. mm. (I had no higher with me.)

I have known for a long time that the highest potencies in *all* cases cure quicker, more permanently, and without any bad sequelæ, but I did not know why. A quotation from "Tesla," an advanced electrician, has opened my eyes.

The analogy between electricity is generally admitted, and he states that "an electric current of 3,000 volts, alternating at only 70 vibrations per second, will, if passed through the human body, *deprive it of life*. But if a current of 50,000 volts, if alternating 2,500,000 times per second, can be passed through the body without hurt, in fact with apparent stimulation of the vital forces." Is it because the low potency used by these physicians who reported the fatality attending the prescription of the *indicated* remedy, represented the low current and low vibrations? *How* it acts I don't know, but you may *never* fear to give the *indicated* remedy in the highest potency, for it will never hasten death.

Referring again to small-pox, one dose of the dmm. of variolinum will entirely prevent the patient from taking small-pox, even if in the same room with a case. This I know of my own knowledge.

You may rely on these statements. I never published in any paper that I did not know to be true.

I wish to state that Cholesterin dmm. is an instantaneous relief for Gall-stone colic, and generally proves a perfect cure, seldom requiring repetition. All the morbose products will cure the disease from which they were obtained, if

given in a high potency, and I do not consider a high potency to mean anything below cmm.—but in severe cases dmm. or the billionth should be used. Remember Tesla's statement,

NEW YORK, 18 W. 38th street.

SAM'L SWAN.

## THE USE OF REPERTORIES.

REPLY TO DR. FRANK KRAFT.

It is evident that Dr. Kraft does not like his own medicine. He ridicules Dr. Holmes' most splendid illustration of the value of reportorial work; and when I—as I have a perfect right to do—come out in defense of the use of the repertory, and rap his knuckles, as he richly deserves, we are treated to a lachrymose exhibition of puerility. It really does seem to make some difference as to whose ox is gored.

The peculiarity of my style does not appear to suit the doctor. I will endeavor not to so offend this time. Dr. Kraft dissects our clinical reports, and lays us open in a manner peculiar to himself. I am reminded of a little incident that occurred on the train between this city and Santa Cruz. The railroad on this route runs very close to the ocean in several places, and the scene is truly magnificent. Sitting a few seats in front of me was a family, consisting of a man, wife and three or four children. They were evidently just from "Arkansaw," or some other back country. Suddenly, for the first time, a beautiful view of the Pacific burst upon our vision. The man just alluded to cried out to me excitedly, "Mister! is is that thar the ocean?" I replied that it was. "Jimmy! Jimmy!" he cried to his ten year old boy who was lying asleep on a seat; "Jimmy! come here, see the ocean." Jimmy slowly arose and he was a dilapidated looking citizen. His hair was long, yellow and unkempt; his eyes dull and heavy, the lids semi-agglutinated; face certainly unwashed for the last two thousand miles; on his head was an old white wool hat, through a hole in the top of which protruded a tuft of the yellow hair like a golden plume, and with which the balance of the suit nicely corresponded. He cast his gummy optics on the mighty flood for a moment, and then very sentimentously said: "I can git across that." "Jimmy! what are

you talking about? that's the ocean! You kaint git across that," remonstrated the father. "I kin to, hit don't amount to nothin," replied Jimmy, and he dropped on his seat for another sleep. I am perfectly sure that since the beginning of time the great Pacific has never been treated with such contempt. And as the poor old ocean cringed and shriveled beneath the disdain of Jimmy, so do Holmes and I under the strictures of Dr. Kraft.

And now, dear readers, allow me to show you some beautiful specimens of Kraftiness. In commenting on my case of dysentery, I pointed out the characteristics of the stools as the peculiar and prominent symptoms of the case, and that upon these mainly depended the selection of the remedy. (*Vide Organon* § 153.) Dr. Kraft, in order to put me into a hole, insists upon omitting:

Stools, mucous, red.

Stools, smell, without.

And submits what I termed the concomitants:

1. Very restless.
2. Worse after midnight.
3. Colic before and during stool.
4. Better after stool.
5. Better from motion.
6. Better from hot applications.

Upon these six indications he calls upon all or any of the classes of '92 to arise and "shout the magical name—Rhus!"

Class or classes of '92, are you still standing and shouting? **SIT DOWN!** and don't let this man make a pack of asses of you. Upon the indications which he has given you, a homœopathic prescription cannot be made. Well does he pronounce it after his act of emasculation, "a poorly taken and wretchedly stated case." Add to these six indications the character of the stools, and I challenge the criticism of all homœopaths worthy the name, as to whether it be well taken and stated or not.

The prescribing of Rhus for the peculiar stool described he informs us is "pathological prescribing," or basing a prescription upon a "pathological condition," hence unhomœopathic. If this be true of dysentery, of course, by parity of unreasoning, I may assume that the same may be said of all

other fluxes of the body. Let us see; did not Dr. Kraft, in his criticism of Dr. Holmes' paper, relate an instance where he did a prodigious amount of repertorial labor on a case of gleet? And did he not take his work to Prof. Kent, and show what his Herculean task had brought forth? Prof. Kent looked it over, smiled, and upon the single indication—*the character of the discharge*, prescribed Thuja, an entirely different remedy, and cured the case. Let me ask in all possible sweetness, did Prof. Kent also do "pathological prescribing?" If so, how is it that you approve of it in one case to condemn Dr. Holmes, and denounce it in the next to damn me? Somehow I feel to haw! haw! haw!—but then I promised not to be funny, for it do so gambol up and down Dr. Kraft's sympathetic nerve. I did, however, base my prescription upon the character of the stool alone. I distinctly stated that "I turned to Rhus in the body of the work, found all the concomitants, and knew I had discovered the remedy." And this exposes another instance of Kraftiness when he attempts to make me do so.

And another: I said that on my first visit "Mer. cor. seemed to be indicated," and of course I gave that remedy because, in my judgment, the symptoms called for it. Dr. Kraft says: "The concomitants of Rhus were there at the first visit (Chapman's own admission)." I have \$100 in gold coin for any one who will find such admission in my report. I treated the case symptomatically throughout. More moral obliquity. That is appalling!

And finally: Twenty-four hours I gave Mer. cor., and another twenty-four hours Colocynth—forty-eight hours, then Rhus. Yet my most honorable critic repeatedly asserts that I maltreated the case *four days!* a further infraction of the moral law.

Dr. Kraft mailed me a few weeks since a copy of the journal of which he is editor. Upon the first page of the cover is the following:

THE  
ARGONAUT.  
A MONTHLY MEDICAL MAGAZINE. DEVOTED TO HOMŒ-  
OPATHIC MEDICINE AND COLLATERAL SCIENCES.

I looked this number over carefully, and there is not in it,

from cover to cover, one indication for a homœopathic remedy, nor a report of a homœopathic cure. In just what way it is devoted to homœopathic medicine does not appear in this issue (Sept. '92). Its devotion on this line is on a par with the way the Irishman kept tavern. But when we turn over to what our editor is pleased to term "Golden Fleece," ah! my brethren, there's juicy fatness for the soul of the homœopath.

"Dr. Helen M. Cady has verified our own experience of the super-eminent value of Bryonia in la grippe."

"A piece of absorbent cotton dipped into a hot solution of calendula, and introduced into the rectum, will relieve the intense urging to urinate."

"Eight grains of salicylic acid given every hour until five or six doses have been taken, then give a good big dose of castor oil, is said to be very effective in tape worm."

"Mustard mixed with the white of egg will form a plaster that will not blister."

"Two or three drops of the tincture of gelsemium every four hours for a few days, will relieve acute spasmodic stricture, and enable the patient to urinate freely."

As a heading to this most precious section, the doctor puts up the petition of Burns:

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

AMEN! An introspective eye is just what you are in need of, doctor, and may the Lord grant your prayer.

The doctor insists that it is a "homœopathic fact" that he teaches and practices the prescription on the totality of symptoms, and not upon a "foot sweat" or "dysentery." In the light of the above quotations from "Sheep Tags"—or "Golden Fleece," I should have said—Dr. Kraft's statement can be a homœopathic fact in but one sense—its infinitesimality.

And now, dearly beloved, does it not plainly appear why Dr. Kraft has relegated his repertories to a state of "inocuous desuetude?" The writer of such allopathic twaddle as we have just read, cannot be a reporterist. "Ye cannot serve God and mammon."

I am not in this controversy for anything but vindication of the truth. Millions of the race are going to untimely graves

simply because of the faithlessness of men in our own ranks. Homœopathy would long ago have taken the world if professed homœopaths had been loyal and honest. How long shall we go on

“ Dropping buckets into empty wells,  
Growing old in drawing nothing up.”

Many honest men and women are feeling after light, and there is no hope for them but in straight repertorial work. So when a man in Dr. Kraft's position attempts to knock the props from under these struggling ones, it's my fight. One of these lately, in a communication asking for advice in regard to the management of our *Materia Medica*, subscribes himself, “ Your Almost Discouraged Brother.” I could but recommend him to a diligent use of our repertories.

“Stand ye in the ways and see, and ask for the old paths, where is the good way, and walk therein, and ye shall find rest for your souls.”

As in religion, so is there in medicine a straight and narrow way that leads to the fountain of all truth. It is a glorious, shining way, and it grows brighter and brighter to him who walks therein.

“ So live, that when thy summons comes  
To join the innumerable caravan, which moves  
To that mysterious realm, where each shall take  
His chamber in the silent halls of death,  
Thou go not like the quarry slave at night,  
Scourged to his dungeon, but, sustained and soothed  
By an unfaltering trust, approach thy grave  
Like one who wraps the drapery of his couch  
About him, and lies down to pleasant dreams.”

S. E. CHAPMAN.



THE  
MEDICAL ADVANCE.

A HOMŒOPATHIC MAGAZINE.

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No. 2

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Very favorable comments received on the January number.

\* \* \*

If you don't like THE MEDICAL ADVANCE say so and suggest the remedy.

\* \* \*

In the department of Theory and Practice names of contributors will be withheld in the future for the reason that everything should subserve the great principles underlying the art of healing the sick; and helpful, valuable comment will be refused because the name of the contributor must be more or less associated with the article under consideration.

\* \* \*

The publication of Prof. Hudson's article, "Two Decades in Medicine," has met with a very hearty response from all over the country. Requests have come in for nearly fifteen hundred reprints of the same and we are arranging with our printer to issue the same as soon as possible. THE MEDICAL ADVANCE regrets that it did not appreciate the demand that would be made for this article before the type was distributed, for two thousand reprints could have been struck off with comparatively little more expense than the two hundred which were ordered. As soon as the cost for reprinting is known it will be published in these columns. In the meantime requests will be filled in the order in which they come to us, until the issue is exhausted.

\* \* \*

Particular attention is called to a letter by Prof. James C. Woods, of the University of Michigan, in reply to a letter

published in *THE MEDICAL ADVANCE* last November, from Dr. Samuel A. Jones, for two reasons. First, simple justice to Dr. Woods opens the columns for his reply since the letter of Dr. Jones reached the public through the same medium. The second and most important reason, however, is the opportunity it gives *THE MEDICAL ADVANCE* to say that henceforth its columns cannot be used for the purpose of giving publicity to personalities of a disparaging nature.

\* \* \*

There is a certain kind of comment as well as criticism which is not only legitimate but a valuable way for separating the wheat from the chaff, the good from the bad, the true from the false, and this comment may be made in such a manner as to accomplish a great deal of good with injury to no one.

\* \* \*

The columns of *THE MEDICAL ADVANCE* are too valuable to have any of its space wasted.

\* \* \*

Some unfavorable comment has been made on the contents of the advertising miscellany, always by those, however, who do not realize how many silver dollars it takes to put a copy of such a journal as this into the hands of each and every reader. Please bear in mind that the advertising department has no connection whatever with the body of the journal. The parties using space in this journal want to speak a word with you and they pay for the privilege. It is optional with each and everyone of you whether you listen or give heed to their message or not. It is a plain business transaction, and should be so understood by all parties concerned.

\* \* \*

Special attention is called to the *THREE MONTHS' TRIAL TEST OFFER* for non-subscribers. We aim to give you a journal which will be helpful to your everyday work and want you to read it long enough to appreciate its superiority over all other journals. In short we want to make it indispensable.

\* \* \*

*The Kansas Medical Journal* says:

We are glad to notice that *the fashion* of advising the use of the coal-tar antipyretics is going out. Words of warning are seen in the journals from

those who have been enthusiastic in the use of these depressments. Happy is he who is not carried away by every "wind of doctrine." The physician who keeps pace with the advances in physiological medicine is not likely to waste his time and endanger his patients by fighting fever, *which is only a symptom*, and neglecting *the cause*, to the injury of *the patient*.

We have italicised certain words for the purpose of calling attention to some points that ought to be plain, even to an Allopathic editor.

"The fashion," indeed! Whose fashion? The person who would talk seriously about the "Science of Fashions," and about reducing "Fashion to an Exact Science" would be so easily recognized that he might leave his skin and even his ears at home without being mistaken for a lion; but we ask, seriously and honestly, if Allopathic Therapeutics has not changed oftener than the fashions?

"Fever is only a symptom," says *The Journal's* editor. Real, scientific Homœopaths know better than this. Fever is really a hideous monster, with large head, glittering eyes, ten legs and fourteen tails, and can be weighed, tasted, felt and handled precisely as if it were brick and mortar. The reason so many great and wise men fail to relieve fever is that they fail to weigh the fever accurately—fail to recognize that pounds and pounds of it, to say nothing of ounces and grains, are lying around in the system, and against this array they turn loose a few miserable little drops of something or other, it matters not what, and, of course, see their feeble array of stuff swamped as an elephant would crush a toad. The fact that a pound of fever requires *more* than a pound of drug or drugs—and as two remedies are an unfailing sign of more brains and greater skill than one remedy, we should say the more drugs the better!—is such a transparent and effervescing truth that we cannot for a moment doubt its ultimate acceptance by our great profession.

\* \* \*

The patient is the one thing that is almost universally ignored by allopathic prescribers. They succeed admirably in knocking out diseases, and as patients and diseases are inseparable the former generally go with the latter.

\* \* \*

The daily press has lately been filled with statements

touching the medical treatment of our great ex-secretary of state, Mr. Blaine. The famous sufferer was treated for this, for that, and for the other thing. Nobody, it seems, thought of treating Mr. Blaine.

\* \* \*

In the cases of men such as James Russell Lowell, George William Curtis, Percy Bysshe Shelly, William Tod Helmuth and Henry Newell Guernsey many writers believe that it is more elegant and dignified to write the names in full, although the multitude uses them too often to give more than a single appellation to each. There are men, however, who are under no moral or other obligation to use more than their initials, J. W., S. J., T. P., etc., or at most John W., Stephen J., or Thomas P. This is enough for purposes of identification, and identification is sometimes sufficient.

\* \* \*

*The Medical World* supplies this interesting item:

“Dr. G. Tell, of Braddock, Pa., writes in reply to a request, that he uses sulphur for burning feet, by internal administration.”

If Dr. Tell will kindly explain *why* he gave sulphur we shall be greatly obliged. “Burning feet” is only “a symptom.” What was the pathological condition? What was the disease? This business of prescribing for patients is sure to bring the medical profession into disrepute. It seems that Dr. Tell “uses sulphur for burning feet” in every case; this much is inferred from his own words. About ten years ago Dr. William Alexander Brown Smith gave Pulsatilla in every case of “menstrual troubles.” Today he does not give the remedy at all. He is probably using *Rubus Strigosus* or *Viburnum*. Next year he will be using something else. “Menstrual troubles” are not pleasant things for this man to encounter. Yet he manages them as successfully as he ever manages anything. Some day he will die and, we hope, enter a land where the doctors have sense enough to see the grim humor on every page of allopathic therapeutics.

\* \* \*

We are sick and tired of that nasty and brutal word female as applied to women. It may do in the stockyards and out-of-the-way places, but it ought in common decency to be

-dropped by the medical profession. We never wear "pants," we are not particularly fond of "gents," and we invariably shun "females." Breeches, gentlemen, women, the law of cure and the indicated remedy are good enough for us.

\* \* \*

A southern practitioner declares that Eupatorium has no equal in the treatment of intermittent fever. This means that this man has lately treated successfully a dozen cases in which Eupatorium was the homœopathically indicated remedy, and it cured the patients to whom it was given for the sole reason that it was homœopathic to their condition. No sane man can deny this. Why mince words in discussing the matter? He is either a numskull or a hypocrite—possibly both, and we don't care which. Chemistry is practiced millions of times by ignorant people who know nothing whatever of chemical philosophy. So is Homœopathy. A spade is a spade. Homœopathy is Homœopathy.

\* \* \*

Allopathy represents no principle save opposition to Homœopathy. Certain pitiable persons persist in crediting the mo-sback school with advancements purely surgical, hygienic or physiological in character. It deserves nothing of the kind. Surgery is surgery, chemistry is chemistry, and Allopathy—thank the Lord—is Allopathy.

\* \* \*

It is about time for a new and greatly improved work on Allopathic Therapeutics—one that leaves out coal-tar products. Allopathy is always improved by kicking out something. Discarding the lance helped it immensely. Dropping the practice of salivation was a tremendous gain. If it will finally lie down and die or gets its throat cut by some outraged victim this beautiful earth will be a safer and a sweeter place of residence.

\* \* \*

This wonderful and startling piece of information will be joyfully received by tens of thousands of physicians. It is worth an entire year's subscription to THE ADVANCE:

A solution of two drams of muriate of ammonia in four ounces of water, applied to the parts three or four times a day, will be found an absolute specific for rhus poisoning.—*From the Medical World, Vol. X, p. 464.*

“An absolute specific” is such a good thing, so full of comfort, so satisfactory all around, and so much like the works of the Creator, that even an allopathic editor ought to accept it as final. But on page 465 of the same issue of *The World* we find the following:

Prof. Hare said that *grindelia robusta* is one of the best remedies for the treatment of the *Poison of Rhus Toxicodendron*, or poison ivy.

From “an absolute specific” on page 464 to “one of the best remedies” on page 465 is good. Brutus was an honorable man. The ass is a marvel of intellectuality. The practice of Allopathy and taxes are “dead” certainties.

\* \* \*

Prof. Hare is again reported as follows on page 464 of *The Medical World*:

Prof. Hare said that sugar of milk is a decided diuretic; that in *Dropsy* (either renal or cardiac) sugar of milk, ounces j in a pint of water, taken during the day, will cause profuse diuresis.

Great Scott! An Allopath giving Sac. lac. for a real disease.

\* \* \*

We should like to know from what homœopathic *Materia Medica* the following extracts were stolen. They appear under “Items of Interest,” which they undoubtedly are, in an organ of the mossback school.

*Cimicifuga* is specific to muscular aching, muscular soreness or pain from whatever cause. If fever is present its effects are greatly intensified by combining it with aconite.

*Hyoscyamus* is valuable in the delirium of fevers, accompanied with wild dreams or hallucinations.

*Phytolacca*, five drops every two hours, works directly in all cases of glandular inflammation, especially mastitis and orchitis.

*Phosphorus* is indicated in hyperemia of the lungs with dyspnea, especially when there are stitches in the chest, acute, quick pain.

Give small doses of the tincture of *stictica pulmonaria* where there is sharp pain in the shoulder or back of the neck extending upward into the head.

*Phosphorus* in small doses is indicated in the depression following prostrating fevers, where there has been involvement of the nervous system.

The man who prints these things seriously is either an

ignoramus or a hypocrite. If he don't know that they are homœopathic, in a rude way, he is ignorant; if he does know it and don't say it he is a hypocrite of the first water. We shall continue to make a specialty of just such examples as he is.

\* \* \*

Just now we hear—and see, particularly—a good deal of “Seven Reasons Why This is Superior to That,” but the man who undertakes to name all the reasons why Homœopathy is superior to mediævalism will have a big job on his hands.

\* \* \*

Whenever certain scribes find time hanging heavily upon their hands they snatch a fresh quill and go for THE MEDICAL ADVANCE as the representative of all that is bigoted and intolerant. The trouble is, THE ADVANCE knows allopathic humbuggery in whatever form it may appear, and it puts the knife into it and lets the flaps fall where they will. “Nux vomica for stomach troubles,” “Aconite and Spongia for croup,” “Hydrastis for gonorrhœa,” and “Calcarea for bone troubles,” are so much like “a window glass for the eye,” “a drug for a telegraph battery,” and “a horse is an animal,” that we must be forgiven if we maintain that we know them at sight. If any man, no matter what his creed, know of a surer, safer, and speedier method of healing the sick than Hahnemann lays down in his writings, these pages, all of them, shall be placed at his disposal.

\* \* \*

Shakespeare's reference to the moral standing of Brutus is sometimes referred to as the most bitter irony to be found in literature, but “the *science* of medicine” as applied to Allopathy is a long ways ahead of it.

\* \* \*

Last summer *The New York Herald* had one of its Paris correspondents injected by some great man at the French capital, and then sent him to Hamburg, where cholera was raging. The dismal idiot cut five hundred capers, played the fool brilliantly, and posed as a hero because he didn't catch the cholera. The newspapers nearly died over the affair. A few million people, not Pacific islanders, but Americans who wear breeches and hats, actually talked seriously about the

circumstances. The thousands in, around, and about Hamburg, who had no newspaper notoriety, who took no injections, who attended to their own business and who did not take the cholera were, of course, of no consequence. *Why* didn't they succumb to the disease? Humbug is greater than Hamburg.

\* \* \*

When a layman ostentatiously announces that he has lost faith in Homœopathy and has returned to the old school, it is possible that he owes some homœopathic physician from fifty to three hundred dollars. Human nature—and dogs—are pretty much the same the world over.

\* \* \*

Brother Fisher says: "Purge politics from the eleemosynary institutions." No; purge the institutions of politics. Politics is past purging; it is putrid enough for cremation.

\* \* \*

"Diphtheria is frequently carried by cats from one house to another," says a pious allopathic soul, who looks under his bed every night to be sure that no microbe is there. Yes, and fires are often the result of defective flues. How to put out a fire and how to cure diphtheria patients are the things that concern common mortals.

\* \* \*

The membrane *is* diphtheria; there is no doubt about that. The cough is pneumonia; of course it is. Pain is pleurisy, every time. This much admitted, what man with an ounce of brains can deny that the *discharges* are cholera—the real, old disease himself? This being the case, and as "digesting the membrane is the way to cure diphtheria," we suggest this method of dealing with cholera: Stretch a double distilled, copper-riveted rubber bag over the rectal orifice and be sure that it catches and holds every mother's son of a microbe that comes into it. Tie the bag securely, burn it in a tight furnace and the cholera is cured!

\* \* \*

If a gun shoots you, burn the gun; if a dog bites you, kill the dog; if a microbe bites you, destroy the microbe. Logic is simply irresistible.



When a cyclone destroys a house, treat the house; and when diphtheritic membrane drops out of the clouds and lodges in the throat, treat the membrane. And yet man is proud of the fact that he does not, like the donkey, possess a tail.

\* \* \*

By all means keep back the eruption in smallpox and scarlet fever. If possible send the trouble to the brain or to the lungs. Nature is crazy anyhow. And so, in diphtheria, instead of letting a membrane appear in the throat by all means throw it into the heart, the great fountain of love and life.

\* \* \*

A correspondent asks *The Advance* for a rational treatment for pneumonia. The disease is purely local—affecting only the lungs. The object is to prevent a deposit—a membrane?—from forming in the air-sacs. This can be done by spraying the air-cells with pure sulphuric acid. It burns the epithelial coat to a crisp, kills bacteria at sight and never fails to end the “disease” in short order. This treatment is guaranteed to be rational.

\* \* \*

Meningitis can now be cured, thanks to science. Remove the skull-cap and apply pure carbolic acid. It prevents effusion—membrane—you know, and—well, never mind the patient.

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## Comment and Criticism.

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### “ON THE USE OF REPERTORIES.”

FURTHER REPLY BY DR. KRAFT.

Dr. Horace P. Holmes, of Omaha, Nebraska, U. S. A.—may his shadow ne'er grow less,—possibly knows that also a good way to prove the value of the Repertory is by producing the proof. Six pages of hysterical matter in the last *ADVANCE*, cast in the mold of that other Merry Andrew of California, may amuse the children and turn the laugh on me; but I question whether it will add one single member to the small coterie who use Repertories as a steady diet. And if that is not the question before the house, pray what is?

I have never denied the value of a Repertory; neither have I of the dictionary, the city directory, or the encyclopedia. Let that be remembered. I have contended, and yet insist, that a knowledge of *materia medica*, as it is taught in, I think, every homœopathic college in the world, especially in the Hering, and the Cleveland schools, leaves no room for the use of a Repertory, except in very difficult or badly mixed up chronic cases; and who that makes any pretension to homœopathic knowledge, does not know that in such confused cases he is to give one of a certain class of remedies and "clear up his case" so that he can, at the next examination, find his simillimum? Is this not true of such polycrests as Sulphur, Sepia, Psorinum, Ipecac, Nux vom., Camphor, and many others? Admitting, however, what I have never denied, that a Repertory may be of material assistance in "digging-out" a confused or complicated case, why has neither Holmes nor Chapman given us such instance to emphasize the value of the Repertory, instead of the poorly-taken, but still transparently easy, cases for a *Materia Medica* man. And why, further, can we not get a rule to work by? Yet, of all the examples given in the journals and text books of Repertory work no two are worked any ways alike. I have not read all that has been written of Hahnemann, of course, but I have not yet, in such reading as I have done, found where he ever used a Repertory; on the contrary, I recall many instances of his *Materia Medica* work. *He* knew his *Materia Medica*.

"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."

"How does that interfere with the value of a Repertory?" Why, look you, thus:

A minister suffering from over work, neurasthenia, cannot sleep, cannot eat, dyspeptic, feels miserable, etc., etc., appears in your office. The symptoms are carefully elicited, the invaluable Repertory is hauled down, after a half hour's work more or less, (dependent on whose combination you

employ to open the game,) the forty-four remedies given for one or two peculiar symptoms, are narrowed down into two, and these, presently, after a little desultory reading in the vulgate become one; *Lycopodium* is given *high*, and the minister recommended to take a run over to Egypt—at his congregation's expense—and be gone two years. He returns, well and strong. "How does that interfere with the value of the Repertory?"

A blacksmith has been hammering along for a dozen years, morning, noon and late at night. He is very tired now, wakes up feeling sore and bruised, appetite peakish, etc., etc. The ever-faithful Repertory makes short work of that book full of symptoms garnered from the blacksmith's twelve years of sooty, unremitting toil; he is given *Arnica*, *high*, and told to "lay off" for a few months and go visit his wife's folks down in Missouri. "How does that interfere with the value of the Repertory?"

A party, of uninviting facial exterior and broken raiment, says he doesn't feel well, all gone, sinking feeling at the stomach, a little nausea now and then, coated tongue, dizziness, aversion to all manual labor, with craving for new bread and lean meat. Dear, dear, how that blessed book, yclept *Ye Repertory*, transforms those crude symptoms into one continuous remedy; and this the tramp gets, *high*, with injunctions not to repeat so long as improvement continues, and also to use the new silver half dollar we gave him to get a bit of broiled steak, a cup of good coffee, and an underdone egg. "How does that interfere with the value of the Repertory?"

And that was practically all there was to Markham's case. His patient had overdone in his business, and the Doctor sent him up into the pine woods to hunt and fish for a few weeks or months. Before he went he took a few powders of the Repertorially-indicated remedy. When he returned he was well. Erog, if he had continued in his mind-breaking treadmill, but had taken the Repertorially-selected single remedy and *high* he would have been restored just as easily—according to Dr. Holmes; the absence from his work, his life in the pineries, his relaxation from mental strain, like the flowers that bloom in the spring, had nothing to do with the case.

Common horse sense would teach anyone that a hungry man needs bread, and a tired one, rest; and therefore a Repertory if valuable at other times, was of no value here because needless; and this, by-the-bye, sums up my objection to its use in the majority of cases—*it is needless.*

Next the Silicea case. I have twice distinctly and as emphatically as my poor knowledge of English would permit, stated, that the foot-sweat DID NOT make it a Silicea case. I said in the first instance, I repeated it to Chapman, and I reiterate it now, that it was the *Totality of Symptoms* which pointed out the Silicea rubric, of which the foot-sweat—not discovered by Holmes until a later visit—was a part. I said originally and I stand by it today, that if any one of my students, having heard one term of lectures, after examining this patient for half an hour or longer, as Dr. Holmes did, and yet not discover within that time the totality pointed to Silicea, with or without the foot-sweat, present or suppressed, I would consider him exceedingly stupid, or my teaching as effectless. I know that of the present class no member but would be ashamed to go into print confessing such ignorance of Materia Medica as Dr. Holmes seems to glory in. That is what I mean. It may be the acme of egotism, but that is the way Materia Medica is taught in Cleveland. Our students are not taught to fritter away a half hour of precious time running down eighteen or twenty lifeless, unmeaning, general symptoms with a repertorial yardstick, but the rather to apply the rules given by Hahnemann in his ORGANON, that is, examine the *patient*, find his totality, and prescribe a remedy that will cover as many of the symptoms as possible, and so keep on examining and prescribing at each recurrent visit, as if for a new case each time, until every symptom (or the patient) had disappeared. [ *Vide THE ORGANON*, §§ 162, 163, 164, 170, and 184. ] Section 164 says: "The cure, however, will not be essentially retarded \* \* \* provided \* \* \* the symptoms which *determine its choice are mostly peculiar to the remedy and of marked similitude* (characteristic) *to those of the disease.*"

Now, will Dr. Holmes say what was mostly peculiar and of marked similitude to Silicea in his first symptom (as given in his case) "headache in the morning" when it occurs under

125 remedies; or of "shooting pains" when they can be found under 55 remedies; or of "great weakness" being "mostly peculiar" and characteristic of 32 remedies; or of "aggravation from thinking," 58 remedies; and of "aggravation from stooping," which has a "marked similitude" to only 108 remedies!

No great wonder if a homœopathic student, honestly bent on mastering our philosophy while examining this exposition of rapid prescribing, of intelligent prescribing, of prescribing for the totality of the symptoms, including those mostly peculiar and of marked similitude to the disease under treatment, should turn in despair if not in disgust from the Repertory to the easier method as advocated and employed by three-fourths of the homœopathic profession of today.

In Cleveland neither of the Professors of *Materia Medica* use Repertories for any such infantile studies in *Materia Medica*, as the *Silicea* case of Holmes, or the *Rhus* case of Chapman. Neither do we teach that "one may have ever so thorough knowledge of *Materia Medica* and yet forget where a peculiar symptom belongs or under which remedy it is most characteristic," because even our freshman class knows that one who has "ever so thorough a knowledge of *Materia Medica*" knows better than to talk about "a *peculiar* symptom" governing in the homœopathic prescriptions; they know that that is *not* Homœopathy, or, at any rate, not the kind THE ORGANON teaches, nor the kind that would pass them safely by the *Materia Medica* chair. The Cleveland Professors—both colleges—teach that the morbidly altered vital force, *i. e.* sickness, is a unit, one and the same—the sum of the whole; *not* a peculiar symptom here, or "a characteristic key-note there; *not* "headache in the morning" 125 times; *not* "shooting pains" 55 times; *not* "aggravation from thinking" 108 times!—but *all* the morbid disturbances.

"If one knows," says Dr. Holmes, "that a certain remedy is plainly indicated the repertory is unnecessary." But there is no "if" about it. One must know! Ignorance of the law is no excuse. Ignorance of *Materia Medica* no more excuses the use of a Repertory than it does the use of unhomœopathic remedies or measures. In fact: "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."

But to finish the quotation of Dr. Holmes:

"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?"

Now that's as easy as lying. To cloak your ignorance of a vitally necessary branch of a homœopath's education—knowledge of *Materia Medica*—you call in aid from the outside,—in this instance a Repertory, and after shuffling the symptoms in due form, cutting and dealing, the remedy appears; and, since the patient gets well, "what greater praise is needed for the commendation of the method?"

And, yet, singularly enough, in my arguments with well-informed medical men of both schools, this same line of reasoning was advanced and held with a tenacity worthy of a better cause. The homœopath (limited) defends alternation of remedies, mixing local applications, Morphine, Quinine, Mercury, Aconite, Tampons, Pessaries, etc., etc., on this same ground—i. e., ignorance of the right way; and, then, say they are triumphs, as do Drs. Holmes and Chapman, the patients get well, and that is surely in accordance with Hahnemann's *ORGANON*. "What greater praise is needed for the commendation of the method?"

The overwhelming majority of the homœopaths of today, do not use the mathematical Repertory; a few do not use the high potency; and a very great many of them use everything that may be found on the earth, in the heavens above, and in the waters beneath; still their patients get well; in their district, or county, or State they keep the percentage of mortality steadily below that of the allopath; they have demonstrated to their own satisfaction, even to a certainty, that it is possible to use non-homœopathic measures in such easy way that the finding of the homœopathic *simillimum* is almost become a mathematical absurdity. "What greater praise is needed for the commendation of the \* \* method?"

In conclusion: If you have a better way of curing your patients than is possessed by the great mass of doctors, come out from behind your cap and bells, your sarcasms, your hypothetical case, and show it to us, so that we, too, may profit by your greater light and wisdom. Stop preaching, and show us an actual case, just as you take all of your cases in writing—a well-taken case; give it to us word for word, line for line; show us the steps by which you reach the single

remedy through the Repertorial step-ladder, so that I and the few others who do not know how to use a Repertory, may go about it with somewhat of your adroitness and skill and so eventually touch the hem of your own phenomenal success in curing patients. But do not spring any infant class *Materia Medica* on a long suffering profession.

We, the profession, rejoice with you that you are but 31, that you are not egotistical as I am, that you have read Maud Muller, the Century Dictionary, Lippe, and Bell, and we sincerely hope and pray that you also own the Bible, and have read Bunyan and Robinson Crusoe, and have a working knowledge of the Ten Commandments; indeed for a man of your youthful age you have achieved wonders in literature and polite learning, but, dear rival, study your *Materia Medica* as Hering did, each morning one hour before daylight, and as an intercurrent, take down Hahnemann's *ORGANON*, blow off the dust, and read an occasional section, and soon you will lay aside your Repertory.

CLEVELAND.

FRANK KRAFT.

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**NEITHER HISTORY NOR HOMŒOPATHY.**

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DR. WOOD'S REPLY TO DR. JONES.

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*Editor Advance*:—Dr. Jones is too dead an issue to justify the consuming of my time or much of your space in replying to his attack upon me in the November *ADVANCE*, to which my attention has just been called.

I only beg leave to inform the Doctor that the A. M. degree which, inferentially at least, he accuses me of forging, was, however unworthily bestowed, honestly and regularly obtained. It came from the Ohio Wesleyan University, one of the oldest and largest literary colleges in the West. I refer the good Doctor to the president and faculty of that well known institution for more detailed information.

His other criticisms, not one of which is valid, are too small to require serious attention, though they cannot fail to afford some amusement to the disinterested reader, and arouse the suspicion that the critic has not yet learned, in spite of his intimate acquaintance with the more salacious passages of Sterne and Rabelais, what really constitutes good English.\*

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\* Listen to the very first paragraph: "In the title under which the ignorant trifle (where is the verb to this clause? J. C. W.) 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." (How can a fifth epoch figure 'amongst' four? J. C. W.)

Whatever rhetorical sins may be laid to my charge, I have at least refrained from dotting my pages with stale Latin and French quotations.\* Of course I occasionally soar, but to the average reader the "chirpings of a sentimental co-ed" are, I should hope, preferable to the vulgarity and drivel of "him who wrote the grounds of a homœopath's faith."

For the historical data contained in "Epochs in Medicine" I drew from the most reliable authorities. It is a well known fact that many of the points in question are as yet unsettled, and no one except a hypercritic would, under the circumstances, have gone to the trouble of looking up counter evidence. The most casual reader can readily perceive that the object of the address was to present a brief history of the four great epochs in medicine dealt with, for the purpose of showing, especially to the lay reader, that the opposition with which Homœopathy has had to contend is not unlike that exhibited toward all great innovations in medicine. That I succeeded in my purpose is evidenced by the fact that the address has been published on both sides of the Atlantic and is now being issued in a tract edition by the British Homœopathic Tract Society. Whether Hahnemann spent "three or six" years at Gommern will not strike the unprejudiced reader as being, in an essay of this description, a matter of vital importance.

This much, in self defense, is written without even a twinge of resentment against my critic. It is true that generally speaking I feel entitled to more gentlemanly consideration, and as a physician to more considerate treatment at the hands of one who knows, as does Dr. Jones, my record as a medical student. But in this case I could have expected nothing different.

The whole tone of the criticism is characteristic of the man—a disappointed being, deserted alike by friends and patrons. For all such I have but profound pity. I know what Dr. Jones might have been, and I once admired him greatly; but I know also what he is. His dagger has been thrust into the back of every man of prominence in the homœopathic school on both sides of the water; the venom of the point has become exhausted. If the stabbing of those rising above him affords him pleasure, he should not be prevented from amusing himself with the now venomless instrument. Though he strikes with all the vindictiveness of old, his thrusts are perfectly harmless; they do not even puncture the epiderm.

ANN ARBOR, December 1st, 1882.

JAMES C. WOOD.

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\* If the reader cares to review Dr. Jones' writings for the past fifteen years, he will find that this schoolboy trick is very characteristic; he will likewise discover that at least ninety-nine per cent of his quotations are to be found in the back part of Webster's Unabridged Dictionary.



# THE MEDICAL ADVANCE.

A HOMŒOPATHIC MAGAZINE.

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VOL. XXX.

MARCH, 1893.

No. 3

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THERE was such a demand for February numbers that the entire issue of 2,500 was exhausted and several applications had to be passed over. Any reader having an extra copy will confer a favor by returning the same at our expense.

\* \* \*

THE future of the MEDICAL ADVANCE never was so bright as at the present moment, and with the assurance from the best men of the world of their hearty co-operation whenever time will permit of their contributing to any journal, the pages of this volume will be replete with the cream of medical literature.

\* \* \*

TIME is an essential factor in the accomplishment of any great purpose; and when combined with persistent and intelligent purposes, can accomplish anything.

\* \* \*

PARTICULAR attention is called to the valued contribution from the pen of B. Fincke. It must be read and then carefully studied to be appreciated.

\* \* \*

IT is the purpose of the MEDICAL ADVANCE to make as complete a roster of all the homœopathic societies, as possible, with their officers, time and place of meeting, which will be kept standing all the time; and to which will be appended such items as may have reference to any of them. To secure this, thorough co-operation from all the readers must be had.

You may not be one of the officers of the societies to

which you belong, but this may not reach them, so it will be better that half a reply should be received from one society than that it remain unreported.

Do not lay this aside and forget it; send in your report at once.

\* \* \*

THE desire to make this journal the most valuable and at the same time most practical exponent of the TRUTH in the healing art that comes to your table is the problem before the editors of the MEDICAL ADVANCE, and until the solution has been reached, suggestions will be made and experiments tried. During this transition state some may say, "why not let well enough alone," while others may send forth the lament that "you have ruined the best medical journal in the world." Have patients, gentle reader, and if you do not pronounce the volume of '93 better than any of its predecessors, it will be because there is no such thing as progression possible.

\* \* \*

IT is not often that the readers of the MEDICAL ADVANCE will be reminded through the columns of this journal that it takes money to publish such a magazine as this; but the present situation is so urgent that your consideration is called to the following facts:

The recent change in the management necessitated a heavy outlay of moneys in the purchase of the plant, and an additional expense in fitting up the new office for continuing the work, and thus far there has been a continual outgo with a comparatively small income. It is a very unpleasant duty to request payment in advance, but such is the only safe way to conduct the business end of a journal of this size. Do not wait for the "*quarterly statement*," but kindly anticipate the needs of this office and forward at your earliest convenience.

\* \* \*

How far is this blood-poisoning idiocy to go? The following piece of intelligence is on a par with much that is printed nowadays:

MET DEATH IN A PECULIAR WAY.

OAKLAND, Ill., Jan. 28.—Aaron Ireland, the son of a farmer who resides near Humerick, came to his death yesterday morning in a peculiar manner. He had been out rabbit hunting with his brother and a companion named

John Fitzgerald. In some manner the gun carried by the latter exploded and a charge of shot entered Ireland's legs and thighs. Ireland lay in the snow for two hours while his companions went to town for help. Blood-poisoning in the meantime set in, and before his comrades got back he was dead.

Hereafter when people are threatened with blood poisoning they will know enough not to lie on the frozen snow for two hours. In 1872 a well-digger of the name of Harrigan was entombed by a landslide and when his fellow-laborers reached his body it was found to be lifeless. Harrigan had been a very dissipated man on top of the ground, and he no doubt died from want of a drink.

\* \* \*

SAMUEL HAHNEMANN is sometimes referred to by ignorant and malicious persons as an "old Dutchman." He was neither a Hollander nor a German. He was born in Saxony, and unborn millions will bless his memory and worship his genius when the iron tooth of Time has masticated his detractors and spewed their remains against the dead wall of oblivion.

\* \* \*

HEMORRHAGE is the evidence of severed blood-vessels. Membrane is the evidence of deranged vitality in diphtheria. The way to stop bleeding is to destroy the blood, and—of course—the way to cure diphtheria is to destroy the membrane.

\* \* \*

"I WOULD like to see a man set a leg with the two thousandth potency of Arnica," says a man who fancies he is fooling somebody. The potencies of Arnica will not set a broken limb. Neither will the fluid extract in doses of two carloads at a time.

\* \* \*

THE *Kansas Medical Journal* is in favor of wiping out the druggists. Hahnemann has outlined a system whereby it is possible to do this, and if we, as a school, were only true to his teachings, there would be a very few drug shops in Chicago or elsewhere.

\* \* \*

A western contemporary of the hidebound school says that "the blood is a highly organized living tissue." From which it is apparent that when a patient is drained of his blood the

disease is cured. This method is recommended by an eminent homœopath for diphtheria and there can be no doubt of its curative effect—so far as the disease goes.

\* \* \*

Of all the thousands who know ten times as much about the philosophy of medicine as Hahnemann, Hering and Dunham, is it not surprising that one—just one—should not write a book that would eclipse the glory of the *Organon*? From all accounts it ought to be a very easy thing to do.

\* \* \*

Our esteemed contemporary, *The Evening Post*, in an editorial headed “Kissing and Bacteria,” says:

“Dr. C. O. Probst, secretary of the Ohio state board of health, yesterday appealed to the pastors of Columbus to stop indiscriminate kissing.”

That the pastors of the capital city of the great state of Ohio are addicted to the vice of “indiscriminate kissing” we decline to believe. If the secretary had only appealed to the doctors to stop some of this idiotic bacteria talk we could see a sound reason for his course.

\* \* \*

The so called germ theory is a mess of positive tomfooleries, stretched across a tow line of comparative improbabilities, and surrounded by a halo of superlative incongruities.

\* \* \*

OUR venerable brother John M. Scudder, of Cincinnati, who has spent his life walking around the back yard of Homœopathy, sometimes planting a flower, sometimes hurling a brick at the windows, always giving us valuable aid in opposing allopathic bigotry, advertises the advantages of a certain hospital and mentions among some “eclectic” specialists the name of our own and only G. C. McDermott. Dr. McDermott is in one sense an eclectic—he has tried all methods and he knows that the homœopathic is the best.

\* \* \*

“TO THE editor of THE ADVANCE: Your method of curing syphilis by amputating the affected organ behind the ‘disease’ is not a success, as you claim it to be. I have

amputated in four cases, in every instance the 'disease' has broken out in the stump. Please advise.

"A. D. ONKEY, M. D."

Amputate the stumps and burn the tops of their heads or the soles of their feet with a stick of caustic.

\* \* \*

AN esteemed contemporary announces that, in order to give the very latest news, it will hereafter appear as late as the 25th of each month. The *ADVANCE* will come out still later and will not appear until the first of the next month. And now, if some enterprising contemporary should conclude to wait until the 15th or later we shall consider it a gross breach of journalistic courtesy.

\* \* \*

PRESIDENT HARRISON's little grandson, Benjamin Harrison McKee, recently had an attack of scarlet fever, and the home of the Chief Magistrate was placarded precisely as if he had been the humblest citizen of the great Republic. The office seekers, however, swarmed as thickly as ever, and it is doubtful if even a small pox sign would frighten them away from the White House. Horned bacteria have no terrors for the average politician.

\* \* \*

THE subjoined telegram was printed in a Chicago newspaper on February 10. The man who wrote it is evidently a deluded Hahnemanniac; at any rate, he is surprisingly candid in his statements touching allopathic treatment.

BLOOMINGTON, Ill., Feb. 9.—Four persons, two men and two women, have suddenly expired here within the last two days from heart failure. They were all persons who had suffered severely from la grippe during the epidemics of that disease. The physicians have taken much interest in these cases. They are inclined to the belief that the deaths resulted from the enfeeblement of the heart by the grip and in part, probably, from the use of antipyrine, which was used so extensively in the treatment of that disease.

By the way, where is that work on allopathic therapeutics with coal tar products left out? It is badly needed just now.

\* \* \*

THE HAHNEMANNIAN MONTHLY for February contains a surpassingly truthful and eloquent oration on the late DR. CHARLES ELMER LANING by his friend DR. B. S. ARNULPHY.

We mean no disparagement of Dr. Arnulphy's general writings when we say that his beautiful, strong and philosophic words over Laning comprised the best production that ever came from his pen. His dead friend is declared to have lacked (1) a spiritual faith, (2) mental discipline, and (3) a true friend—statements which those of us who knew Laning will recognize at once as being entirely true.

He had studied and well-nigh mastered the philosophy and the mysteries of the great world around and about him; within was a vast swamp, unknown, unsought, and all but impenetrable. A genius of tremendous force, he came from poverty and obscurity and rose to the foremost heights of medicine; friends and fame he won and held, affairs he controlled, destinies he shaped, characters he moulded; yet he died at forty in the full ripeness of splendid powers, and his only failure was within himself. As much could be said of Napoleon, who controlled for a time the destinies of the world, but who never controlled the little empire within the compass of his own body. After all, this is the sort of failure that Dr. Arnulphy warns us against, and we sincerely hope that his words will be carefully read and deeply studied.

\* \* \*

THE MEDICAL RECORD of Jan. 28, credits an extract to "Dr. Winterburn." *The Record* knew very well that it was quoting some splendid sense from George William Winterburn, M. D., of New York, but it withheld his initials for the reason that he is a homœopath. This is a pretty small piece of business for a reputable journal to be guilty of perpetrating.

By the way, *The Record* has not corrected its statement to the effect that "America has as yet but one statue to a medical man, namely that of Dr. Sims." The amusing part of the story is that at the time *The Record* printed this piece of "news" the statue of Dr. Sims had just arrived at New York and was not in place at all.

\* \* \*

THIS seems to be an *Era* of consolidation. There are at least two more journals that somebody ought to swallow without seasoning. Fisher is a whale of a journalist and he ought to take 'em in.

BEGINNING TO SEE IT. In the editorial columns of *The Argus* we find the following:

The Hering College is fully launched upon its sea of life, and well too, judging by its roll of matriculates, which numbers seventy. This is no doubt a matter of disappointment to some [the editor of the *Era* for instance]. But here is a truth that may have been overlooked: Of late years the great bulk of college work has been in the line of the more brilliant and showy specialties, which has obscured the departments that have had more to do with the practitioner's every-day work. Reaction was sure to come, and if in the shape of a new college that might go to the other extreme, it is the nature of things—and it is a good thing—for a new level will be reached that will lie somewhere between the extremes.

The great bulk of college work has been done on the line of the SCIENTIFIC (?) measured by the standard of Allopathy. Homœopathy as taught and practised by Hahnemann and the pioneers of our school has been unknown or has been forgotten by our college faculties. It has been the aim, evidently, to teach everything—including the latest fads—taught in our allopathic colleges, and to leave untaught everything pertaining to the cure of the patient that the homœopathic student ought to know to enable him to cure the sick by means of law. The student has paid for a homœopathic education and receives an education so scientific (?) that when he meets a patient suffering with severe pain he must use the hypodermic instead of the similar remedy; when he meets a case of chills give quinine. The student has not only asked for bread but paid for it, and has been given a stone. Yes, there will be a "reaction," and the "new level will be reached" when Homœopathy is reached, and not before. All our colleges will soon have a PROFESSOR OF THE ORGANON, not a mere lecturer; not "any one who has time," but the best man in the faculty, for *no man can teach the Organon who does not practice what he teaches*; who is not in sympathy with its principles. Some appear to be ashamed of it. For instance:

One of our colleges publishes the names of the entire faculty in its "College ad," *except the lecturer on the Organon*. He has been so acceptable to the class that the students petitioned the faculty for two hours a week on the Organon instead of one, but the petition was not granted. Was it a typographical error? or an oversight on the part of some one? The "reaction" has yet to come.

A BILL has been introduced into the Illinois legislature for the purpose of creating an Examining Board to contain 9 mossbacks, 1 homœopath and 1 eclectic. When the animal whose substance goes to fill the pork barrel is endowed with ability to read and write he will get up a bill closely resembling the one above outlined. The monumental insolence and overpowering swinishness of this measure would make it infamous if the ridiculous element were not so prominent. It has been referred to the committee on pork packing, where it is likely to be buried by grunts of derision and squeals of merriment. We hardly believe the allopaths themselves pig-headed enough to push it.

\* \* \*

THE celebrated ROSCOE CONKLING once said, when speaking of the testimony of an opposing witness in a lawsuit:

“I see that witness yet—his mouth stretching across the vast expanse of his face, a fountain of falsehood and a sepulcher of rum.”

This was the great New Yorker’s opinion of an individual; we *would* like to hear him on the Illinois State Board of Ill-Health taken *en banc* or as a boquet!

\* \* \*

THE HON. JOHN P. ALTGELD, Governor of Illinois, is sojourning at the south for the benefit of his health. When he returns to Springfield the present Board of Ill-Health will take a little vacation for *its* health. The Governor is a Democrat, but he is a sound believer in reciprocity.

\* \* \*

THE KEYNOTE, of Kansas City, is dead. In its place *The Arena* has appeared. It is edited by our friend Delap, the well-known oculist, and contains about as much Homœopathy as you can stick in your eye. Now, Bro. Delap, put some good, old-fashioned Homœopathy into your journal and it will go to the front.

\* \* \*

DR. G. TELL, of Braddock, Pa., whose “internal administration of Sulphur for burning feet” was noticed by *The Advance* for February, has written to us to explain his position. He says:



“I stated in *The Medical World* that Sulphur would cure *that* case of burning feet. \* \* \* I did not say it would cure *all* cases of burning feet.”

This is precisely the point that we wish to impress upon Dr. Tell, namely, that Sulphur would cure “that” case because homœopathic to it, and not cure “all” cases because one remedy cannot be homœopathic to all cases. In other words, Sulphur will cure a Sulphur case, as Dr. Tell says, and not cure a non-Sulphur case. What makes the case one requiring Sulphur? Not “burning feet,” but a peculiar kind of burning feet, such as are produced by that remedy when proven upon the healthy organism.

Dr. Tell criticises *The Advance* as being a sectarian journal. *The Advance* is not sectarian, is not bound by any false notions of loyalty, and if Dr. Tell or anybody else can point out a surer way of curing burning feet, or watery diarrhœa, or crupous pneumonia, or chronic headache than Samuel Hahnemann lays down, *The Advance* will be the first journal to join him in his efforts to get it before the profession.

\* \* \*

THE Missouri Institute of Homœopathy will meet at Kansas City in April, and the present indications all point to a large gathering and a most successful meeting.

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#### SOME FACTS ABOUT CHEMISTRY AND SAMUEL HAHNEMANN.

BY F. F. DE DERKY.

“Who has been able to penetrate the formation of a body, the generation of a single atom? What is there, I will not ask at the center of the sun, but at the center of an atom? Who has sounded to the bottom the abyss in a grain of sand? The grain of sand has been studied for 4,000 years by science; she has turned and returned it; she divides and subdivides it; she torments it with her experiments; she vexes it with her questions to snatch from it the final work as to its secret constitution; she asks it with an insatiable curiosity: Shall I divide thee infinitesimally? Then, suspended over this abyss, science hesitates, she stumbles, she feels dazzled, she becomes dizzy and in despair says: I do not know! —.”

This, shall I call it, scathing rebuke of human want of knowledge of the facts of things, applies to chemistry. Is it humiliating to the human mind to acknowledge the truth of the whole? Even with our boasted penetration and great advance of the present day, science stands stupefied before the grain of sand. What wonder that the question of the sphinx, propounded thousands of years ago: "What is man?" remains without satisfactory answer, when even the atom continues to be veiled in deepest mystery. It is maintained that chemistry as a science is of recent origin. This may be admitted readily as far as accomplishments, minute details and classification are concerned. It is, nevertheless, a certainty that the ancients were in possession of many chemical facts. History gives us many glimpses to that effect. At what particular time the beginning of this latter day science is to be placed is uncertain. Kurt Sprengel, the medical historian, mentions Suidas, A. D. 1100, as the first to define it as the art of making gold and silver. The oldest author, however, who alludes to it, is Julius Maternus Firmicus in the reign of Constantine, A. D. 340. The name is supposed to be derived from Chemeia, ancient name of Egypt, hence it was called also the Egyptian art. The Egyptians must have been skilled considerably in the chemical art, as may be implied from their works in metals, which presuppose a knowledge of the smelting of ores, etc. Their preservation of dead bodies shows considerable chemical knowledge. Their preparation of mummies is unknown at the present day and baffles our modern chemists. Their priests, who were at the same time their physicians and healers, were quite advanced in pharmaceutical chemistry. Moses and his Jews learned much of them, which they carried with them into the promised land, as the Bible tells us.

Aristotle, the peripatetic philosopher, 384 B. C., advanced the theory, according to the experience of the senses, of hot, cold, dry, and wet, with their supposed elements of fire, air, earth and water. This theory has been of immense influence ever since, rightly or wrongly interpreted or understood. In medicine it has always played an important part in many of its sects and is not yet quite forgotten.

The Phœnicians, those ancient mercantile travelers and civilizers, seem to have derived their chemical knowledge from

Egypt. How they by chance discovered to make glass is too well known to need repetition.

What the Greeks and Romans knew about chemistry was apparently derived from the same source, leaving an occasional chance discovery out of the question. The principal object of the ancient chemists, was to find, by this art, how to convert the baser metals into gold and silver. The "auri sacra fanes" possessed our primitive forefathers as much as the present generation. Science and art, as far as they understood it, was employed and ransacked by them, for the purpose to mix and make the yellow metal. This art was called alchemy. For centuries their endeavors were carried on without the desired result, not, however, without many a good fruit being produced in the course of time by these persistent experiments.

The Arabians in all likelihood obtained their knowledge of chemistry from the Egyptians also, at all events their first initiation, when, during the 7th century, they invaded that country. It must not be thought, however, but that they made many independent discoveries. Among them were physicians and searchers of nature and many of them very learned profound scientific men who fostered and cultivated this science. One of their number, Geber, who flourished in the 8th century, whose works on chemistry are extant at the present day, taught the construction of chemical furnaces. The Alembic, not entirely discarded yet, though not as frequently used at present as the wormstill and retort, is his invention.

About the 12th century the importance of the Arabians as chemists ceases gradually and departs to other nations. Albertus Magnus a German, Roger Bacon an Englishman and Raymond Lullius a Spaniard, who all three lived contemporaneously in the 13th century had already ideas very much in advance of their times. They seem to have given the first impulse by their writings to a gradual change of opinion in regard to gold-making and the power of the philosopher's stone, which was supposed, by the mere touch, to convert mercury into gold, to cure all diseases and prolong life indefinitely.

Basilius Valentine is one of the shining lights of the 15th

century, whose very existence, however, is doubted and denied by many.

With the advent of Theophrastus Bombastes von Hohenheim, born 1495 at Einsiedeln in Switzerland, died 1541 at Strasburg, who is better known as Paracelsus, began a new era for chemistry. He said the true object of chemistry is to prepare remedies for the cure of disease and not to make gold. The search for the philosopher's stone was, according to him, not desirable, except as far as he could see in it a means for the preservation of the body and prolongation of life. His vigorous and even violent opposition to the reigning school of the followers and adherents to Galen, and above all, his success in curing disease, was very material in raising Alchemy to a more honorable position alongside of medicine and preparing the road to a more scientific pursuit of the art. According to his idea, chemistry should be the hand-maiden of medicine. The medical sect of chemikers, as they have been called in derision, originated with him. His enemies were all powerful and it is said they finally succeeded in killing him at Strasburg where he was one of the professors in the University. During a banquet he was thrown from a second story window to the pavement and the report spread afterwards that during a drunken bout he fell down stairs and killed himself. It is but of late years that his true merit as a reformer in medicine has been recognized and acknowledged.

George Agricola lived contemporary with Paracelsus; he made discoveries in and wrote about metallurgy.

Libavius and also Angelus Sala flourished at the end of the 16th and the beginning of the 17th century.

Van Helmont, 1577-1644, discovered several gases, he was the first to use the term gas.

Boyle, 1626-1691, was the first to define the action of acids and alkalies on vegetable colors. He also showed that what was dissolved in the one would be precipitated by adding the other.

Boerhave, 1668-1738, the great Dutch physician, so well known, that letters addressed to Dr. Boerhave, Europe, would reach him, published his system of chemistry in 1732.

J. J. Bechor, 1635-1682, and his pupil, George Ernest

Stahl, 1660-1716, produced and advanced the so called phlogiston theory in chemistry, according to which all combustible bodies are compounds of phlogiston, which, on burning, escapes. This phlogiston was considered the cause of combustion, which process leaving behind a calx, an earth or an acid.

Chemistry now begins to stand more independent and on an equality with the other natural sciences. In fact modern chemistry commences and makes from now forward rapid strides. In Germany this phlogiston theory is fostered and advanced by Neumann, Pott, Eller and Markgoaf. In France by Reaumur, Duhamel, Macquer and Rouëlle, which latter classified the salts as acid, basic and neutral. In England the phlogiston theory was not without influence, until the discoveries of Black, Cavendish and Priestly led in due course of time to its overthrow, although in the beginning all those were firm adherents and defenders of this theory. What a prominent part it has played in medicine, many of the older ones of us do well remember. The antifebrile treatment with its vivisections, bleeding, etc., was called after it anti-phlogistic.

As the founders of the chemistry of the present day we have to name three men. Joseph Priestley, an Englishman, born 1733 in Fieldhead, near Leeds, died in 1804 at Northumberland, Pennsylvania; Karl Wilhelm Scheele, born 1742 in Stralsund, Germany, died 1786 at Koping in Sweden, and Antoine Laurent Lavoisier, born 1743 in Paris, where he fell a victim to the French revolution in 1794. The great talent and the splendid discoveries of these three men gave to it the impulse which continues to the present day. Guyton de Morveau, one of the associates of Lavoisier is the author of the nomenclature in chemistry which is in use at the present day with but very little change.

The first attempt at chemical analysis was made by Torbern Bergmann, a Swede, 1735-1796. He discovered Sulphuretted hydrogen, which he called hepatic acid. From now forward we meet with great activity in this field in all countries. Since the construction of the Voltaic pile 1775 and the discovery of Galvanism in 1786, electricity has played a prominent part in chemistry. The investigations of Sir Humphry Davy, 1778-1829, and after him of Faraday who followed in his foot-

steps, were of the highest importance in developing the relation between the two, electricity and chemistry. John Dalton, an Englishman, 1766-1844 is given the credit to be the originator of the atomic theory published first in 1807, although Wenzel, 1777, and Richter, 1792, both Germans, had advanced under the name of chemical equivalents pretty much the same idea.

No one single chemist since Lavoisier has exerted so much influence and done more toward the advance of the science than Baron Johann Jacob Berzelius, M. D., the Swedish chemist, 1779-1848. There is hardly a substance, the knowledge of which he has not enhanced in some way or other. It is he, who, referring to Hahnemann, said: "What a great chemist this man would have made, had he not turned his attention to medicine."

Samuel Christian Fredrick Hahnemann was born April 10, 1755, at Meissen, in Saxony, died the 2d day of July, 1843, at Paris. The great opinion Berzelius expressed, who, by the way, considered him gone crazy on the subject of medicine, is certainly more than justified and will be concurred in by us, if we contemplate the array of chemical writings of which he is the author. It would occupy too much space should I name them all. I will mention only a few.

"Ueber die Arsenic vergiftung," on Arsenic poisoning, published 1786, showing great chemical knowledge. This has never been translated into English.

"Unterricht fur Wundarzte uber die venerischen Krankheiten," published 1789. Instructions for surgeons respecting venereal diseases, which also contains the exact method of preparing the soluble mercury. This has been translated into English, and may be found in Dr. Dudgeon's "Samuel Hahnemann's lesser writings."

His pharmaceutical lexicon, "Apotheker lexicon," published 1793, is a queer conglomeration and collection, classified very fancifully in alphabetical order. The names are given in puristical German, of which I will quote a few at random, for instance: Schwarznachtschatten, Solanum nigrum. Schwarzkerze verbascum nigrum. Tollstechapfel, Stramonium datura. Nadelkolbenmoos, Lycopodium, etc., etc. It contains, however, the description of many chemical

apparati of that day and also the preparation of a number of original ingredients from his own researches, among them that of the soluble black oxide of mercury, which to this day is called the soluble mercury of Hahnemann. These, together with a great many more, as also numerous translations from the French and English on the same subject, appeared many years before he became the great reformer. Being also an extensive experimenter in this art shows without cavil not only his erudition of the science, but his practical knowledge of the art of chemistry. Hahnemann's first work on Homœopathy was published in Latin. "Fragmenta de viribus medicamentorum positives, sive in sano corpore humanis observatis," Leipzig, 1805. This is the embryo of our materia medica. How much our thanks are due him for simplifying the pharmaceutical work of chemistry for therapeutical purposes, we all well know.

Chemical analyses was very much advanced by Klaproth in Germany, 1743-1817. Vanguelin in France, 1763-1829, and Proust in Spain, 1755-1826. Gay Lussac 1778-1850 discovered the law of the combining volumes of gases. What stupendous progress the science of chemistry has made in the present century in the last ten or twenty years, even under our very eyes is patent to all, on mentioning Liebig and Wochler of Germany and a host of others from all countries, living and recently departed. The discovery of Ozone by Schoenbein of Basel, red phosphorus by Schroeter of Vienna and other allotropic forms of elementary bodies could suggest to the enquiring mind, that the transmutation of metals, the making of gold and silver of ancient Alchemy, might not necessarily be an unverifiable theory or a mere dream of the philosophers of old.

The spectral analysis conceived by Prof. G. Kirchhoff, 1860, has thrown new light on chemistry. By its means previously unknown metals and elements have been discovered. It has been even proposed to prove by it the truth of the therapeutical law of Homœopathy which may not seem unfeasible to many.

Medicine is indebted to chemistry in many ways, but whether its true object, the healing art, is really much advanced by it, is doubtful. The chemical sects of medicine, the so called chemiatrists or jatrochemikers, which flourished

during the middle ages, had a great deal of mysticism mixed with their systems, perhaps in consequence of the dark and hidden ways of mother nature, the inability to explain or understand the vital force as also partly from man's innate love of the miraculous. The mysticism in medicine has not passed away with the sects of the middle ages, we meet with it still, all around us.

The definition of disease by the jatrochemikers, as given by Silvius, one of their founders, may help us to understand their mode of treatment; he said: "Disease is a disturbance of the exact union of the alkali and acid in the human body." This theory led unquestionably to many abuses, even practiced now, as similar ideas are met with in our time, both in the professional and lay world; showing in conformity with the materialistic tendency that the animal body is still considered as a chemical laboratory, by some supposed to be superintended by mental electricity, produced in the brain and nervous system. It is needless to mention how such a theory disregards, and all but ignores life and the vital force, or the animal body as a living organism. Health or disease depends, to be sure, on a right or wrong combination of the components of the organism and their proper action and reaction of the one upon the other; but life, vital force, or, for that matter, our Hahnemann's Dynamis cannot be set aside.

Chemical science and its art has a vast, an inexhaustible field open for investigation. In medicine, vital or biological chemistry, as being of most use to it, will have to come in for the lion's share. It is encouraging that the workers in this field are indefatigable and that there are indications, occasionally, for a slight change of base from the crude materialistic to the dynamic vitalistic. All in all, and looked upon from any standpoint whatever, the new discoveries and facts coming to light and being made every day prove how true is the saying of Shakespeare's Hamlet:

"There are more things in heaven and earth, Horatio, than are dreamt of in your philosophy."



THE  
MEDICAL ADVANCE.

A HOMŒOPATHIC MAGAZINE.

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SICKNESS of the Editor-in-chief Dr. H. W. Pierson has somewhat changed the character of the contributions to the April issue.

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PAST experience has taught the value of caution in making announcements dependent upon the future for their fulfillment. It is for that reason, silence has been maintained in reference to the richest feast which has been offered the readers of any medical journal in many years.

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IN another part of this issue will be found a list of contributors who have each promised to give an exhaustive article upon the subject assigned—the same to first appear in the *MEDICAL ADVANCE*, and afterward to be issued in book form. Dr. W. A. Yingling has had the matter in charge for nearly one year and only recently was the list of contributors completed. The first article from the pen of B. Fincke appears in the March and current issue, and will bear close study from every reader of the *MEDICAL ADVANCE*.

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SHOW the *MEDICAL ADVANCE* to members of your societies and send in large lists. The management will gladly send you sample copies and other blanks. Remember that the larger the circulation the better the magazine.

\* \* \*

IT gives great pleasure to announce that the finest office building in Chicago (and that practically means the world) has been secured to receive the friends of the *MEDICAL AD-*

VANCE during the coming season. The Columbus Memorial Building located at the corner of State and Washington streets, will have the largest number of physicians of any building in this country, and among that number will be found a score or more of names familiar to the readers of this journal. Drs. Allen, Boynton, Pease, Sawyer, Waddell, Gray, Johnson, Taft, Lockwood, Atwood, Tremaine, Crutcher and Pierson. A complete roster will be found in the May number together with a description of the building and a cut of the same if obtainable. The address of the MEDICAL ADVANCE will be Suite 1103, Columbus Memorial Building, Chicago.

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#### HOMŒOPATHY MILITANT.

The members of the dominant school not infrequently accuse homœopathic journals of giving undue prominence to controversy. "You are constantly pitching into us," they say, "while our medical periodicals generally let you alone. Why cannot you do the same?" There is both truth and untruth in the statement quoted. It is true that it is very rarely that an old-school journal attempts to controvert homœopathic principles of practice; but how many of them fail to superciliously sneer at what they have never honestly examined? Besides, we are a minority, a growing minority, it is true, but still very far from being able to cope in numbers with our opponents, and minorities, to exist, must ever be militant. It is a fact, and we rejoice in noting it, that the intelligent position of old-school practitioners neither hold nor assume the position of uncompromising hostility to homœopaths and homœopathic methods, which was the universal attitude of the "regulars" in even the recent past, but we cannot forget, and would not if we could, that we have practically forced such recognition at the point of the sword. What we are glad of, is not the prospect of peace, or the disposition to declare a truce; it is, rather the increasing willingness to give us "a fair field and no favors." But in many respects, this inclination is far from being a consummation. We are doing nicely in the battle, and we do not propose to lay down our arms for an instance so long as we shall be denied proportionate recognition in the management of

state and city institutions, and not then, indeed, for then we shall have only reached the vantage ground for which we are striving, that we may battle more effectively, that of comparative tests of the results of new and old-school treatment. We care nothing for Homœopathy because it is Homœopathy, but because it is therapeutic truth, and, knowing this, we should be recreant to our duty as men and physicians if we did not do battle valiantly for our principles and for the preservation of our separate institutions of learning, our separate journals, etc., which alone, in the present state of affairs, can enable us to properly teach that practice which we believe the best yet discovered. We concede to our opponents the honesty of their convictions and rejoice to note a growing disposition among them to make us a similar concession, though they are not all done with legislative traps and political ambuscades; but there can be no lasting peace without union, and no genuine union without unity of views, and so long as that is wanting the conflict must go on, as a means of bringing about that unity of therapeutic views which must precede therapeutic union and peace. If we fight, in a word, it is because we must—because we love peace much, and truth more. So in fair fight, we say to “our friends, the enemy,”

“Lay on, Macduff,  
And damned be he who first cries ‘hold, enough!’”

CLINICAL REPORTER.

“ARE WE ON THE WRONG TRACK?”

We republish elsewhere an editorial from *The Record* of February 18th, to which especial attention is directed. One might suppose at first reading that some close student of the truths taught by Hahnemann had written it, and one’s surprise is complete when it is realized that it comes from the ablest old school authorities of the new world.

The “personal sufferings of the patient” are, to our mind, *all* that we have to deal with as physicians. The character of the sputum, the kind of pus, the quantity of urine, the color, peculiarities and concomitants of various discharges are, pure and simple, circumstances which indicate the condition of some “personal sufferer.”

One fact which we are tolerably certain will never be successfully set aside is, that bloody pus, cast-laden urine, bacteria-infested membrane, and prine-colored sputum are the

results of sickness, and if they are removed it must be for the reason that the *patient's* condition has been changed by certain forces opposed to sickness. We fail absolutely to see what difference it makes, or can make, to *the membrane* whether it be destroyed within or without the patient; there can be no doubt, however, that those who believe in combating results instead of causes will find it less harmful to their patients to carry on their destructive performances as far from the sufferers as modern methods of travel render expedient.

The instances cited by *The Record*, wherein cholera victims were allowed to die some days in advance of a diagnosis, are of every day occurrence in other maladies; and since a diagnosis is of such vast importance and the patient himself is of so little account we are in favor of a humane rule requiring physicians to do nothing at all, not even to conduct an autopsy, since dead men tell no tales, and to those who recover it may be declared that they never had anything serious, or if they did that nature cured them. Not even the most sanguine allopath can claim that his treatment, based upon an undoubted diagnosis, has done anything to lessen the mortality of cholera.

After all, are allopathic results any better today than they were a century ago? We think not. We credit them with nothing on the score of non-interference, since the failure or refusal to kill or punish by medicine is no more a positive virtue than is a refusal to rob or murder especially honorable among men. Surgery and hygiene have made tremendous strides; a better knowledge of deadly drugs and a wholesome dread of their use have allowed unnumbered persons to escape with their lives; but wherein are the positive procedures of Allopathy any more productive of good results than they were in the days of Washington and Cornwallis? They do not bleed—a thief does not shoot or stab his neighbor; they dare not salivate—a train-wrecker loses heart at the critical moment; and we insist that the thief and the bandit shall receive their share of praise when the time comes for canonizing the unhung and the unwhipped of earth. Calomel and decayed teeth are gone—nearly gone, but anti-pyrine and “heart failure” have come upon the scene. What next?

“Are we on the wrong track?”

We think you are; and we believe, moreover, that a few more open switches, rotten bridges, broken rails and head-end collisions will start some of the wiser ones among you to thinking.

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**WHAT SHALL WE DO WITH IT ?**

I was surprised to see in the *Homœopathic News* for September, an article “What shall we do with it?” So many so-called homœopaths are so like the so-called orthodox churches. They all think, yes, know they have a good thing, and yet cannot keep still and enjoy the good thing according to the dictates of their own conscience, and not be directing slurs on their fellow believers. While the allopathic school are like the catholic church, which since the council of Trent, has presented a solid universal front, and the allopaths, like the church, since the Hahnemanian idea came into the world, have rigidly fought it with all the arts which ridicule or scepticism could bring to bear upon it. What matters it to you if one man, a homœopath, follows the law and uses mother tinctures, or an equally good man (and probably he will be a better one), will use what he pleases, high or low potencies? I say what matters it? All do good, and why should the low potency man sneer at the high potency man, or *vice versa*? Why cannot each do as he pleases, and still keep doing good. The reason is certainly obvious why surgeons are low potency men, and it is the same way so many good men, who treat chronic diseases which have been purged, blistered, soaked full of medicine, are high potency men. And why should one man laugh and sneer at the other on the question of potency.

The writer of the September article says: “This small fraction of the profession continues to keep moving in a circle ridiculous in the eyes of scientific men.” Is this so? Can Hahnemann, Lippe, Hering, Allen be made in any way ridiculous? Can they? If so, where are we to find any deep scholars of the future? And we may as well stop right here and be swallowed up by the allopaths, and pull down our banner of the grandest discovery, boon, benefaction to the human race, since the universal law of Christ. Tell me what

greater law has been discovered than the law of Homœopathy since Christ, when disease is so marked on all the human family?

The question of dose is a question yet unsettled. Carrol Dunham in 1864 said the same, but some advance has been made. Tell me, did Carrol Dunham ever do or say anything ridiculous? Not much; but every word he spoke is golden truth, the mature utterances of deep thought and experience. Lippe, the most profound scholar since Hahnemann and who was a high potency man and who in his life time was the best living physician, and had in Paris years ago access to the unpublished works of Hahnemann and spent one year in careful examination of them. Tell me how many of our so-called superficial homœopaths know that Hahnemann had such unpublished works, sacred pages. Lippe says Hahnemann was a high potency man, very high indeed, and this fact is sustained and corroborated by Madam Hahnemann, who was a very skillful physician, and yet it is said in the September article such men bring ridicule on Homœopathy. Heaven help such. My friend you are on the wrong side; go back to the allopathic love feast of opium, quinine and whiskey.

This man says Hahnemann was a genius, etc., etc., but his unpublished works say he kept still the facts about the high potency, knowing it was too soon to startle the world with any such advanced ideas, knowing it would come later. This writer says he does not believe in a potency higher than the sixth. Well I used to think so, but candid trial and investigation show me that there is much to be learned in the careful administration of the higher potencies. It was an awful hard trial for me to use *Silicea* 30x instead of 5x or 6x, but I stepped out on the promises, and I find they act better than the lower. Now I suppose my observations are making myself ridiculous, but I stay by the bridge of facts, which carry me safely over, and a true friend is the one to tie to, in spite of the half-hearted homœopathic-allopathic men of our school. When a learned man, a scholar, a physician tells me that he cures a man of some trouble, disease, with the 100x, 200x or 1000x potency, am I to say to him "you are telling an untruth"? What is it to you or to me, if he does it? Perhaps the tincture would have done as well or better, but

if he does it why should any of us sneer and laugh, and say you are placing us in a ridiculous light to the allopathic school.

Who cares for the allopathic school? Listen and I will whisper a fact to you and it is these low very low potency men are very slovenly prescribers and hate to work to individualize, by deep study, their doses. Another whisper, the greed of the dollar is paramount to study, the place of such men is in curb-stone brokerage. Let me say here, I care not what a man is in practice, allopathic, homœopathic, or what not, only be a gentleman, a student, not given to sneering at the methods of others. Stick to your own ideas, you will have enough to do to care for your own methods. The allopaths are now giving medicine prepared by their pharmacies in the 1-1000 grain doses, and here are we homœopaths (or some of us) fighting our own interests, not in fair front fight, but in the rear. How very easy it is to ridicule any good thing, I care not what, and what a potent factor it is. Did any one ever see any attraction of gravitation? No, and yet all believe in and know of the force exerted in holding our system of worlds in place. Did any one ever see any electricity? No, but one small magnet can magnetize 100,000 other pieces of iron into magnets, so they are as strong as it, and it remains as strong as ever. Who ever saw any steam? No one, and yet it moves the commerce of the world. Then why cannot a drug be so prepared, potentized that the 30x, the 100x, the 200x or the 1000x be potent? I have had good results from the 1000x of Gelsemium and know it did the work, but I suppose I am casting ridicule on the homœopathic idea. I will say I have been a low potency man, but listen, the more I rise to higher potencies the better results I get by close study of cases.

Another thing is a good point to keep in mind, and that is: why is it that so many of our good men, who are high potency men, were once allopathic physicians, and upon being converted, honestly investigated Homœopathy and the truth of high potency? This is a fact. Talk is cheap, that is cheap talk, but any man who is so small in brain power that he cannot absorb some good that a man of larger brain can, I say let the small brained fellow keep still and plod along, striving to rise higher, and not act like a

mad bull in a crockery shop, bellow and ruin the delicate beauty he cannot appreciate, and keep still and not air his little ideas, with a diarrhœa of words with a constipation of ideas, but try the golden truth some earnest student has deduced, and in his chronic cases, rise an 1x at an time, and my dear fellow you will find yourself amazed, pleased at the result.

The writer says but for the Ignis fatuus of potentization Hahnemann would have stood higher than he did. Ye Gods, hear this! My friend, are you ignorant that Hahnemann rose to wealth, power and influence in Paris, and acquired the largest fortune ever acquired by a physician? Well, it is so, and he has left unpublished works, which, were they given freely to the world, would revolutionize medicine. What is the stand of Homœopathy to-day? In all the great cities, the wealth, culture and influence is homœopathic. I say the strong majority, and in every town outside of cities where the homœopathic doctor has been a man who is a homœopathic doctor, I say he has the cream of the trade, and care not where you go, be it from Maine to Texas. Can good men do more? Remember, we are few, and the cry keeps coming for good men. Good men, not half-hearted tincture 1x, slovenly, careless, prescribers, but bright, active men, who are up to the drug homœopathic idea in all potencies.

A man who uses *Lycopodium*, calc. carb. carbo. veg. any lower than 30x, is only losing time, and he had better use them in the crude state. The lower potencies are practically inert.

My dear fellow physicians, remember Hahnemann's words: "Stick to the law, be cautious and careful prescribers, give remedies after careful selection, and the results will come." But do not, for God's sake, fight in the ranks. If you want to be an allopath, and give heroic doses of quinine, whiskey, morphine, the great pet triumvirate of the regular school, why, bless you, go over to the other side, it is easier work, but as long as you stay a homœopath, be one.

PRINCETON, ILL.

A. G. DOWNER.

#### ARE WE ON THE WRONG TRACK ?

In the constant search for more exact and scientific methods which characterizes contemporaneous thought in medicine, is there not some danger that, with increasing knowledge of disease, we may be losing sight of the patient and his personal sufferings? In Germany, for example, the home of advanced



scientific medicine, the patient is too often regarded, especially by the recent graduate, as the incidental appendage to a more or less interesting morbid process. We are not yet Germanized to this extent. For in our country it has ever been the boast of the medical profession that a practical spirit ruled its methods. This has earned us many a transatlantic sneer at our lack of scientific spirit. Nevertheless, it is pretty well understood nowadays that American physicians are excelled by those of no other country in the practical management of disease, even if it is conceded that some Europeans have attained a higher degree of perfection as regards certain refinements of diagnosis.

We have always maintained that clinical experience and "bedside" indications, as supplied by suffering humanity, cannot be entirely supplanted by laboratory research. But in Germany the laboratory rules the day.

It is interesting to observe that occasionally, even in the land of the Teuton, a voice will be raised against this ultra-physical tendency of medicine. That they are on the wrong track in regard to the treatment of sick persons over there, is, for example boldly asserted by Professor O. Rosenbach, of Breslau.\* He says that the practitioner has had to take a "back seat," while the test-tube, the microscopical slide, and other instruments of precision, often wielded by mere theorists, are usurping his powers and functions.

The tuberculin fiasco is too fresh in the memory of all of us to need more than a mention here. Rosenbach says that it is absurd to treat phthisical patients as if their bacillary expectorations were all there was to the disease. He probably goes too far when he intimates that the presence or absence of bacilli in the sputum is of no practical significance. but it is quite true that treatment has not had much help from the bacillus tuberculosis. Any school boy can stain and gloat over a few bacilli. Nevertheless it still taxes to the utmost the skill of an experienced doctor to secure a prolongation of life and comfort to the phthisical patient.

Again, with regard to cholera, it is senseless to base a diagnosis solely on the presence of the comma bacillus, and to

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\**Der Kommabacillus, die Medicinische Wissenschaft und der ärztliche Stand, Münchener Medicinische Wochenschrift, No. 43, 1892.*

be thus compelled to await the results of bacteriological tests before knowing what to do. Yet, during the recent German invasion it has frequently happened that patients were dead for a day or two before the practitioner was permitted, by grace of the authorized state bacteriologist, to "know" that the disease was true cholera. Moreover, the extraordinary fatality of cholera nostras is very suggestive of the possible fallibility of laboratory diagnosis, which disregards all clinical evidence.

Dr. Rosenbach deplores this tendency to exalt the chemist or bacteriologist above his deserts. He should be merely an assistant of the true physician. Rosenbach is strongly opposed to what he terms the diagnosis *in absentia*—that is to say an "exact diagnosis," based exclusively on the results of the chemical or microscopical examination, for example, of the urine, the patient being quite unknown to the diagnostician.

Prognosis and treatment based on such one-sided evidence, are very apt to be faulty. Yet this method is much in vogue in Germany. The same objection applies so the practice of establishing the prognosis and treatment of tumors on what the microscope reveals in connection with a minute particle of the growth.

Modern medical science is fast approaching the final goal, when the patient will be altogether a *quantité négligeable*, says Rosenbach. It is certainly dangerous to consider the human being merely in the light of an inanimate culture-medium for bacterial growth, or as supplying interesting secretions and other specimens.

But whatever they may do in Germany, there is not much danger that laboratories will supplant physicians in this country in the near future. Nor do we apprehend that Rosenbach's fears will soon be realized to the extent of making the German doctor altogether superfluous, even if diagnostic institutes, supervised by state officials, will be called upon to decide most medical questions.

It is true, in Germany "bureaucracy" has become almost unbearable in arrogance. And we sympathize with the profession, whose standard is evidently being made lower by certain abuses of power on the part of sanitary and other officials. But we cannot take so hopeless a view of the situation.

as the learned professor of Breslau. The common sense of the people themselves will prevail and restore the now shaken confidence in the utility of the general practitioner of medicine. Perhaps we have all been, more or less, on the wrong track. But it is not too late to turn back. Let us award to faithful clinical observation of the patient that share in diagnosis and rational treatment which, so long as medicine remains an art, can never safely be taken from it. When civilized man is sick he craves human sympathy and succor. It is the privilege of our calling to extend this, even after a scientific laboratory diagnosis, with brutal frankness, has proclaimed the hopeless nature of a given case. Medical laboratories are still needed all over this country, and so are medical men. There is room for both. Neither can prosper at the expense of the other.—*Medical Record*, Feb. 18, 1893.

#### A REMINISCENCE OF HAHNEMANN.

February 23, 1893 was a red letter day for the students of Hering college, and it was prized accordingly. Very few American homœopaths have ever had the privilege of seeing a patient whose life had been despaired of by many eminent medical men, and who was restored to health by Hahnemann. Mr. John B. Young of Clinton, Iowa, was introduced by Dr. Allen, who said: It is a rare entertainment and an opportunity you will long remember, to see a man who was treated and cured by the immortal Hahnemann, and I have pleasure this afternoon in introducing Mr. Young who has kindly consented to relate his personal experience and his impressions of the master. I think I may safely predict that it will be a great many years before you will see another of Hahnemann's patients.

Q. Where were you born, Mr. Young?

A. Paisley, Scotland.

Q. How old were you when you went to Paris to see Hahnemann?

A. Some twelve years old.

Q. How long had you been sick before going?

A. About two years.

Q. Some lung trouble?

A. Yes; it commenced with a general cold.

Q. Cough and so forth?

A. Yes.

Q. How many physicians had treated you before you went to Paris?

A. There were two that treated me for quite a while, and several others were called to see me.

Q. Two that treated you constantly?

A. Yes; two.

Q. And their treatment was not successful?

A. No, they didn't have much hope for me.

Q. At whose instance was it that you went to Paris?

A. It was that of a lady who called one time at my father's house with some other person when I was sick in bed—a Miss Sterling—and she took an interest in me from that time on, and for some six months or more I was under the family physician that she employed—one of the best physicians in that part of the country.

Q. She resided in Paris part of the time?

A. She went to Paris frequently, and of course went there for pleasure. A few months after she left she became acquainted with Hahnemann and also became converted to his system of treatment, and after that she wanted—if there was any possible chance—to get me to go to Paris and be under Hahnemann's treatment, and she wrote to the physician that had me in charge, and he wrote back that he didn't think I could stand the voyage—that I would die before I could get there—that I didn't have enough vitality to live till I could get there.

Q. Was there a consultation held about you?

A. Yes, but it was not satisfactory, and she asked that a second consultation be held. And at her suggestion they then decided that I could only go to Paris by short stages, and it was finally settled that I was to go.

Q. You first went to London?

A. I went to Edinburgh first and remained there a few days, and from Edinburgh I went by steamer to London—in those days there were no railroads—and in London I was taken to Sir Andrew Clark's house, who was a relative I believe of Miss Sterling, one of the most eminent physicians there, and staid there two weeks under his care.

Q. What did he think of your case?

A. He examined me some two or three times, and he said there was no hope whatever for me, and he said he thought it was cruel to take me so far away from home.

Dr. Allen: At that time I remember that Sir Andrew Clarke was in active practice and he subsequently became the physician to the queen, and consequently held one of the most prominent positions in Europe.

Q. You went from London to Paris?

A. Yes, I went from London to Paris.

Q. When you arrived in Paris did you go to see Hahnemann or did Hahnemann come to see you?

A. He came to see me the second day after my arrival and gave me an examination that lasted about an hour and a half.

Q. Did he strip you?

A. Yes, I had to go to bed. He went over me more thoroughly than I had ever been gone over before or since.

Dr. Allen: And still it is said that Hahnemann was a symptomatologist and usually prescribed for symptoms; and rarely made a physical examination.

Mr. Young: He would make me count one, two, three, etc., up to a hundred, and put an instrument to my chest and did the same to my back, and he did more thumping of my chest than I ever had before.

Q. What did he conclude when he had finished his examination?

A. He talked to Miss Sterling in French.

Q. Did he write down the symptoms of your case?

A. I can't remember about that part of it. I know he did some writing in a book during my examination, but what it was I do not know; don't recollect very much about that, but he left just as soon as he had spoken to her and she told me what he had said. She said that he said that he was glad that I had come to him in time, that he would cure me, but that it would take some time—that is what he said. He spoke completely in the affirmative "that he *knew*"—he did not say "that he *thought*" anything about it, but "he *knew*," and that I had come to him in time and he could cure me.

Q. Well, how long did it take before you were able to get out of your room?

A. I don't know. I was there two months or over. I was not around there much, although I was taken over to the office by the lady in her carriage. She generally called about once a day, and when she went to see Hahnemann, of course she called for me; almost every day I was at his office.

Q. Did he give you very much medicine?

A. Not a very great deal. I think I had medicine about four times a day at first. That included what I got at night, too. There was one of the times I remember very well, because it was with considerable labor that I got that, and that was that one hour after I went to sleep I had to be waked up in order to get some of the infinitesimal doses, and I know sometimes it was a pretty hard matter to get me awake, and it was not very agreeable to be awakened out of a sleep, and that impressed it on my mind more.

Mr. Allen: In proving many of his remedies, Hahnemann found that some remedies acted better at night when taken just before retiring, and others again acted better when the person had retired and had taken the remedy after awaking, or after the first sleep, and where the patient was sometimes obliged to be awakened to take the dose of medicine, "on account of the condition of the mind," as he said.

Q. Well, what was your impression of Hahnemann at the time he treated you as you now recollect him? What kind of a man did you think he was?

A. I don't know as I can express it very well. The first impression made on my mind when I saw him was that his face had a *luminous* expression. He looked more to me as I would call it, a *divine man*—there was *divinity* about his appearance. He was a good man, undoubtedly, and I was informed that he often, when he gave his medicine, said to his patients that he was but the instrument, that he did the best he could and then they must look to God for the blessing. If they expected him to help them out of their difficulty, he frequently directed them in that manner.

Q. At that time were there many patients visiting Hahnemann at his office, and what was the size of his office?

A. He had a place one-half larger than the room we are now in (which seats sixty people), as large again as this room, and in the day time when I was there he had some two hours

that he met "counsel patients." There were generally sixty or more patients at any time in his office when I was there.

Q. The room was pretty well filled?

A. Yes.

Q. Were there many foreigners at that time that came to Hahnemann?

A. Oh, many of them. I became acquainted with quite a number of his patients. I had been there quite a while and there were patients there from America, and Germany, and Russia, and a number from my own country and they were there from all parts of the world, and there were a great many who expressed themselves to me in this way, that they had not gone to Hahnemann until they were in last stage of the disease, and had been given up by their regular physician. Hahnemann got them when like me they were pretty nearly gone, so that it looked to me more like a place where miracles were being performed than any place in which I have ever been, and numbers he brought from death into health. It was so with me. I know that for a long time I had these night sweats, for a year or more.

Q. But he finally cured you?

A. Yes, I came home strong.

Q. How long were you under his care?

A. About nine months. There is one thing I would like to tell about him that pleased me more than anything else. Of course I was indebted to Miss Sterling for being taken to Paris and placed under his care, and just before she left Paris she wanted to settle with Dr. Hahnemann and of course, under ordinary circumstances, it would have been a large bill she would have had to pay. When she went to get the bill Hahnemann refused to make out a bill, and when she insisted on it, he said, "Madam, do you think you have more benevolence than I have? Do you suppose that you should have had all the trouble, and anxiety and expense of bringing him from Paisley and that I should then charge anything?" He says, "No!" I suppose he received a present that was worth more than the bill. That was the disposition of the woman. I have always thought about that.

Mrs. Hahnemann, his young wife, was there to assist. It was in 1837. The way I know is, it was Louis Philippe's son

was married and it was his entrance into Paris on Sunday that fixes that date.

There is one other thing I would like to mention. I was put on diet—a special diet for morning and evening. I had *babies' food*, that is, bread and milk and sugar. The bread was cut up in small pieces and boiled milk poured on it with sugar and allowed to stand a while and soak soft, and I had that for my morning and evening meals.

All stimulants were forbidden. He gave the orders for my meals.

I have an engraving of Hahnemann that I received from Geddes N. Scott, M. D., of Glasgow. He came to me and showed me one of these engravings, and asked me what I thought of it, saying, "it is the best I have seen," and I said, "it is the best I have seen."

I do not know as I should reveal his private affairs, but I was going to say that Hahnemann was an inveterate smoker. I have seen his young wife fill his pipe for him many times.

Mr. Allen: Hahnemann learned to smoke when he was an allopathic physician.

#### THE RELATION OF RHEUMATISM TO THE NEUROSES.

1. It seems probable that those agencies which are prone to produce neuroses are also capable of causing arthropathies. Such agents as lead, sepsin, alcohol, arsenic, quinine, carbon disulphide, marsh miasm, traumatism, mental shock, senility and starvation which may predispose to rheumatism or gout may instead of arthritis induce a neural or a cerebral change. This explains the long suspected relation between Chorea and Rheumatism.

2. There are substantial grounds for suspecting the existence of an inhibitory center for the uterus in the spinal cord. There are reasons for locating this center near the vagal nucleus.

(a.) The influence of this center may be *impaired* by some of the agencies which cause arthropathy in man, setting up a corresponding change in women representing dysmenorrhœa.

(b.) The inhibitory influence, instead of being merely *impaired*, may be completely *suspended* during pregnancy. Thus abortion may come to pass.

(c.) The presence of such a center with an inhibitory rather than a mere trophic function would explain why anaesthesia may not alone be unable to arrest the progress of labour but may actually facilitate expulsion.

LONDON, ENGLAND.

EDWARD BLAKE, M. D.



# THE MEDICAL ADVANCE.

A HOMŒOPATHIC MAGAZINE.

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No. 5

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How do you like the new dress?

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THE MEDICAL ADVANCE sends greeting from the new office, 1102 Columbus Memorial Building, corner State and Washington streets. It is fitting that the "best medical journal in the world" should wear an outside cover at least in keeping with the character of its contents and the place it now calls "home."

\* \* \*

THE Columbus Memorial Building is conceded to be the finest office building in the entire country. It is fifteen stories in height in the business center of Chicago. It is richly trimmed in solid bronze, Italian marble, Mosaic floors and ceilings, and finished throughout with solid mahogany. Nearly 300 physicians will be located there this month, many of whom are familiar to the readers of the MEDICAL ADVANCE.

\* \* \*

THE World's Fair was opened with great eclat on the first of May, and will prove the loadstone drawing many thousands this way during the summer. The ADVANCE extends a cordial welcome to any and all its many readers, and will do all that lies in its power to make their stay pleasant and profitable.

\* \* \*

THE Committee of arrangements for the World's Medical Congress are untiring in their efforts towards unqualified success of their meeting. Entertainments is already engaged for hundreds of physicians with their families.

\* \* \*

Present indications point to the largest meeting of the In-

ternational Hahnemannian Association in its history at Geneva Lake, Wis., on the 6th of June. Are you one of the number?

\* \* \*

Glorious news will be given the friends of Hering Medical College next month. It is too good to keep, but will not spoil and our lips are closed for the present moment.

\* \* \*

Valuable contributions are being secured for the future issues of the *MEDICAL ADVANCE* for all of which the thanks of all interested are extended for future as well as for past favors.

\* \* \*

You may not be aware of the fact; but this, the exponent of the art of healing as taught by Hahnemann, Hering, Guernsey, Dunham and a host of others, is maintained only by eternal vigilance, and a faith in the divinity of the cause espoused which cannot be shaken by mere pecuniary gain.

\* \* \*

IT IS all very well, gentlemen, to rail at *The Medical Advance* as being the "saintly organ of the heavenly Hahnemannians," but suppose all of us should lay aside the work of teaching the Homœopathy of Hahnemann, how long would your "Homœopathic cough syrup," your "Homœopathic anti-bilious compound" and your dozen other mongrel mixtures hold the fort against the products of the old, rich and powerful allopathic drug houses? You ought to be very thankful to *The Advance* for teaching men just a little Homœopathy—barely enough to get them far enough out of the allopathic wilderness to use your various crude nostrums, some of which are possibly faintly "homœopathic."

\* \* \*

*The Advance* advocates Homœopathy for the sole reason that Homœopathy comes nearer to being scientific medicine than anything we know of at present. If you know of any system that will cure more sick people *The Advance* has some thousands of readers before whom we should take extreme pleasure in laying the facts.

\* \* \*

HAHNEMANN says: "When called to a case of cholera wait till the patient's bowels move, take the discharge off to

your laboratory, make some cultures and be sure of your diagnosis; then return and hold a post mortem and confirm your diagnosis. When we have to do with an art whose end is diagnosis, any neglect to hold a post mortem becomes a crime."

Sounds like the "old Dutchman," don't it?

\* \* \*

A FAMOUS physician and scholar once declared that the first and sole duty of the physician was to restore health to the sick. He was promptly kicked out of the medical profession, of course, and was chased so assiduously by certain scientific gentlemen that he had to remove his residence about a dozen times within a few years. We ought to feel very proud of our great profession for so rudely defending its rights against troublesome old cranks who not only think themselves but actually set us to thinking.

\* \* \*

The way to learn how to become an architect is to study stone piles and pine boards. The way to prove drugs scientifically is to try them on sick and suffering humanity.

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**THE RELATION OF THE MINISTER AND THE DOCTOR;  
THE CURE OF SOULS AND THE CURE OF BODIES.**

The relation of the minister of religion to the doctor of medicine, in so far as their respective functions concern the health of humanity, is much closer and more organic than is generally supposed. Without each other's help minister and doctor must suffer. Without the harmonious co-operation of doctor and minister the health of humanity must suffer.

Formerly, a trinity existed: the doctor, the minister and the sexton or undertaker; their services were required in the order named. This trinity is still doing a thriving business, the constituents of the firm being: the unscientific, lazy, materialistic mongrel homœopath—to say nothing of the silent partner, allopathy—, the bilious and melancholy minister and the nonchalant director of funerals and digger of graves. Of necessity, the passage from health to burial must be through the hands of doctor, minister and undertaker; but with better men in the combine the progress from health to the grave would not be so rapid

Now, we may as well admit the fact that the health of the community depends very largely upon the doctor and minister. We may as well be right up and down honest and candid and admit the truth, that the average health standard, in the community, is not as high as it should be, for the reason that minister and doctor are not up to the requirements of their respective functions; they do not work together as they should for the health, happiness and progress of mankind.

The health of mankind: this is the aim of both religion and medicine. But the minister is dealing with the spiritual, moral side of human health; the doctor with the physical side. In consequence of this specialization of function each is apt to forget his dependence upon the other. The minister thinks that if the soul is saved that's all that is essential; the doctor saves the body and troubles himself not about the soul. Each ought to know well enough, however, that healthy souls do not exist in unsound bodies and that healthy bodies are not long possible without the accompaniment of healthy souls. Suffering humanity has to pay the penalty for this lack of perception on the part of minister and doctor. The health of mankind, then, demands, that the minister shall see to it that the doctor is true to his own principles, and that the doctor sees to it that the minister is true to his principles. Both are dealing with God's truth—or nature's truth if you are so ignorant of the first principles of psychology as not to believe in a God—; the minister with the spiritual side of that truth, the doctor with the physical side of it. It is the duty of the minister to remind the doctor that he cures the physical ills of men, not by chemical and mechanical transmutation of the elements of the material body, but by inciting the living spirit within the body to rise up and compel the rebellious and disordered material elements of the body to submission and order. It is the duty of the doctor to remind the minister that the living vital spirit in man cannot express itself in outward act or come into communion with other spiritual life except through the medium of a healthy body; the body is inert without the animating spirit; so the spirit must remain inoperative without the physical machine. Let religion speak to medicine and medicine to religion. Especially is there need of this in the practice of the art of healing accord-

ing to homœopathic principles. True homœopathy rests upon a philosophy of spiritual dynamics, not upon a philosophy of mechanical force or chemical reactions. No man can be a *genuine* Hahnemannian homœopath unless he be a believer in the reality of the spiritual life resident unseen within the physical environment. Particularly does the doctor need to be reminded of this truth by the minister; the doctor too often forgets it. We must remember that without appreciation of this truth on the part of the doctor the practice of pure homœopathy is impossible; and no homœopathy, no safe return to health. The doctor must be made to remember that in dealing with homœopathy he is dealing with a *spiritual* reality. Homœopathy is the only *scientific* way of restoring the sick to health. Its fundamental principle, (*similia similibus curantur*) is one of the most absolutely *scientific* principles of modern times. The induction by which that principle was derived rests upon many thousand accurate observations from nature direct; the accuracy of those observations and the generalization of them: (*similia similibus curantur*) has been verified hundreds of thousands of times. Observation, induction, verification: nothing could be more *scientific*. And this is the basis of homœopathy. But is it not sad to see that so few doctors really believe it?

Sadder still is it to find it almost impossible to get hold of, among professed homœopaths, a genuine one. And the need is so great; go about with any minister on his parish calls if you are sceptical. Two or three years ago a young man lost, through the breaking down of the doctor's health, the services of an old and tried Hahnemannian homœopath. He searched in vain for a real homœopath some where near him. Fortunately, for a year or so nothing serious in the way of sickness occurred in the family; but finally he moved away and fell ill; he consulted the local homœopath—I should have said the local materialist—and was written out a prescription to an allopathic druggist and told to paint his chest with iodine. The young man got mad, took down his file of the *MEDICAL ADVANCE*, looked it over to see if any of its contributors lived any where near him and was rejoiced to find the name of one who lived seven miles away. As soon as daylight came he posted off to the doctor's office and his heart

was made glad when he found himself in the hands of a genuine Hahnemannian and a true and honest man. God bless him! Why can't we have one such in every town of any size? Because doctors and the professors in our medical colleges don't believe in God, or at least in spiritual life; that's why! Only a short time ago a young student was told by a professor in the neighboring homœopathic medical school to always give quinine whatever else he did! A while ago I heard of a young doctor going to a case, ordering two glasses to be given in alternation every fifteen minutes; one was B. 30. The child in a few hours had a glorious belly-ache, as might be supposed; all because the stupid materialists who educated the young man fail either to read or practice the precepts of the Organon. You can't blame the young doctor; but is it not a shame to make helpless children suffer because stupid materialists do not believe in the spiritual life? It is the work of the homœopathic minister to speak to such mongrel homœopaths.

The doctor is related to the minister, also, in that he, the doctor, is set aside by the community to alleviate its sufferings and help it to health of body just as the minister is set aside to help the community to health of spirit. This being so neither profession is economically or morally a money-making profession. The minister must live and provide for his family and old age; so must the doctor. But it does not speak well for our humanity when either minister or doctor is willing to "feather his nest" off the unavoidable sufferings of his fellow-beings. The desire to make money fast is part of the cause why genuine Hahnemannian medicine is not practiced more. A materialistic philosophy and an inordinate desire for gain are together the reasons why Hahnemannian Homœopathy is not popular with the medical profession and why there are so few genuine homœopaths; and for these reasons, also, humanity suffers unnecessarily. The man of spiritual concerns should speak to the man of material concerns; both are the servants of God and of humanity. To relieve suffering humanity in the spirit of self-sacrifice; this is a common duty, in the functions of which minister and doctor are organically bound together and to the community at large. Let the minister keep alive faith in spiritual realities, and

interest himself enough in the physical welfare of men so that the spirit may have adequate means for expressing itself; let the doctor interest himself enough in the "deep things of the spirit" so that he will cure physical ills by appealing—through Aconite, Sulphur, Cinchona or any other drug, so be it that it is *indicated*—to the spirit which resides within every sufferer, the spirit which, homœopathically aroused, alone is able to cure.

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### CHOLERA.

THERE are thousands of people who would at this moment give a good deal to know whether we are to have an epidemic of cholera the coming summer or not. It appears to be taken for granted that cholera can come, if at all, only during the heated term, and of all the popular misconceptions touching this most popular newspaper disease none is more erroneous. The facts are that some of the most terrible and deadly visitations of the plague have appeared in the dead of winter, although the conditions favorable to its spread are supposed to be greatest when the rays of the sun strike the planet with the least obliquity.

The disease attracted the attention of European physicians first in the early part of the present century. Its origin is said to be Indian, in the lowlands near the mouths of the great rivers. England, France, Germany, Russia, Wales, and the countries of North and Central America suffered frightfully from its ravages in the earlier years of its written history, hundreds of thousands of victims dying of it on the continent of Europe alone. It is of record that the malady is most fatal when first it appears, its virulence seeming to be mitigated by the appalling results of its work.

Pathologically it may be divided, like ancient Gaul, into three parts, the stage of invasion, the stage of collapse and the period of convalescence; practically we do not see what difference these distinctions make or can make. The one who has cholera in the first stage is sick, and is sick from cholera, but he is not as sick as the one who has cholera in the second stage; in both cases the diagnosis is plain enough and if diagnosis were of any value in pointing out the means of

cure, surely cholera, like diphtheria, ought to be one of the most harmless of all maladies.

We do not recognize any distinctions as to the names of diseases; our duty as physicians confines us to the healing of the sick. If we can by wise foresight prevent them from becoming sick, so much the better. If we cannot prevent this, we must deal with people as we find them—sick, and not as they ought to be—well. If they have cholera, we must find out how much they have it, learn its peculiarities in each case, and address our attentions to its eradication by restoring to health the one who has it. Curing a patient will always annihilate cholera, because well people do not have cholera or anything else in the form of disease.

Hahnemann's experience in these matters is the safest guide for our practice. He directs us to examine the case carefully, to note all the symptoms, and then to compare the image of the patient's condition with the positive facts of our *Materia Medica*. There is no dreamy theorizing about this. On one side is the patient, presenting a certain visual picture; on the other is the recorded proving of some drug that nearly or quite duplicates it. The undoubted truth of history is that the practical application of one picture to the other will cure more cholera—stricken patients than all other known methods.

The remedies most likely to be of service in the curing of persons sick with cholera are Camphor, Cuprum, Veratrum, Arsenicum and Carbo Vegetabilis, each according to its image, not because the disease is spelled with seven letters and is called cholera, but for the undoubted fact that persons suffering from cholera are pretty sure to present symptoms alike those produced upon the healthy body by the drugs we have named.

The hope of a cholera patient is found in Homœopathy; by common consent of its enemies and detractors they frankly admit that their methods are a failure and that they are ever ready to grasp at every passing whim or caprice, the last of which is a mixture of salt and water.

H. C.



**WHAT PRELIMINARY EDUCATION IS NECESSARY AS  
A FOUNDATION FOR A GOOD MEDICAL  
EDUCATION?**

BY FRANK KRAFT, M. D., CLEVELAND.

Any one who knows anything about me, knows that I never christened any pen-child of mine with such a top-heavy title. The topic was assigned me by your indulgent chairman on my remonstrance that I could think of nothing suitable for his bureau, so that if my paper seems as heavy as its title, let it be remembered that I am fitting the child to the splint.

Simple as this subject seems it is one so difficult that were I competent to properly unravel its perplexity I should doubtlessly win universal applause; but this question, like the potency question and the next year's students' question will be a green question long years after the ink on this paper has faded, and indeed this writer himself has been gathered unto his fathers.

In this view I have purposely ignored what I supposed the majority consider the only education needed for a medical student, to wit, the amount of "book-larnin'," and directed my attention to that other education without which all the literary degrees of all the universities would avail as naught in the make up of a medica—I refer to the education, partly inherited and partly gotten by hard experience, the practical education of common sense. I am the more ready to omit that part of my subject which would include the range of studies and the percentages of proficiency necessary therein before an impossible medical college would consent to take the 65 or 75 dollars of the unclassically-educated farmer's boy; first, because our National organization—the American Institute of Homœopathy.—has promptly and properly set the copy to be followed by the colleges; and, second, because my own university education ended when I left the little village school in Decatur County Indiana, (with its winter sessions,) in the first year of our late war. If, therefore, I had so far forgotten myself in my vain endeavor to rival the late celebrated Dr. Pangloss with his string of titles, and superficialities, I would easily have fallen into the pit I had hoped to dig for others, who have titles and decorations and parade

them on all occasions on bill heads, letter heads, professional cards, announcements, etc., etc., *ad nauseam*.

One of the first elements necessary for that greater education to which I now refer is *Health*, both mental and physical. This may seem a trite statement to advance, and to put it at the head of the column, yet those of us who have been associated in school work, know that very many times persons are permitted to matriculate who could not possibly endure the hardships attending the first five years of practice, and especially if these are cast in the country. Even with a man of rugged health and courage, it is the hardest kind of work to keep his head above the level of the bitter waters and his heart from sinking within him. I repeat, it takes vitality and enthusiasm of a high order to spend three years in the putridity of the dissecting room and then three years more in the kidney-destroying exercise of riding a cart in a sandy country in the summer, and three inches of loam in the winter.

He should possess a general adaptibility to his surroundings, like the dyer's hand accommodating itself to whatever color he works in. Given a well educated (book-learned) young man, with gold spectacles, silk hat, and the traditional medical Prince Albert, on the one hand, and a doctor-hungry neighborhood in Darkest Missouri on the other, and the two will fail to harmonize. If, however, he has learned due humility in his *alma mater*, and does not issue from its portals in the expectancy of doing \$250. Laparotomies three or four times a month, but will resolutely adapt himself to the *little*, and EASY things of doctoring such as the curing of coughs and colds and diarrhœes and fever and agues, wear rubber boots, hickory shirt, a patriarchal beard, if the community so demand, and ask after the dog and lame horse and the size of that last litter of pigs, why, then, he will become successful. It may seem at first a *descensus averni*, but it is not near so bad as it seems. I have been through the latter part of the picture—the country practice, and I believe it case-hardened me for all time to come. It broke my back physically and egotistically. It is much more difficult to adapt ones self to the higher plane than that in which one has moved; but fortunately it is rarely necessary.

He should possess dexterity with tools. The young man who has taken preliminary training at a carpenter's bench or has served time as a mechanic, and therefore practically appreciative of the relation of symmetry to strength as well as of beauty, will make a much better doctor and surgeon, than he who depends wholly on his books and oral instruction for such knowledge. Any one who has set, say half a dozen colles' or any other fractures known that no prepared splint ever yet fitted one of his cases; that the splints they had to be bent and shaped and twisted, punched in here and pulled out there to conform *not* to Gray but to the arm and wrist of the patient. Need I add that in a country practice—ten miles from a lemon, as Gail Hamilton says—where the only emergency splint for an intracapsular fracture of the femur was a board from a 16-foot panel fence hewed and licked into form with a kitchen hatchet and a pocket-knife—a case I had—that a knowledge of such doctor tools is invaluable.

He should possess an artistic nature, not a water color or oil painter, necessarily, though these accomplishments would not deteriorate his value,—but a keen eye for the beautiful in construction and a critical eye for any divergence from the right line of exactness. For as we know that no two persons are exactly alike in their moral and mental characteristics, so, notwithstanding the sometime boast that anatomy is as unchangeable as homœopathic materia medica, we know that no two corresponding bones, even in the same body, are exactly alike, much less so in different bodies; with an artistic eye he can detect any deflection from the normal of the patient before him, where, without such talent, he must judge by a classical standard taught by Gray or Holden and so fall far short of the reality; and for the operations in surgery and gynecology this faculty can never be overestimated.

He should possess his five senses in as nearly perfect condition as possible. I know of one physician who does not hesitate to acknowledge his inability to distinguish one musical sound from another; he says that the filing of a saw would be equally harmonious or sweet to his ears. It is a mystery to me how this man succeeds in the sick room where exquisite hearing and the nice distinguishing of one cry from another, and, in labor, one groan from another, is so essential.

Another sees every object blue for a certain number of days each month. I mean the actual color blue, not the bilious "blue." A knowledge of colors and their combinations conjoined with a good understanding of their play in the physical structure is beyond computation. Some doctors have such good nostrils that they can diagnose the kind of disease to be found in the patient, on first entering the sick chamber. And in following along a summer's practice with loose bowels troubles it is truly wonderful how great a part is played in the diagnosis, and selection of the proper remedy by the doctor's nose, as to feeling, what more soothing to a patient than the soft, warm and sympathetic hand of the physician; while to the doctor himself, what volumes it tells him concerning the heart and the body.

He must have patience, yes, of course, you may spell it either or both ways—for there is nothing quite so grating upon the nerves of a sensitive patient as an impatient doctor; whose impatience perchance may be of a laudable kind, fretting and fuming because the medicine don't take hold, or the patient doesn't react as the text books have taught him. But the unlaudable kind of impatience is almost out of date; that fashion of growling and swearing went out with the decadence of the Old School; and to-day it is only the very wealthy physician who dares play the brute. The patience the intending medico needs is of the kind which will give him courage to do the work nearest at hand, under the guidance of his instructors, and leave the rest to the future.

He should not be jealous of his brother physician. Twenty lawyers will herd together in one office for years and yet do so harmoniously; but two doctors seldom office together in full partnership more than a couple of years. There is no good or valid reason for this except that there has come down to us from hoary tradition the belief that if a patient ever engages our services, that thereafter and forever he is our patient, and no one else must treat him. Patients are indifferent to this rule or tradition; they will employ whomsoever they like, and as often as they like, and consider us exceedingly narrow and stupid when we tax them with infidelity to us. "Why should I," says Col. Brown, "purchase all my groceries invariably and for all coming time from the corner grocery, when I may do better elsewhere."

He should be a lover of his race, and engage in the study and subsequent practice of medicine not wholly because of the great wealth he will accumulate—and it might be well to inform him on the threshold that medicine is not a money making business—but in great part because of his sympathy for the afflicted and his love for the good he may do. A man who hates a child and persistently speaks of “pulling another brat,” is not going to be either popular or successful. There is something besides *materia medica* in homœopathic treatment.

He should not have too much money at the start—and he won't have for a few years thereafter—because it tends to cripple a physician as it does any other kind of workman. He will in consequence avoid the lower rounds of the ladder and hope to strike in about midway. We need the early, rough and tumble experience and cannot do without it safely. One very eminent man said that the reason he became successful was because he had never had enough to live on.

But I need hardly elaborate this idea. I have had dealings with a good many students and I have found none who did not practice economy, wear celluloid collars and cuffs and board themselves. Here also I touched bottom—for just as I was graduated the bank in which I had deposited my unrustable *feenances* “busted” and went to Canada. In my first six months I earned 50 cents, I still have that coin of the realm and value it to-day more than any other money I earned before or since.

He should be studious, not necessarily bookish; be able to pick up an idea and carry it along with him, and turn it over until it is his own. If he makes verbatim reports of his professors' lectures they will be worthless unless he can select the kernels and assimilate them.

He should have equable habits—you see I do not put it good habits. A man to be successful in any given community may have to eat with a knife and drink out of a jug. It might be to his undoing to be too neat. This is a queer world, my masters, a queer world. A whole neighborhood may be won by an artistic request for a “chaw of terbacker.” A good story teller is safe; but there is no need to sit in the corner grocery, whittling store boxes and telling stories that

will make him blush when he again stands in the presence of his wife or his sweetheart.

Now add to these a good ordinary common school education, and a straightforward working knowledge of the Ten Commandments, and your student will be a doctor, a gentleman, a friend and companion.

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### JOSH BILLINGS ON DOCTORS.

Doktors are not all quaks; you hav got wrong noshuns about this. Doktors, lawyers, and ministers, hav a hard row to ho; they hav to deal with kredulity, knavery and fears of the people—three of the most difficult traits in human natur tew handle. If i was a doktor and understood my bizness, i should doktor my pashunts, and let the disease tak care of itself. More folks are cured this way than enny other.—*Weekly Medical Review*.

Some homœopath has evidently been coaching Mr. Billings on the principle of individualization. If not, he has unconsciously struck one of the keys of Hahnemann's system, in fact one of the cardinal doctrines of similia, and induced the editor of the *Weekly Medical Review* to publish it as a joke. If every homœopathic doctor understood his business and would treat his patients and "let the disease take care of itself" they would have a success hitherto unknown in their experience. We do not expect the editor of the *Review* to either teach or practice this cardinal truth at present, but if he would investigate it, he would find more truth than sarcasm in the joke of Josh Billings.

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DIETETICS IN HOMŒOPATHIC PRACTICE. Many of our recent graduates have been disappointed at not obtaining the results in the cure of the sick, which apparently were obtained by Hahnemann and his immediate followers. Much of this, no doubt, is due to careless prescribing; but much also may be attributed to want of care in regulating the diet and carefully instructing the patient in eating and drinking—in avoiding the causes of many diseases—or as Hahnemann puts it "the causes that disturb health." The diet of disease—"aliment allowed and aliment prohibited"—are seldom seen now-a-days on prescription envelopes. Chemically prepared foods are now the rule, and are largely based on the physiology of digestion, assimilation and nutrition of the laboratory rather than of the patient we meet in every day practice. The

following from the *Vegetarian* may be studied very advantageously:

VEGETARIANISM AND MORAL PURITY.—Has any reader of this journal ever known a Vegetarian who was addicted to drink or any other of the immoralities of the present time? So far as my experience goes I have never come in contact with a Vegetarian who was not pure in word, thought and deed, and who did not study the general interests of the race. I am also thoroughly convinced that the less one eats of flesh food, and drinks of intoxicating liquors the more one experiences of the higher life and the greater are the pleasures of living. The most potent method then of gaining the victory over those vices which are such a curse to this nation lies in the abandonment of the excessive use of flesh foods, abstinence from intoxicating drinks, opium and tobacco. The purer the diet by which we regulate our appetites the purer will be our lives and more fitted for the services of God and man, which is the true aim of life. To be of use to those around us should be the aim of every human being, but how are we to accomplish this unless we are “temperate in all things?”

The fruits of the earth are our natural food and the most healthy. Were it not so there would have been no necessity for the Creator to have given such a variety, and so suited to the palate and the complete needs of man. The fruit and vegetable-eating portion of the community are, too, the purest in mind and the greatest benefactors to mankind, and surely a diet that will encourage these cardinal virtues is the most natural and the one which should be sought after by all who wish to serve the present age. Temperance advocates ignorantly advocate signing of the pledge when a confirmed drunkard approaches them and requests that he may be saved from the bane of his life, as though that were the only antidote. We must have a more practical and effectual remedy than this. Signing the pledge will not satisfy the craving desire—which must naturally take possession of the man after his renunciation—for the cause of his woes. A substitute must be found; and thanks for the provision which the Creator has made it can be found. A fruit diet will destroy the desire for alcoholic drinks. Oranges and apples have been found to be the most effectual cure for inebriates, and the more they eat of these luscious fruits the more the desire for drink will diminish until at last it is completely crucified, and so far as that individual is concerned, obliterated.—*The Vegetarian*.

That there is much practical truth in the above claimed facts, those who have given the question any thought or study will not hesitate to affirm. Every reader of the *ADVANCE* who has studied Gregg's work on Consumption—and every one ought to study it—will at once see the importance of these suggestions, for it is no longer a matter of belief, *it is a hard fact*, that to the indiscriminate use of meats and stimulants is largely due the terrible mortality from consumption, Bright's diseases and cancer. It is a popular be-

lief, almost universal, promulgated and fostered by the pathologists and therapeutists of the dominant school, that the weakness, exhaustion and general emaciation of patients suffering from these wasting diseases are to be counteracted and overcome by the supposed strength-creating qualities of meats and alcoholic stimulants. To treat the effect of diseased action, the pathology of the case, is the teaching and practice of Allopathy. The use of meats and stimulants for a similar purpose—to give strength to a system exhausted by disease—is the principle of *contraria* applied in dietetics; and the principle is as delusive in dietetics as it is in Therapeutics. To cauterize an ulcer; to suppress a skin eruption by a topical medicated application; to remove a hemorrhoidal tumor by surgical measures; to cure (?) a chronic discharge from a mucous membrane by astringent applications; to remove an organ in order to correct its function or to stimulate the weakness and prostration resulting from an exhausting disease by beef extracts and alcohol, is allopathic both in theory and practice, against which Hahnemann protests in almost every page of his writings. It may be scientific (?) but it is allopathic science, and the farther homœopathic practice is removed from such methods the better for our patients.

H. C. A.

DEAR DR. ALLEN:—I think Mr. Young in his visit at Hering College—reported in April *ADVANCE*—said he stayed at the house of Sir *James* Clark in London on his way to Paris, not Sir Andrew Clark, who is I think still living. Sir *James* Clark was physician to Queen Victoria before she came to the throne, and in 1838 was made baronet, that is, three years after he was appointed M. D. to the Duchess of Kent and Princess Victoria, which was in 1835, when he was 47 years old; and Mr. Young was at his house in 1836 or '37. Sir James Clark made a specialty of sanitary science, and was considered an authority on diseases of the lungs, having traveled on the continent to study mineral waters and different climates for invalids. You see Sir *Andrew* Clark, as *THE ADVANCE* has it, couldn't have been much more than a baby in 1837.

M. W. TOWNSEND.



THE  
MEDICAL ADVANCE.

A HOMŒOPATHIC MAGAZINE.

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THERE can be no better time for visiting the Exposition than during the early part of June. Delightful weather, smaller crowds, freshness of exhibits and cheerfulness of exhibitors and attendants. The finishing touches have been given to the different departments and it is a delight which cannot be described to study the marvelous creations of human thoughts here collected. It so far surpasses any other exhibition both in the magnitude and richness of display that no other nation can hope to equal it in the life time of the readers of the MEDICAL ADVANCE.

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THE Medical Congress extends a welcome and promises a rich treat for all who may be so fortunate as to listen to its papers and discussions. Present indications point to an attendance of not less than 5,000. The announcement and program which has been sent you under separate cover should be carefully read and it will convince you of the benefit to be derived from its sessions. The institute will simply hold business sessions as per announcements.

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IT is needless to remind you of the meeting of the International Hahnemannian Association, which meets at Geneva Lake the week following the meeting of the Congress. This beautiful lake is about two hours ride from Chicago, and its cool shady banks will be wonderfully refreshing during the sessions of the Association. Remember the date is

June 6th, and be on hand prepared to take some part in the meeting.

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IT was the purpose of the Editor of the **MEDICAL ADVANCE** to have the journal well represented in many of the state societies this year, but imperative demands at the seat of war prevented the realization of these with many other plans.

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**HERING** Medical College enters upon the work of her second year under vastly different circumstances than witnessed her birth. The magnificent gift of one of the staunch believers in the efficacy of the simple law of cure promulgated by Hahnemann and faithfully taught in this college enables her trustees to purchase a valuable property on Wabash avenue, between Twenty-third and Twenty-fourth, which can easily be converted into an elegant college building with hospital attached in time for the sessions of '93 and '94.

Valuable accessions have been made to the faculty in the persons of Profs. Hoyne and Hawks, so long connected with Hahnemann of Chicago; Prof. Reinninger of the Chicago Homœopathic, and Prof. Tomhagan, of the Post-Graduate of Philadelphia, one of the best if not the very best teacher of Comparative Materia Medica in the World. Announcements will be issued in a few days giving particulars.

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A FEW copies are left of "Two Decades in Medicine," which can be obtained by addressing this office. They cost 10 cents each, 60 cents per dozen or one dollar for 25. Don't forget to send your communications, in the future, to 1102 Columbus Memorial Building.

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**ATTENTION** is called to the proportions to which the list of professional cards is reaching. Don't you want to "have your name written there." It will keep your name before

the profession and remind physicians where to send any of their patients who may move into your city either permanently or temporarily. A card including a copy of the **MEDICAL ADVANCE** will only cost you ten dollars for a year.

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**GOVERNOR ALTGELD**, of Illinois, sent to the Senate the following nominations as members of the State Board of Health:

George Thilo of Cook County, to succeed F. W. Riley, term expired; William Quine of Cook County, to succeed Daniel H. Williams, removed; Sarah Hackett Stevenson of Cook County, to succeed William R. McKenzie, resigned; James B. Fatrick of Cook County, to succeed William A. Haskell, resigned; Julius Kohl of St. Clair County, to succeed A. L. Clark, resigned.

The Senate immediately confirmed the nominations. The general prediction is that they will give efficient service to the state and protect the health of its inhabitants to the best of their opportunities.

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**ASIATIC CHOLERA.—ITS TREATMENT BY HAHNEMANNIAN HOMŒOPATHY.** By George H. Clark, M. D., Germantown, Philadelphia. Published by the author for his clientele.

It will do every homœopath good to read this brochure, which the author modestly informs us was written "for my patients." As to the microbe being the cause, he quotes the experiment of "Von Pettenkofer who, during the past summer, while cholera was raging in Germany, swallowed many millions of these organisms and was not in the least harmed." The comma bacillus never killed a healthy man.

He explains that Hahnemannian treatment demands careful individualization, and then quotes results to prove that patients thus treated have little to fear from this scourge. "In 1854-55 Dr. Rubini treated 377 cases of Asiatic Cholera without a single death. Most of the cases were treated in military hospitals, and the facts are certified to by the officers in command. Again in 1884 he treated 705 cases with a loss of but three." If this little book cannot be procured from the author in numbers for our patients it should be reprinted.

**REPORT ON HEALTH RESORTS.****T. S. HOYNE, M. D., CHICAGO.**

It has been observed by so many physicians that there is no longer any doubt that quite a number of health resorts which were considered excellent years ago, are at the present time inferior to newer places. In fact, many of them are not to be thought of at all as the conditions have changed so greatly. For example, it was the custom twenty-five years ago to send all our consumptives to St. Paul or Minneapolis, the climate being cold and dry and the atmosphere clear. Furthermore, many of the patients did well there.

In the meantime two large cities have arisen where formerly there were only villages, and the climate as well as the atmosphere has undergone a change which renders this section of the country unsuitable. With the establishment of numerous manufactories, the building of many railroads, the removal of forests, the cultivation of farms and the crowding of many people the atmosphere has become laden with dust, which is, of course, harmful to the one with weak lungs.

The air of the whole country about these cities is filled with soft-coal smoke and the fine dust from paved or unpaved streets and roads and fields. The many railroads terminating here pollute the air for many miles in every direction.

Northern Wisconsin was an excellent place for consumptives about the same time, and even down to fifteen years ago when this portion of the state was covered with fine forests, but now that the woods have been burned or cut away, the results obtained are far from satisfactory, except in certain sections.

But no matter where the patient is sent this one point should be carefully impressed upon his mind and that is that he should stay permanently in that locality where the climate agrees with him. Physicians, as well as patients, often overlooked this very important matter after a few weeks of comparative health.

A Mr. R., of Chicago, who was in the second stage of pulmonary tuberculosis was, by my advice, taken to northern Wisconsin in the year 1866 or 1867. In a very few weeks he

lost his cough and expectoration, his exhausting night-sweats, his labored breathing and other distressing symptoms and commenced to take on flesh. In three or four months he returned to Chicago, having gained about fifty pounds, and said he felt perfectly well. His appearance did not belie his statement.

After congratulating him upon his return to health I told him that he had better go back to Wisconsin and engage in some business there; but he did not like the place or the country—it was too cold, too rough for him, etc., etc. In a very short time his symptoms returned and he insisted upon going south if he went anywhere, notwithstanding all my arguments. The result was as I apprehended, death in less than three months.

Another case comes to my mind. A young man whom I had sent to Colorado recovered his health in five or six months and then returned to the city, contrary to the advice of physician and friends. I did all in my power to induce him to return, warning him that the result would be death if he remained in Chicago, but he did not like Colorado and would not return there. Shortly afterward he died in Georgia.

It is very strange, but nevertheless is a fact that consumptives seldom like the place they are sent to, looking upon it as a sort of prison or as a place of punishment and invariably insist upon returning, even at the risk of their lives.

Dr. Slocum who died recently at San Antonio, Texas, but not of consumption, went to that state on account of diseased lungs about 1860. He soon recovered his health and grew to be a very large man (over two hundred). He told me that he had a longing to come back and remain here, but that forty-eight hours stay was sufficient to bring on his old cough.

A young man with frequent hemorrhages whom I sent to Albuquerque last December, apparently recovered his health completely, but is now in Chicago and the cough and other symptoms are returning. He is willing to go anywhere except to the place which benefited him.

Chicago, while considered a good summer resort, is not usually thought of as a safe haven for consumptives, and yet a number of patients who have been passing through the city, coming from the east and north, have been greatly benefited

by our lake air. Some years ago a Boston physician recommended Denver to a lady patient suffering from pulmonary tuberculosis, advising her to rest a few days in Chicago and to call upon me. The air here so agreed with her that she remained six months recovering her health and then insisted upon returning to Boston, where she died a few months later.

There is now in this city a consumptive patient from the south who is steadily gaining two pounds a week. This lady was also on her way to Denver but has decided to stay here as long as she improves.

From the facts which I have recited it will be seen that any place may be a health resort to special cases, but for the majority of consumptive patients I believe a dry, warm air, free from dust, or a dry cold atmosphere best fulfills the indications.—*American Climates.*

[Dr. Hoyne has struck the true key of health resorts or climates for consumptives. The climate to be successful, must be as carefully differentiated to the individuality of the patient as the similar remedy. And what is true of climate is equally true of diet.—ED.]

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For the Missouri Institute of Homœopathy.

### WINE, WOMAN AND SONG.

BY FRANK KRAFT, M. D., CLEVELAND.

“Wer nicht liebt Wein, Weib und Gesang,  
Bleibt ein Narr sein Leben lang.”\*

This couplet is credited to Martin Luther,—a party, by the bye, who knew a good thing when he had it, and was sufficiently human, notwithstanding his monastic education, to want someone else to help him enjoy his joy. I am loath to enter upon the dry detail of my paper without giving a moment's thought to this great Reformer, who, for the fierceness of his enthusiasm, the fearlessness of his pursuit of Truth, the audacity of his discoveries, may be likened to our own great Reformer—Hahnemann, without injury to the name and fame of either of these great personages. Both

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\* “Who loves not wine, woman and song,  
Remains a fool his whole life long.”

were sons of the same Fatherland; both had rugged brains— independence and truth-loving brains, brains that scorned to live a lie even with worldly honor and ease assured; both were persecuted with doubtlessly equal rancor and hatred; both called Halt! to erroneous systems which seemed immutable as the foundation of Eternity; both became famous to the uttermost limits of Time, the one as champion of a liberated religion, the other of a liberated medicine. And we, today, in this glorious country of ours enjoy our liberty, religious and medical, because Luther and Hahnemann did vicarious atonement for us. And speaking of Germany it is historical that the seeds of Homœopathy have been planted and watered, and most jealously guarded by the sons of that country. The traditions of our school of practice are inseparably interwoven with the names and labors of Bœnninghausen, Grauvogl, Hartman, Hempel, Wesselhœft, Tafel, Raué, Lippe, Lutze, Hering, Lilienthal and many other German-descended homœopaths. And those, also, seem to be better exponents of the Law of Similars who have learned to read the German text and thus become familiar with the spirit as well as the letter of the law.

Bearing in mind the nationality of the author of my text, it will be understood that Luther did not preach an unrestricted license, but was the rather a sincere advocate for liberty. He did not encourage drunkenness, either by precept or example; but neither did he refuse to let the grain grow in the golden fields because it might be converted into whisky, or destroy the vineyards lest the fruit of the vine be used in fermented form. Woman, lovely woman, God bless her! was to him not a thing of evil, the tempter and seducer of poor unsophisticated Adam, to be spoken of with bated breath and averted eyes, but man's equal, his other self, his friend, his love, his soul!—without whose patience and tenderness and sweetness few, if any, can enter the jasper portals of the Infinite Rest. And he loved Song, not alone to praise his Maker, but as well to enliven the tedium of life's prosaic journey. Wine, Woman and Song to Luther typified the trinity of earthly power and happiness.

But I must not permit my enthusiasm for the gentler sex, and my love for song, to obscure my duty to this Institute

which consists in showing how a misuse of Wine, Woman and Song may bring our professional offices in demand.

WINE.

Under this general word I may safely include the effects of all intoxicating beverages having alcohol as a base.

This table is presided over by *Nux vomica* as master of ceremonies, for he is an efficient helper in all forms of debauchery whether from prolonged worship at the Shrine of Bacchus, Venus, or Ceres. In the olden time this log-button was credited with curative virtues in serpent-bites, so that, according to Old School Homœopathy, *Nux vom.* must be—as it is—“good for snakes.” Being a dried-up, crinkled, yellow fellow—not over juicy anywhere or any time, we may say without much infraction of homœopathic rules that the *Nux* party is a “dry” patient, externally, internally, and “eternally;” that he crooks his elbow, and does other un-Kansas-like things in order to keep his close-fitting bearings well lubricated and frictionless. *Nux* doesn’t get drunk readily, his mind continues clear to a very late hour in the bout; he is, therefore not a very safe party to take out for the purpose of getting him full and having fun with him; it might result as disappointingly and disastrously as did the Irishman’s experiment, who, while clad only in the scant drapery of a summer night, had, on a below-zero midnight, taken a noisy dog out into his backyard for the purpose of freezing him. He is curt and caustic. The more liquor he gets into him the more surly he becomes. He does not pass through the classical stages of drunkenness, but leaps from quarrelsome sobriety into filthy drunkenness. *Nux* produces the above results from any kind of liquor, but by predilection, and sometimes from necessity, he is a beer guzzler; he is one who, under appropriate surroundings “rushes the growler”—a member of the tomato-can contingent; he is a horny-handed, sweat-browed laboring man, who, at noon-tide empties out the three hard boiled eggs, half-dozen pork sausages, a pan full of saleratus biscuit, a generous cut of pie from his dinner-bucket, and hies him to the nearest “workingman’s home” and gets his dinner pail almost filled with a nickle’s worth of beer; he is the typical small merchant or



cheap clerk who buys a glass of beer and eats a saloon free lunch for dinner. All these require Nux; as a rule, the beer drunkard is a filthy, slovenly, dirty loafer with soup and beer spots on his polished vest and coat, and a user of tobacco in some one if not all its forms.

As the result of this beer ingestion, a diarrhœa may set in, which will at first remind you of sulphur; but eventually, remembering the keynote of "pains begin about the navel and cause a desire to go to stool," and not always effectual, you will think of Toastmaster Nux and with his aid restore your patient.

To the right of the presiding officer is seated a well-dressed party, of pleasing exterior, facial as well as raiment—though face a trifle redder than necessary for absolute health. He is of the dude order. This party gets a headache early in the feast; it seems to him that his collar button is pressing on his seventh cervical vertebra and causing a headache which spreads upwards, puffing out and dropping his eyelids. He is not overly brave, and if he is called on unexpectedly to make a few remarks post-prandial he is liable to have trouble with his sphincters vesica and ani. His legs will feel like stone—so heavy; his speech is thick because his tongue is the same way. In the main he is good-natured, wants to appear a little like a bold bad man; he is ashamed to be found in Nux Vomica's company, for he doesn't drink a great deal at any time, only does so, when he does so, with well-dressed companions, and his drinks are of the 25 cent order—champagne, whiskey slings, Manhattan cocktails, fine liquors, mixed drinks with a good deal of sweetening; he drinks mostly at marble counters with plate glass mirrors and silver trimmings—and *not* exclusively with males. Being a dude, he is not averse to setting up a basket of "extra dry" for some queen of the footlights. His is, therefore, the champagne supper drunk, in short the gentleman loafer, he who would in a recent past have been spoken of as "drunk as a lord," the Anglomanic, the "masher." This is the Gelsemium party. ●

To the left of Nux and opposite Gelsemium, sits a dilapidated creature without wedding garment, bearing in face and garb evidences of a dissolute life. He has bleary eyes,

injected conjunctivæ, a pendulous well-blossomed nose, grapevined cheeks, hair scanty and of that peculiar color which overtakes the capillary artist the second or third day after dying his raven locks — a singed, green-gold color; lips sensual, nay, lustful and of color bluish; his whole skin sodden and exuding the rot-gut whisky which he imbibes. His breath is carrion. He trembles and shakes. This creature is never drunk. He was a moderate drinker in the beginning, went to the corner, or out between the acts, only when some business necessity demanded the indulgence. He may have been a drummer on the road, drinking to make friends, or a policeman on the force requiring a stimulus to soften and shorten the tedium of laziness or sleepiness, or a politician with a “pull.” But the dainty nip of whisky straight with a sprinkle of seltzer with which he began, and indulged in only at long intervals, has given way to the constant guzzle of anything, containing fusel oil — to the pocket pistol, and even to purloining coppers, if no larger coins to dampen his singeing coppers. It would seem not improbable that this alcohol-soaked creature might duplicate the example of Mr. Crook of Old Curiosity Shop, and leave no trace of his former cumbering of the earth save a few flakes of carbon animalis and a distinctly oily odor. This human being is invariably troubled with the lemon-peel stool, usually diarrhœic, and yellowish discharges from the orifices of the body; and about his face, neck and some of the other parts of his body blue spots will appear from capillary stasis. What remedy does this wreck typify? Sulphuric acid.

These then are the three types:

Nux vom. for the beer drunkard;

Gelsemium for the “champagne” drunkard; and

Sulphuric acid for the “rot-gut” whisky drunkard.

Of course the materia medica is full of remedies for the ill results of “Wine,” but a good understanding of these three will help us out wonderfully, when our note-books and repositories are, as they usually are, in a critical case, miles and miles away.

●  
WOMAN.

Woman, to put it mildly and as truthfully as possible, has caused man considerable trouble, though I am of that class.

who charge man with the fault which has, boomerang-fashion, returned upon his own head. I have no patience with that select and immaculate coterie of males who believe literally that "the woman thou gavest me, tempted me and I did eat." If that sentence could be expunged and Adam caused to appear the generous, self-sacrificing gallant he must have been, remembering his blissful surroundings, and as we sometimes find his sons even at this remote time, I would think more kindly of my post-simian ancestry. Had man not assumed from the first moment that he and he only was the lord of the land, and the woman his servant, his chattel, to be cajoled or thrashed as the mood of the master of the manor chanced to be, he would have more cause for rejoicing and less for dismay. If his legislation had not, up to a very recent past, ignored his female companion, as it does in Louisiana and some other of our states to this day, there would have been infinitely less of wars and blood-shed. Our own beloved America evidences this fact. Here woman is more free than elsewhere on the face of the earth. Here she may now engage in numerous businesses, and trades, and professions, where formerly her sole hope in life was marriage with a possibly drunken husband and wash-tub at the end of her dreams, or old maidhood, with canary bird and cat, vinegary aspect and long cork-screw curls. With greater education comes greater liberty; equality of the sexes will eventually appear, and there will no longer remain any necessity for rifling her husband's pockets while he sleeps. Is it, then, matter for much wonderment that this golden-manacled slave resists her fetters; and, if she be neither wife nor maid, exerts all her power and damnatory influence to ensnare and destroy her taskmaster?

It has been wisely ordained that man should be swayed and governed by the better impulses of his nature; and where can this be found more certainly than in the man happily wedded, but if his chivalrous regard for the softer sex is nurtured by a good woman, his and her cups of happiness will be filled to overflowing. Luther has also said that "a man is what his wife makes him;" though some one who has tried without success might retort that it is very difficult to make a silk

purse out of material not silken; but in the main, a man is what woman makes him.

There seems to be no modern instance, or one well accredited, of a man loving his wife too much—not while she is living; and if that were a possibility I do not know what remedy of our *materia medica* to prescribe for so unusual a symptom; but of a man loving his best girl too much (I speak now in the honest sense of that term), we can adduce many cases. Usually this will take on some form of mania; and if *she* has permitted matters to amble along at such pace that the occasion was reached for declaring herself willing to be sister to him, she may bring upon herself the vengeance of a demented man.

I do not intend to touch upon the loving “not wisely but too well,” in this paper. That is a form of abuse physically and morally which does not naturally belong to my topic.

Hyoscyamus seems to head the list for those disappointed male lovers who become noisy, turbulent and destructive. Jealousy will sit at his elbow at the table and share his pillow with him at night, his dreams will be filled with imaginary persons and scenes, and may and usually do partake of a lascivious form. This you may remember is sometimes called the “can-can” remedy. If there is any taint in him a reversal of his hopes will produce convulsions and epilepsy; and if this young man happens to be an old fool, who ought to know better, he may have apoplectic attacks. Between such attacks he is in rage, almost incoherent and threatening in manner and speech. The Hyoseyamus patient is not overly strong in his brain, which may be an inheritance, or the result of debasing, demoralizing death-dealing boy habits. If you have this patient to treat, be very careful not to let him go unwatched. He is handy with a gun or knife.

Belladonna, a near cousin of the last remedy, is a far more dangerous party; who broods over his disappointment, and works himself into a rage; he cannot be trusted out of sight for a moment. He may laugh and be merry about his love affair, but all this time he is planning how to get even with “her.” He is violent when he gets delirious, dangerous, indeed murderous; if at all epileptic he may be both Dr. Jekyll and Mr. Hyde. Of course, he has that bloodshot face

and eye, with the blood surging and singing and pounding in his arteries. He is sleepless and frenzied. In the maniacal form he may spring from the window at any height in his effort to wreak his jealous rage upon his former sweetheart.

Pulsatilla is not often indicated with the male sex; it belongs with Ignatia to the other party to the contract. But if Pulsatilla is needed for a male, it is the red-nosed, red-eyed youth, who withdraws from society to weep and lament over his lost hopes. He does not usually upbraid his sweetheart; he is apt to put the blame on his own inefficiency, and wish he were dead, and he may bring about his death from a disconsolate and despairing condition. He is not a very strong-minded youth, and if he should ever be married he would be a henpecked husband. So that perhaps it would be money in his pocket if he made a hole in the water.

Nux vomica, who is always an amorous party, as are all dark-skinned or constipated individuals, being denied that which his egotism, not love, seemed to have won, gets angry, pettish, malicious, but rarely dangerous. He will take to drink to drown his sorrow, not his love, mark you, and ere long he will forget his non-success in one quarter, and being thereto moved by nature, proffer his addresses elsewhere. Nux vom. is the party who construes love as synonymous with animal passion. He loves lightly if he loves at all, and is not deeply hurt except as to his vanity when his last "best" girl "goes back on him." Being a selfish fellow, he may eventually conclude that the play is not worth the candle; that it is too much trouble and work to court a girl, and possibly marry the whole family, when by remaining single he can have just as much fun and be free of all entangling alliances; yet this is a frequent breach-of-promise-of-marriage fellow. If he gives up the struggle after the first rebuff he never treasures it as a sweet and holy memory, to be called up and lived over only at rare intervals; if there were any love letters he will put them into the fire and either sell or pawn the ring. He will view the incident quite diplomatically and congratulate himself on his narrow escape and pity the poor devil who got her. There is precious little romance in him.

*Staphisagria* is a pretty sober party—who takes his defeat with apparent composure, but may be gnawing hard at the

file. His is the suppressed indignation for having been played with by so heartless a flirt. He wants to kick himself—to use a street phrase—for not having suspected this false-hearted jade. As the result of this inward mortification he will have a dysenteric-diarrhœa with the foulness of *Arnica* and the precipitancy of *Aloes*. You may get a little confused with *Mercury* but if you will bear in mind one little symptom and apply it rationally you will not go astray. What is that symptom: troubles from dwelling too much on sexual subjects. This man has, in mind, anticipated some of the marital duties.

There are many other remedies in which the conduct of “the woman Thou gavest me,” causes man much misery. Three of a kind almost are *Veratrum album*, *Anacardium*, and *Chamomilla*. Briefly differentiated *Veratrum* is the boss swearer; *Anacardium* means *Ananias*; and *Chamomilla* is the blackguard. I suppose I need hardly explain that *Veratrum* will not cure a profane swearer, or *Anacardium* the professional liar, or *Chamomilla* the corner loafer; but that if disappointment in love develops these minus-beatitudes, then we may hope for restoration to their normal health, and if normal health be to swear, to lie, to loaf, why then he will continue so to amuse himself and horrify his friends. These characteristics alone will not justify a prescription, but they may lead to the totality which will certainly cure.

Sometimes a woman lures a man to destruction. I copy the usual phraseology and put the blame on the woman. But I am charitable enough not to believe it. I do not believe any woman or any man, will willfully desert a happy home, trample under foot honor, reputation, love; leave children and friends, and fly with a paramour. The man may worship at the court of a handsome ravishing woman, and be infatuated for a time. The woman may forget her baby's kiss for a time. But the awakening cometh. And if *Brer. Pratt* could be on the ground he would not only hasten the awakening but unquestionably prevent it. These poor deluded men and women are sexually demented; there is some wrong in their sexual make-up. If you have not got our benignant-visaged *Pratt* near at hand, and are not yourself

posted on orificial philosophy, give such confessing patient *Cannabis indica* or *sat.* and so anticipate and destroy the evil design. Or if it be a man who resists your medicines and yet realizes his hell-bent trend, make him chew gum-camphor as I am told the Catholic priests—as they say to destroy the microbes and *Streptococcus* from the fair confessor's breath.

## SONG.

I am unable to learn that Song as Song—vocal music—has ever permanently injured man, if we bar out the Lorelei, and a few other of the fabled histories of the earlier peoples. It is greatly to the credit of Song that its major influences are for the sweetening if not always the bettering of the human race, I gladly except from this rather broad statement, the maiden who lives in the flat above us and sings popular ditties at unseasonable hours of the day. "Annie Rooney," may not be very offensive at 7:30 p. m., but at 10:30 p. m., when we have squared our accounts mundane and supramundane and are wooing sweet sleep, to have "Comrades," or "Sweet Violets," or "They are after me," sung and thrummed from a folding-bed piano, moves one to say unpleasant things, forgetful that we, too, served our apprenticeship in courting and pretending that we understood and appreciated "flat" music.

Of course a callow youth in his green-goslinhood may be carried away by the topical song of some stage divinity, and spend all of his weekly salary of \$4.25 in flowers and tokens of undying love and affection for this queen of the ballet. But this is not a dangerous condition. Fifteen drops of Saw palmetto twice or oftener a day for a fortnight will bring him out all right.

We know, however, that the musical, being part of the artistic temperament, is an unstable quantity, erratic and erotic, runs to long hair, Alpine soft hats and turned down collars. Usually the owners of these temperaments are clad in fair exterior, soft skin, dreamy eyes, dark hair, graceful in motion and speech. But they are likewise quick tempered, refusing to sing if the encore is not forthcoming, or is wrongly applied; they are jealous to insanity of a rival—almost as much so as the old doctor is of the new doctor; very hysterical, emotional and affected. Some one has caustically said that when the Lord gives a man a tenor voice, He takes

away his brains. He will quarrel with the ease and vindictiveness of a pair of squabbling neighboring women over a back fence. They are good eaters, macaroni eaten out of a silk hat being one former prima donna's remarkable gustatory feast. They are as long-lived almost as the ballet girl; they are so attached to their profession that they make repeated farewell trips before they give up. The remedies suitable for this class of males will be found in Stramonium, Lillium tigrinum, Hyoscyamus, Cocculus and along that order. But for the ill effects upon man of the Song of others I know of only a few remedies, such as Natrum mur., followed by Sulphur and Belladonna.

Thus I have given you the sinister side of Luther's apothegm, although my few references have done the couplet no harm but the rather proved its wisdom; for the few instances cited of the ill effects of Wine, Women and Song upon man, could be a million times overbalanced by the good effects of the same triune; so that we still believe as we did at the beginning.

“ Wer nicht liebt Wein, Weib und Gesang,  
Bleibt ein Narr sein Leben lang.”

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#### THE INOCULATED.

First they pumped him full of virus from some mediocre cow,  
Lest the small pox might assail, and leave pit-marks on his brow;  
Then one day a bulldog bit him—he was gunning down at Quogue—  
And they filled his veins in Paris with an extract of mad dog;  
Then he caught tuberculosis, so they took him to Berlin  
And injected half a gallon of baccilli into him.  
Well, his friends were all delighted at the quickness of the cure,  
Till he caught the typhoid fever, and speedy death was sure;  
Then the doctors with some sewage did inoculate a hen,  
And injected half its gastric juice into his abdomen;  
But as soon as he recovered, as, of course, he had to do,  
There came along a rattlesnake and bit his thumb in two.  
Once again his veins were opened to receive about a gill  
Or some serpentine solution with the vemon in it still.  
To prepare him for a voyage in an Asiatic sea,  
New blood was pumped into him from a lep'rous old Chinese;  
Soon his appetite had vanished and he could not eat at all,  
So the virus of dyspepsia was injected in the fall;  
But the blood was so diluted by the remedies he'd taken,  
That one day he laid him down and died, and never did awaken;  
With the Brown-Sequard elixir tho' they tried resuscitation,  
He never showed a symptom of reviving animation;  
Yet his doctor still could save him, he persistently maintains,  
If he only could inject a little life into his veins.—*Independent.*



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THE past month has been one filled with both pleasing and profitable memories by all who were so fortunate as to be present at the meetings of The World's Congress of Homœopathic Medicine. A grand body of men and women were brought together, justly proving the worthiness of their claim for prominence and the recognition of their peculiar law of cure by the valued papers and able discussion of topics of vital interest. But Homœopathy has passed through the ordeal which Time places upon every departure from old, beaten tracks, and is rapidly bearing her colors into the very foreground of public thought and confidence.

In the past, a body of faithful men and women have devoted their lives to the development of the true philosophy underlying the law by which cures have been performed. The masses have ignored the finer and more accurate shades of reasoning, and clung to the practical and somewhat empirical results of clinical experience. This has tended to bear them from the underlying foundation of Truth and law into the realm of uncertainty and doubt. They are led to question the universality of the law of *similia similibus curantur*, and to resort to temporizing measures with their patients. To all such the cry goes out, Don't! The law is universal; it is practical. It is a Truth capable of demonstration in every case. Most of all, it is the safest, surest and quickest way for restoring the sick to a state of health. Take your Organon and study it as you never did before. It is a veritable gold mine which can never be exhausted, and from which you can obtain positive knowledge of great value in your everyday practice. If the

law be of universal application (and it will stand any test to which you may submit it), any deviation from its logical deductions must work that great injury to those entrusted to your care and skill. Why not strive to become masters of your art? Don't say you haven't time, for you can only do the work of the moment; but let that work be well done.

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THE MEDICAL ADVANCE has secured the Transactions of the International Hahnemannian Association and will give to its readers the cream of the work presented.

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THE Transactions of the International Hahnemannian Association will be published and ready for distribution to the members within ninety days from the time copy is in the hands of the printer, so each member is requested to return "copy" at once if he wishes it to appear in the Transactions.

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A VALUABLE working force, The Materia Medica Club of Chicago, is getting down to the hard work which should naturally be expected of it, and the readers of THE ADVANCE may look for valuable help from them. There were less than a score of the "Austrian Provers," but their work has practically revolutionized the medical practice of the world. This club now numbers over thirty members and will soon double that number.

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ANOTHER of the active working societies of Chicago is the "Dunham," organized and incorporated for the purpose of aiding in securing the publication of works of value to the profession. It now has a new edition of Gregg on Diphtheria, revised up to date by Drs. Kent, Allen and Tomhagan, almost ready for the printer. It will thus place in the hands of the profession one of the most valued books upon this subject in print.

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Is your subscription for THE MEDICAL ADVANCE paid for the year 1893? If so, this item is not for your reading, but to the many who have simply neglected to attend to this

matter, we must remind once more that it costs a large sum of money each month to meet the bills due for printing and publishing this journal; that there has not been nearly enough so far this year to meet the daily expenses; that the present stringency in the money markets make it imperative that every one add their small mite as soon as they possibly can. Notices have been sent a large number, and upon your wrapper has been printed the date to which your subscription has been paid. Please give this your immediate attention, and receive the thanks of your humble servant.

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**THE WORLD'S COLUMBIAN CONGRESS.**

The great Columbian Congress of 1893 is a thing of memory.

It came, it remained a week, it has gone.

Behind it lingers the pleasant memories and the substantial fruits of its labors.

They came from the land of the tiger and the cobra, from the domain of the kangaroo, from the great city where the chimes of St. Paul's cathedral pierce the foggy fumes of old London, from the confines of ice-bound Russia, and from every state and section of the American union. It was a magnificent gathering of the brains and the intelligence of the Homœopathic world, and we shall not look upon its like again.

The attendance of physicians was something over a thousand, and the visitors swarmed as they never did before at a gathering of the followers of Hahnemann.

The American Institute of Homœopathy held daily sessions for the transaction of important business and adjourned to take part in the sessions of the Congress.

The various sections of the Congress were numerously attended and scores of able, valuable papers enriched the proceedings.

Especially were our esteemed contemporaries prominent actors in the busy scenes and events of the memorable week.

*The Medical Century* published a daily edition, and Dr. Fisher deserves great credit for the remarkable skill with which he conducted a trying enterprise. *The Daily Century* was one of the pleasantest features of the very pleasant week.

Dr. Frank Kraft, whose genius shines with equal luster in half a dozen positions, and whose editorial ability is equaled only by the surpassing charm with which he impresses the truths of the Homœopathic Materia Medica, was on hand early and late, and the readers of *The American Homœopathist* are sure of a rare treat when the product of convention week is spread before them.

*The Southern Journal of Homœopathy*, founded by Dr. C. E. Fisher as a little missionary leaflet, now grown to full journalistic size and influence, was represented by its present editorial head, Dr. Eldridge C. Price, of Baltimore, who also occupies the chair of Materia Medica in the Southern Homœopathic Medical College. With Dr. Price was Dr. Henry Chandlee, Registrar of the Southern College and associate editor of the *Journal*. We were greatly pleased to meet these distinguished gentlemen and we take this opportunity of congratulating them upon the systematic and business-like manner in which they are advancing the cause of Homœopathy in the staid old Maryland metropolis.

Dr. Eugene H. Porter, chief editor of *The North American Journal of Homœopathy*, represents one of the most substantial publications in the country and personally he is a most agreeable gentleman, and we very much hope to be able to accept the courteous invitation, with latching attachment, which he extended to us. Dr. G. W. Roberts, the business manager of the *North American*, accompanied Dr. Porter.

It was more than a passing pleasure to meet Dr. William E. Leonard, of the *Minneapolis Medical Argus*, from whose pen we have read many pages of sound Homœopathic doctrine in days gone by.

Our Kansas City contemporary, *The Arena*, was a visitor in the person of its publisher, Dr. A. E. Neumeister. Of its editors, Dr. William D. Foster, one of our oldest and ablest surgeons, a man who has done great work for our school in surgery, took part in the Bureau of Surgery, and was met cordially by scores of his old friends.

*The Pulse Quarterly*, which keeps pace with the seasons, was among the visitors, and while Dr. Thomas M. Stewart is the pilot, we think his task a pleasant one, if not entirely an

easy one, when he has the active coöperation of such men as Buck, Walton, Crank, McDermott and Pauly.

The well-known features of the editor of *The Medical Visitor* were to be seen early and late, and we think that few men enjoyed the social and intellectual treat more than Dr. Temple S. Hoyne.

Our rippling contemporary, *The Medical Current*, of whom our old friend, Dr. Wilson A. Smith, the leading physician and alderman of the pleasant town of Morgan Park, is the editorial head, was out in force, and the visitor who did not carry away a *Current* was unfortunate.

Our flaming friend, *The Clinique*, which is not at all Frenchy, and which prints from time to time the cream of thought from the faculty of "old Hahnemann," of Chicago, was represented in person by most of its contributors.

THE MEDICAL ADVANCE, being indispensable of course, to every progressive, thoughtful Homœopath, was represented by hundreds of readers, who flocked to the Congress at every session. Many old friends called in person to pay their respects and others to pay their bills, all of whom were very welcome and all of whom we hope to meet again. One man even ventured to remark that THE ADVANCE was constantly improving, whereupon he was reminded that he was just a little late in getting around with his congratulations.

An extended enumeration of those present would be far too tedious a task, even if it were desirable to print page after page of names. The "Old Guard" of the Institute — McClelland, Mitchell, T. F. Allen, H. C. Allen, Comstock, Burgher, Fisher, Dudley, Buck, James, McDermott, Kinne, Talbott, Ludlam, Smith, Dake Cowperthwaite and others — were active workers in the Congress, and scores of prominent men from all over the country were in attendance. The South sent some of its strongest men — Bleim of Texas, Green of Little Rock, Rowe and Stout of Florida, Henry of Alabama, Meredith and Monroe of Kentucky, besides the representatives of the Baltimore College. The Pelican State was represented by Drs. Angell and Moyer, and by the genial and faithful New Orleans pharmacist, Mr. T. Englebach.

California sent an extremely large and highly esteemed

representation, and the great mid-Mississippi Valley did nobly in the matter of attendance from first to last.

Next year we journey to Denver, which won the prize easily from such able and cultured opponents as Boston, Lexington and Newport. The old officers hold over another year, as is customary when the Institute sessions are interrupted by other matters.

During the Congress many state society meetings were held, all of them being purely business affairs, ending generally with the election of officers and the selection of a meeting place.

The Southern Association decided to hold its next meeting at Chattanooga in November, 1894. We think this decision a mistake. The Southern Association is too useful to skip a year, and we sincerely hope that the matter may be reconsidered and a meeting held the coming November. There is yet abundant time to prepare for a meeting and nobody who knows what splendid workers adorn the membership of the association will doubt this in the least.

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#### INAUGURAL ADDRESS.

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BY J. S. MITCHELL, M. D., CHICAGO. CHAIRMAN WORLD'S CONGRESS HOMŒOPATHIC PHYSICIANS AND SURGEONS.

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*Ladies and Gentlemen:—*

When the proposition to hold a World's Congress of Homœopathic Physicians and Surgeons was first made by the World's Congress Auxiliary, it was felt by the committee addressed to be a duty which it owed the profession to see that proper arrangements were made for the holding of such a Congress. The plan included the selection of an Advisory Council consisting of representative men in our school of all lands. Correspondence with these demonstrated that the project met with cordial endorsement on the part of all. When at the meeting of the American Institute at Washington, D. C., in June, 1892, it was decided to hold the next session in connection with the World's Congress, its success was assured.

It was hoped that the attractions of the great Exposition,

together with those of the Congress would bring no inconsiderable number of our distinguished foreign confreres. It has been learned that comparatively few can be with us in person, but the responses to the requests of the committee for reports and scientific papers have been hearty and extensive. Official and personal letters in large numbers have been received, which will be submitted at a later period to the convention by the secretary.

We call attention especially to an interesting historic parallel:—At the time of the Convention in 1876, the venerable widow of the illustrious founder of our school, then residing in Paris, sent to the Homœopaths of the world, with her greeting, a bronze bust of Hahnemann, cast from the marble one by David d'Angier which was affirmed to be a perfect likeness of that distinguished man. Tonight we have upon this platform a model for an heroic statue of Hahnemann, to be erected at Washington, D. C., as soon as the necessary funds can be obtained, sent also from Paris, the scene of Hahnemann's latest triumphs.

The 400th anniversary of the discovery of a new continent is being fittingly commemorated by many occasions, but among the most notable are those connected with the World's Congress Auxiliary. Long after the grand and imposing architecture of the "White City" has faded from memory, long after the beautiful, the costly, the useful and attractive exhibits it enshrines have been forgotten, the records of these gatherings of prominent men and women of all climes and shades of belief will endure. In the tomes that will be left in every public library in the civilized world will be inscribed the best thought of the ablest minds in all departments of human activity.

It was a fine conception to bring together so many representative men and women at a time when the highest products of art are being exhibited. No occasion could be more fitting and none more likely to effect desirable results. There is no standard by which we can measure the work of such a convention as the one we inaugurate tonight. Its program outlining the week's labors by no means tells the whole story. Its general meetings at which addresses on topics of wide interest will be presented and calmly discussed, its sec-

tions in which papers on special subjects will be read and debated with a completeness that no other method offers, its committee meetings at which our most trained minds will quickly draw those conclusions which are fraught with the best interests of the cause—these indeed are the main features. But we must realize that there is always in gatherings of men and women of such large proportions as we now see far more than can be estimated by actual results. The casual remarks, the unspoken thoughts, the emulative spirit aroused, the constant interchange of views during interims, and that mental attrition which, though it may give immediately no scintillation, yet at some time may electrify the world—aggregate in the end a train of forces from which later a universe gets the reflex.

Most of the congresses that are to be held can boast of records extending through a long series of years—centuries count for but little in human thought. Medicine is as old as man. Chiron taught his pupils in the recesses of a Thessalian grotto—today every civilized land has its medical colleges, and some of them are palaces of science. The school of medicine which is represented here tonight has only eighty-three years of existence. During this brief period it has a history whose page is more attractive than any other in the development of medicine; whether we take the personal career of its illustrious founder, the record of the labors of his disciples—often conducted under disadvantages and trials that would have appalled the stoutest hearts—or the results that have been accrued to humanity in many lands through his teachings.

The reform in medical practice inaugurated by Hahnemann and which his followers have so successfully carried out to a fruition, acknowledged even by the testimony of opponents, constitutes one of the world's epochs. Time is wanting, nor is the occasion opportune for an adequate resumé of Hahnemann's work or an enunciation of his principal tenets. But we may be pardoned for a glance at the record of our school; for an attempt to show the position it today occupies in the world of medicine and for a brief reference to its destiny.

The first complete promulgation of Homœopathy by the *Organon*, which has been fitly termed the "Bible of Medicine," was in the year 1810. Hahnemann, after his concep-



tion of its main truth had devoted a number of years to long and patient study. His scientific spirit was sublime. He did not promulgate his law of cure until it had been tested by experiment and deduction to such an extent that his admirers have always been amazed at his research.

During fifteen years he proved on his own person more than sixty drugs, collated all the data concerning them, and then presented his views deduced from this long experience, tersely, logically and in harmony with true scientific methods. Sir John Forbes, the acknowledged head of the English profession of Medicine, who had no faith in Homœopathy, had sufficient frankness to say in 1846, a year after the death of Hahnemann:

“No candid observer of his actions, or candid reader of his writings can hesitate to admit for a moment that he was a very extraordinary man, one whose name will descend to posterity as the exclusive excogitator and founder of an original system of medicine, as ingenious as many that preceded it, and destined probably to be the remote if not the immediate cause of more fundamental changes in the practice of the healing art than have resulted from any promulgated since the days of Galen himself; \* \* \* he was undoubtedly a man of genius, and a scholar; a man of indefatigable industry and of dauntless energy.”

But all his contemporaries were not thus unprejudiced. The persecution of Hahnemann is one of those records of human experience we would gladly blot from the page of history. It would be sad indeed to contemplate the life of a great reformer, even as late in the world's history as Hahnemann's day, did we not know that such noble souls are helped through their almost crushing trials by divine aid. The unpopularity, the danger, the ostracism endured, is patiently, bravely and almost cheerfully borne until the end, because such men are endowed with an heroic spirit that knows not depression. The world has seen many heroes, but none so worthy of the immortality now assured as that grand old man of medicine, Samuel Hahnemann.

The early progress of Homœopathy was slow. Like all great reforms it had to encounter opposition, ridicule and derision. Its inherent strength enabled it to survive all these,

and its growth was steady during the early years of its existence. A great reform is like a sea. It may be calm at times, but at others its force is irresistible. A successful reform must recognize the evils of its day with perfect clearness, and seek their remedy with determination. It must stimulate thought and action on the part of intelligent supporters. It must appeal to reason and invoke the aid of logic. Our reform in medicine has fulfilled all these conditions.

It is a marvel when we remember the short period the world has had before it this idea, that it now has its thousands of adherents, its long list of associations that requires page after page of the American Institute proceedings to enumerate and its millions of believers. Even journalism claims to have been in existence since the days of Christ, although printing was not invented until 1456. All the great reforms of the day will point through their advocates to periods dating from one to many centuries. We cannot even celebrate a centennial, and yet we are prepared to demonstrate that, measured by the amount of work accomplished, the benefit the world has received from Homœopathy is incomparable. It has not alone been directly affected. Like all great reforms it permeates in more directions than are manifest except by critical study. There is a reflex influence that extends to all classes of mind. The modifications of existing parties which a new sect of any importance soon influences, is one of its most pronounced features, and one which oftentimes is not given due credit. No great idea was ever held by its adherents alone. The unconscious influence of Homœopathy pervades many medical minds that would scorn to give it right expression. "The silent thoughts of the people are woven into the mighty web of their existence."

Since its first establishment in America its progress has been in an ever increasing ratio.

In 1876 the first World's Convention was held in Philadelphia at the time of the Centennial Exposition. In his inaugural address, the president stated that there were then 5,000 physicians in the United States. Hardly two decades after, at this assembling, we are able to assert that there are 12,000 in this country. This makes an army whose presence is not to be despised. In many other countries the growth of

Homœopathy has been remarkable, but it should be noted that in this land where freedom of thought and political action is most pronounced, its adherents are most numerous. It sometimes looks as though this country would profoundly influence the spread of Homœopathy throughout the world. Even now the isles of the seas contain our physicians educated in this country. The papers to be read at this Congress from Australia and the Sandwich Islands are by graduates of American colleges. We do not undervalue the labors of our colleagues in other lands than our own, but the existence of our twenty colleges gives us a mighty power.

The steady gain in our ranks, the increase in the number of our colleges, hospitals, dispensaries and journals has done much to batter down the opposition formerly urged against us and to establish for Homœopathy a position equal to that so long enjoyed by the dominant school.

We are recognized by the government of a great nation in the various departments of this great exposition. We have homœopathic headquarters on the exposition grounds upon land assigned us by the directory, which we dedicated with appropriate exercises today. We have a collective exhibit of our colleges and hospitals in the Government building, a special college exhibit in the department of Liberal Arts, in the Woman's building an exhibit from the London Homœopathic Hospital of the work of trained nurses, and a hospital under the charge of medical women of our faith; and last the recognition of our school by the World's Congress Auxiliary.

When, however, we enumerate the whole list of our adherents, when we have fully announced our present status everywhere, we can truly say Homœopathy is not then completely demonstrated. There is something majestic in the steady flow of a mighty river, but grander still is the unconscious influence it unceasingly exerts upon the ocean into which it pours its mighty waters. Steadily, almost imperceptibly, Homœopathy has forced its way into all forms of medical belief—it has modified the practice of the old school, compelled it to make its drug form more minute and palatable, and even to admit in a guarded way its cardinal truths.

It ought to be stated in every such assemblage as this, in simple justice to the illustrious founder of our school, that he

did not denounce medical science except as it related to his own teachings, and that he did not believe after his works were published that the evolution of medicine would cease.

Homœopathy has stood the severest of all tests, that of time. Other medical faiths have usually perished with their founders. Herbert Spencer says: "The failure of Cromwell permanently to establish a new social condition, and the rapid revival of suppressed institutions and practices after his death, show how powerless is a monarch to change the type of the society he governs."

Yet we see, fifty years after his death, the illustrious promulgator of this great medical reform still profoundly affecting the whole medical body politic, and accomplishing what a powerful ruler could not, although endowed with an iron will and sovereign ability.

It is characteristic of genius that it possesses fullness. There is something wonderful in the works of the great men who have dominated the world of thought. The wisdom of Shakespeare shines just as clearly as it did when first enunciated. The lapse of time does not in the least dim its lustre. Milton's great epic is not yet excelled. The discoveries of Laanec in auscultation have received comparatively few additions since his day. Hahnemann's reformation of medicine has had more influence upon practice in all schools than the combined results of the labors of all other discoverers in medicine. Who can predict, in the light of the wondrous growth of our cause since its first promulgation, what a few more decades will accomplish? Time adds steadily to its laurels, to its influence and to its dissemination.

Homœopathy has passed the stage of discussion, of controversy, of argument; it is now a firmly established science. Do not confound it with arts and judge it by their standard of progress. It is a long period since the centennial in art, but in science scarcely a day. Centuries of use of such familiar drugs as Quinia and Morphia develop the fact that our opponents still differ as to their application.

Hahnemann's inspiring spirit still rests upon his followers. Consider the work spent on our *Materia Medica*. Science possesses few greater instances of human industry and research. Allen's *Encyclopedia* and the *Cyclopedia of Drug*

Pathogenesis will long remain as monuments to those who created them. The thoughtful of our faith realize the imperfections that still exist, but so far from bringing any discouragement, they are incentives to further work. Science is always fresh—in whatever paths you travel it, it leads to new facts and thoughts. Therein is one of its charms to its devotees. There are always “new worlds to conquer.”

It is proof that our science is not perfect that we are here tonight in grand convention assembled, to testify to this fact and to take measures for its further development. Those who grow impatient and think our pace too slow should meditate on the rules that govern progress in all departments of human thought. Instead of being behind in the march of civilization, we are continually at the fore. No charge that it is a laggard can be truthfully directed against Homœopathy. It has grown from a little band of students of therapeutics to a great school of medicine. In our deliberations this week we shall convene in nine sections embracing all the main divisions of medical science and art; and complete as is this list, it would have been longer but for the fact that another congress which embraces Climatology meets this week under the chairmanship of a member of our school, and still later in the season, one on Public Health. At our first World's Congress in 1876, few papers on Surgery were presented. But they were of high order and placed our school in good position in this branch. We shall now, in the different sections, have nearly the whole range of surgery covered. In the specialties in medicine we had little representation in 1876. Today we have as skilled men in them all as may be found in any school, and the creation of a new one by one of our number, challenges the profound attention of medical minds.

Jorg, the German professor, in 1825, sought to controvert Homœopathy by secret experiments with his pupils. However, as will always be the case when a judicial scientific investigation is made, he only served to establish it on a firmer basis. Coming years, it is now clear, will bring not only on our part, but that of our opponents, the application of every new test to the demonstration of its law and corollaries that modern science and the evolution of medicine will

originate. But its believers stand in no fear. Whatever modifications may be affected, we rest with sublime confidence in the view that its methods will, in the main, be eventually universally adopted. This is not simply a hope, it is a conclusion based upon premises that careful consideration will, we feel sure, deem valid. In the possession of the elements of every successful reform, in its firmer establishment after the death of its founder, in its marvelous growth, in the intelligence of the clientelage its practitioners secure, in its consonance with the rigid requirements of science, lie the deep foundations of our convictions.

And there is an immense amount of work still to be done. Macauley sums up the vicissitudes that attend the building up of a new science when he says:

“The improvement of a science is gradual and slow. Ages are spent in collecting the materials, ages more in separating and assigning them, and even when a system has been formed there is still something to add, alter or reject. Every generation enjoys the use of the vast horde bequeathed it by antiquity and transmits that horde, augmented by fresh acquisitions, to future ages.”

The development of any science being necessarily slow, that of medicine presents almost insuperable obstacles. It is based on the collation of an immense amount of data. These refer not only to a most complex organization, but one constantly under varying conditions, hence deductions from them must necessarily be varied and uncertain. Yet, in spite of this, while subject in the main to these impediments, Homœopathy has developed fast in the number of years it has been in existence. This is due to the fact that it has steadily been ruled by law. Empiricism has not governed its progress.

As one illustration of the labor before us we may instance that recent advances in medical science involve a new outlining of Homœopathic provings—it will doubtless be shown fully by the papers and debates during this week, that we shall now have to bring our distinctive work in relation to all new planes of thought and action. So vast is this undertaking that it will require separate colleges with complete laboratories, for its successful culmination.

Particularly is Homœopathy in closer touch with that

growing spirit in the profession,— to give a larger attention to the unquestioned source of a prominent part of all disease—the mind. It is on this very ground that Homœopathy has won some of its proudest laurels. The success of our school in the State Insane Asylums at Middletown, N. Y., at Westboro, Mass., at Ionia, Mich., at Fergus Falls, Minn., has induced California to lately place one in charge of a Homœopathic physician; and we trust will soon secure, from the legislature of the state of Illinois, another. Not matter, but mind is today the world's new balance wheel. Our school will have to devote its energies further in this department which promises such brilliant advances in our treatment of disease.

The Homœopath of today is far different from the believer of seventy-five years ago. He has kept pace with the development of medicine, he has added to his armamentaria every other effective method of cure, no door is shut to him, he recognizes the value of physiological therapeutics and that they are governed by principles that are often strictly scientific. No one can claim to be a physician in its widest sense, unless he is of liberal mind and accepts the whole of medical truth.

But we are obliged to cling with tenacity to our organization, both to maintain our existence and to extend our views among people of every land. Our position as a sect was forced upon us by opponents. We are only battling for the enthronement of the principles of our own faith.

Medical liberty is as sacred, as political or religious liberty. Every encroachment upon it must be faithfully and zealously resisted by those who are entrusted with its preservation.

Webster said: We must fight the germ of unjust power. It is our duty to fight, not only the germ of medical intolerance, but its whole horde of chemical combinations.

The profession of medicine has but one great stigma: the persecution of Homœopathy. It steadily keeps passing retroactive laws that are the opprobrium of justice. Like many other sad pages of human history, most of this opposition is based on misunderstanding. With a better conception of what Homœopathy is, and of its aims, it is probable that many of the bars now separating the great schools of medi-

cine would be broken down. It will only take a few more world's congresses before this blot upon the fair escutcheon of a noble calling is forever wiped out. In all other directions the admiration and respect of the people of every land go out to the medical profession. It labors with an unselfish devotion to human interests, to which the world furnishes few parallels. It lays down its life on the altar of duty. In the face of an epidemic from which even trained soldiers flee, it calmly and faithfully stands at its posts. It shrinks from no risk which any exigency it may encounter necessitates. It sacrifices comfort, social life and recreation, when human life is at stake.

It brings light into all homes with its benign influence for everything good, for everything hopeful, for everything that can afford succor in time of distress. It is the comfort of the weary, the hope of the misanthrope, the deliverer of the sick and the rescuer from death. Will such a profession always manifest intolerance? We answer: No. Do you think me sanguine? Only last week during a brief interview—and this incident so recently taking place confirms some points already made in this address—a prominent member of the Woman's Congress, in a three-minute speech, delivered one of the most eloquent though terse panegyrics on Homœopathy from the standpoint of a non-believer, ever made. It would have graced this platform. It was from the lips of an earnest, noble woman whose name is known in every household where the sweetest of all things, charity, is cultivated.

We see the Hindoo, so widely differing from us in religion, in manners, in customs and in dress, yet in that character alone in which no one thinks it an affront to be considered—as a man—our peer. Upon this same platform will soon sit the representatives of all religions, discussing on common grounds its cardinal truths. With the levelling of caste, the battering down of deep-rooted prejudices, the development of the brotherhood of man, which these congresses will secure, it is fair to assume that eventually we shall have our school of medicine recognized by the whole profession. He is a shallow student and a man of narrow mind who sees only in his little circle all there is of truth. Even the blind groping of the savage heart is to be noted and directed, for many



times in its yearnings, there are hopes that we who are so much more favored might have fulfilled.

Hahnemann was a full century in advance of his time. Had Homœopathy been sprung upon the medical profession of today it would have eagerly seized it, and investigated it with a calm, judicial spirit never yet manifested. Bergeons' method, Koch's lymph, Brown-Sequard's elixir and organopathy have had only brief and humiliating careers. In view of these are we not justified in demanding from our confreres of other schools a more critical, impartial investigation of Homœopathy ?

With effulgent light, in contrast to such uncertain methods, stands Homœopathy, the science of Therapeutics. Hence is its *raison d'être*. The shafts of ridicule have not annulled its claims, the persecutions of former years only made more numerous its adherents, ostracism and proscriptive laws still more closely bind its followers and weld them into so compact and determined a band that it is irresistible; for, however lacking in numbers it may be, the strongest force that moulds this world is a party of men with a righteous cause—a cause whose alpha and omega is truth.

We care not as Homœopaths, what rigid scientific investigation may lop off—for much that is called Homœopathy has little relation to its main truth. We stand serene in the face of any test that may be applied, in the light of the experience of the master and his thousands of followers who have all these years patiently delved in the mine whose golden depths he first laid open. The iconoclasm of the nineteenth century, which so ruthlessly tears down one after another of our cherished idols, has thus far only served to place Homœopathy on more solid ground.

It stands in comparison with the more intricate development in other departments. Music has grown much more complicated, it has taught us to resolve discords into harmony, it has evolved higher coloring. Everything tends to be more subtle. Hence we must have more artists in medicine; men who can grasp fine points. We do not always get perfection even in artists. They sometimes treat us to a faulty pose. We need not only artists, but artists of genius. Hahnemann was the first and greatest artist medicine has yet seen.

recognized the eternal fineness of everything human. In his abstraction from the crude and coarse, he was far in advance of his age, hence medicine must yet come to him for inspiration.

There are some of the profession who are much distressed because we are not agreed on all points. It is true that wherever there is a difference it is likely to widen, but the different views which men hold often serve to make them more interesting, provided they manifest a tolerant spirit toward the opinions of others. Those who look for perfection will be continually doomed to disappointment. There is no perfection except an opening of new vistas. The higher the power of the microscope the greater its revelations. The larger and finer the lense of the telescope, the more worlds it reveals.

Homœopathy stands pre-eminently fitted to adapt itself to the finer adjustments that are coming in all directions. It will blend with all valuable developments that the medicine of the future will evolve for its basis of truth.

“ Marble and recording brass decay,  
And like the ‘gravers’ memory, pass away.  
The works of man inherit, as is just,  
Their author’s frailty and return to dust.  
But truth divine forever stands secure;  
Its head is guarded as its base is sure.  
Fixed in the rolling flood of endless years  
The pillar of the eternal plan appears,  
The raving storm and dashing wave defies,  
Built by that Architect who built the skies.”

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### **SURGERY IN THE HOMŒOPATHIC SCHOOL.**

ADDRESS BY WM. TOD HELMUTH, M. D., LL. D., NEW YORK.  
PROF. SURGERY, NEW YORK HOMŒOPATHIC MEDICAL COLLEGE.

*Gentlemen and Ladies:*

It is time that the early history of surgery as connected with the Homœopathic school of medicine, be placed upon record. In another decade it is probable that the few desultory records of it which belong to the first period of Homœopathy in this country will be lost. There can be no more fitting time, nor more appropriate occasion for this, than our Columbian year: a year that will rear an everlasting monu-

ment upon the pathway of the history of medicine, and especially upon the history of Homœopathy, throughout the world.

It would be out of place, even if it were possible, to attempt to produce in an address of this character, a detailed account of the Surgery and Surgeons of our School, as it stands in the United States today, or has stood for the last quarter of a century. It would be a work of supererogation. Our medical colleges flourish all over this broad land, each teaching a full curriculum, thus necessarily embracing instruction in surgical science. These institutions have their records, their published reports, their archives and their alumni to give the once neglected branch her proper niche in the Temple of Aesculapius. Our medical journals and the published transactions of our societies furnish ample proof of the steadily growing interest in every department of surgery, and exhibit the undeniable ability of our surgeons. Such facts and such men need no mention here. The humble endeavor of this paper shall be: First, to rescue from oblivion some facts that belong to our surgery up to the year 1870, which perhaps are not very well known, and thus, by giving them place in the transactions of this society, to ensure their safety for future generations, and as a basis for a more extended history; and, second, to speak of surgery as a factor—and a powerful one—for the extension of homœopathy, and as a means for elevating it in the estimation of the community at large.

After some careful study of the subject, I think I may be able to show, strange as it may appear, and meager as are the sources from which information can be obtained, that certain of the great operations of the last ten or fifteen years, which have so astonished both the profession and the public, with the details of which the medical periodicals have teemed, and the results of which have been so brilliant, have been discounted by the earlier homœopathists without anti-sepsis and, some of them, perhaps without anesthesia. I have no doubt, however, when I have recorded these cases, that a smile of incredulity, or a sneer of unbelief, or a sniff of ridicule, or a wholesale denial of facts, one or all of them, will fall from the old school man who dares peruse

our transactions; but I place the facts upon record, because the time will come when with the shout will reverberate "palman que meruit ferat."

When in 1825 Dr. H. B. Gram brought homeopathy to the notice of the profession, those gentlemen who first began to study and practice according to its precepts were all medical men; and such surgery as came under their notice they eagerly turned over to any one who would take it. In New England, during the quarter of a century which elapsed between the landing of Gram and 1850, in which year I began to take cognizance of the field, Dr. Fuller (homeopathist) occasionally performed surgical operations for his friends, and Dr. Winslow Lewis and Dr. Geo. F. Gay, both skillful and liberal men, though belonging to the old school, would render such surgical service as requested by the Homeopathists.

In New York, among the old school men who would hold surgical consultations with the homeopathists were Dr. David Hossack and Dr. Carnochan—honor to their liberality of spirit. There is the name of one, however, whom I must mention here, who seeing the ostracism to which the homœopathists were subjected, and the difficulty in securing consultations in surgical or medical practice, suggested that the homœopathists should create specialists among themselves and thus be better qualified for consultation with each other. I allude to Dr. John A. McVicar. Dr. Mc Vicar was born in 1812, was graduated from the College of Physicians and Surgeons of New York in 1833, and was appointed to the chair of clinical midwifery in the university of the city of New York in 1839. The next year he embraced Homœopathy, and was (such was the spirit of the times), shut out immediately from all the avenues of medical advancement, and the New York academy of medicine closed its doors upon him. He chose surgery as his specialty, rematriculated at his alma mater, to perfect himself in anatomy, and was of great assistance to his brother practitioners. He was a careful and skillful operator, and a warm personal friend of my own when I first arrived in New York.

In Philadelphia, where the strife was more concentrated and severe, perhaps on account of Hering's growing popularity

and success, the only old school surgeon who would consult with the homœopathist was Dr. Paul Beck Goddard, a brilliant and successful surgeon, who allowed to every man the rights he claimed to himself, and hesitated not to consult with the then "despised sect" for which he received the maledictions of his Allopathic friends, who threatened to expel him from their societies and close the doors of their institutions upon him. I was but a boy then and remember my pride when, just beginning to study medicine, the assistance that this liberal-minded man gave me in studying the surgical anatomy of Stone, through the medium of Dupuytren's Post-humous plates. Indeed I may say it was through these investigations and the dissections that followed them that I determined to devote my life to surgery, a branch of science which I grew to be painfully aware was very much neglected by the homœopathists. Ten years after the arrival of Dr. Gram, and on Hahnemann's birthday, viz: April 10th, in the year 1835, the North American academy of the homœopathic healing art was founded at Allentown, Pa. In its first circular\* in Article XXIX among the list of studies which are considered indispensable for the complete education of the physician, the word "Chirurgiri" occurs; and that is the only mention made of surgery in the entire pamphlet. Having learned that Dr. William Wesselhoeft was the incumbent of that chair, I proceeded to make the necessary inquiries of one of his distinguished relatives,† and find that he was graduated by the University of Jena in 1820, and came to America in 1824, settled in Pennsylvania and began to practice homœopathy in 1828. Dr. Wesselhoeft had a *penchant* for surgery, and especially was he skillful in the management of fractures and dislocations. He was said to be pre-eminently *semper paratus*, and many are the traditious records of his skill that today float round the country where he resided. I have also learned from Dr. John Detwiller, of eastern Pennsylvania, that his father, Dr. Heinrich Detwiller,‡ who was also connected with the Allentown academy, performed many serious and capital operations in his vicinity. Dr. Detwiller

\*First Circular of the North American Academy of the Homœopathic Healing Art. Philadelphia, 1835, page 24. Personal letter from Dr. John E. James.

†Private letters of Dr. Conrad Wesselhoeft, Boston, Mass.

‡Private correspondence from Dr. John Detwiller, Easton, Pa.

came to America in 1817, and has the honor to be the first physician to prescribe a dose of homœopathic medicine in the state of Pennsylvania. His son, Dr. John Detwiller, with whom the author has a warm personal friendship, is the lithotomist of his district, and his collection of vesical calculi is unique in its variety.

It gives me pleasure to place on record in this connection one of the remarkable surgical procedures performed by one of our own school and which perhaps is not widely known, and one which, as far as I know, has not yet been equalled anywhere. The operator was Dr. John Ellis, now in advanced age and retired from practice, but very well known to the older homœopathists for his zealous devotion to their cause when the strife raged fiercest.

In these days of anesthesia and antiseptics, with the use of animal ligatures and the better environment of the patient, many brilliant results have been secured in the ligation of arteries; but as far as I know, and as far as I can learn from considerable research, this double ligation of the common carotid below the omo-hyoid (the interval between the placing of the ligatures being only  $4\frac{1}{2}$  days *with recovery*—and those last two words are important), has not been equalled in the world as yet. In the Gross Table\* of 36 cases of "ligation of both carotids," I find Mott's case "interval of 15 minutes, patient died." Murdoch's case "interval of three days, patient died." Lewis' case of "five days, patient died." The first ligation was performed on October 21, 1844, at Grand Rapids, Mich. The patient, aged 21, was engaged in setting a trap in the woods, and was mistaken for a bear as he was stooping and received the contents of a rifle. The ball struck him on the left side above the spine of the scapula, passing out after making a flesh wound of  $2\frac{1}{2}$  inches, and entering the neck at the centre and posterior edge of the sterno-cleido mastoid, passing up through the centre of the tongue, and out of it to the right of the medial line, knocking out several teeth, and emerging through the upper lip. The wounds were properly dressed, but on the night of the seventh day quite a severe hemorrhage occurred from the tongue, which was arrested by compression. The next night

\* Gross System of Surgery—Vol. 1, Page 784.

another severe bleeding took place, and Dr. Ellis tied the left carotid below the omo-hyoid. On the eleventh day another severe bleeding followed which was arrested temporarily by pressure, but the next day a second hemorrhage of such severe character followed, that it became necessary to ligate the right common carotid.

The patient recovered, the ligature from the left vessel coming away on the seventeenth day, that from the right on the fourteenth day.\* This is one of the cases I here offer for the consideration of all surgeons in all schools; and would say that perhaps it was the treatment adopted afterward by the doctor, that assisted in relieving the congestion that followed, and thus rendered the remarkable operation a success.

About four years after this surgical achievement the Homœopathic Medical College of Pennsylvania was founded, viz.: 1848, and its first professor of surgery was Francis Sims, M. D., a graduate of the University of Pennsylvania. Dr. Sims was a good lecturer, and did whatever operations came to him, which I must say were very few—for in those days the people were not disposed to trust anyone with a knife who believed in the globulistic quackery. During my three-years studentship in the old institution I think there were but four operations performed before the class and none of these could be classed among the capital ones of surgery. Dr. Sims was followed by Dr. Jacob Beakly, who afterward held the chair of surgery in the New York Homœopathic Medical College.

On January 30th, 1852, Dr. B. L. Hill, Professor of Obstetrics in the Homœopathic College of Cleveland, Ohio, issued a circular to all homœopathic physicians, asking their assistance in the preparation of a forthcoming work on surgery. Those who contributed articles on surgical subjects were Drs. Neidhard and Kitchen of Philadelphia; Dr. Shipmen of Chicago; Dr. Powell, Lexington, Ky.; Drs. Tefft and Beckwith, Norwalk, Conn.; Dr. S. M. Cate, Augusta, Me.; Drs. Babcock and Foote, Galesburg, Ill.; Dr. Rogers, Farmington, Ill.; Dr. Sharpe, England; Dr. Rosa, Painsville, Ohio; Dr. A. Bauer, Dr. W. Owens, and Dr. Park of Connecticut.

\* *New York Journal of Medicine and the Collateral Sciences*, Sept., 1845. Vol. V, No. XII, p. 187; also *Valpeans Operative Surgery*, Vol. II, p. 377.

This book did not appear however until 1855, about two months after the publication of my own work, and the complete title is as follows: "The Homœopathic Practice of Surgery, Together with Operative Surgery, Illustrated by Two Hundred and Forty Engravings, by B. L. Hill, M. D., Professor of Obstetrics and Diseases of Females, and late Professor of Surgery in the Western Homœopathic College, and James E. Hunt, M. D., Professor of Surgery in the Western Homœopathic College, Cleveland, Ohio. J. B. Cobb & Co., 1855."

The second part of this work, viz.: the operative portion of it, was taken from the "Lectures on American Eclectic Surgery," published several years before. This book comprises 653 pages. It never passed to a second edition. My own work, bearing title of "Surgery and its Adaptation to Homœopathic Practice, by Wm. T. Helmuth, M. D.," illustrated with numerous engravings on wood, Philadelphia, Moss Brothers, 1855, comprises 652 pages, and I am happy to say, through the kindness of my friends, it is still in existence, having gradually passed to its fifth edition.

In 1851, Dr. D. L. Hill, on several occasions, successfully performed lithotomy and other operations. In those days the opposition of allopathists to everything homeopathic, handicapped those of our own school who attempted surgical performances. If an error should chance to be committed, or an operation prove a failure, or the patient succumb, such results were given as additional grounds to prove the incompetency of the homeopathists, and as another reason why they should be swept from the face of the earth. Suits for malpractice were instituted upon slight deformities after fractures, and every impediment placed in the way of our school advancing in surgical practice. Dr. S. R. Beckwith, who is 1853 amputated at the hip joint and in 1854 removed successfully a large ovarian tumor (quite an exploit in those days) had, on one occasion, amputated the thigh of a patient of Dr. Wheeler, a venerable, dignified old gentleman, a brother-in-law of General Wood. The second day after the operation, Dr. Wheeler was visiting his patient at the Weddell House, in Cleveland, when Prof. Ackley (old school) entered the room, and ordered Dr. Wheeler to leave it, stat-



ing that "It was damnable enough for little pill doctors to be allowed to practice medicine, but that they should not surgery." Upon Dr. Wheeler refusing to obey the peremptory and unreasonable demand, Prof. Ackley seized him by the hair and dragged him into the hall. The affair ended by Dr. Ackley being placed under four thousand dollars bond to keep the peace, and by Dr. Wheeler ever thereafter combing his hair over a bald spot on the side of his head.\*

Dr. Beckwith was for a long time professor of surgery in the Western Homœopathic College, and did much in that day to extend Homœopathic surgery in the West.

In 1855 Dr. I. T. Talbot performed, if not the first, among the first successful tracheotomies in this country. By the term successful is here understood, not that the opening of the trachea and insertion of the tube were accomplished, but that the patient recovered. † I draw attention to this success, as another to show how surgery flourished "under the rose," and to record the facts that here and there, important operations were done and remained unheralded, but like the truth when crushed to earth, have risen again to testify to the abilities of men who loved Hahnemann and homeopathy.

I need say no more of Dr. Talbot's position and teaching since those early times. It is a matter of record. The man stands before you today covered with honor.

I have already recorded two surgical triumphs; let me proceed to a third. The surgical world, within the last ten years, has been deeply interested in the advancements made in abdominal surgery; or I should more properly say, intestinal surgery. The wonders that have been accomplished by intestinal anastomosis, the ingenuity exhibited in the invention of sutures, plates of animal and vegetable substances, the methods of sewing, etc., are esteemed among the "most advanced of the advancements" that belong to modern surgery. The records of these cases in the medical periodicals are so remarkable that the doctors are surprised and the laity astounded by them. Let me now recount to you the record of a case, in which four feet and ten inches of the intestines were resected, an intestinal anastomosis skillfully

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\* MS. furnished the author by Dr. S. R. Beckwith.

† Personal letter by I. T. Talbot to author.

made, with complete recovery, with the extraordinary addition that the patient went through all the dangerous symptoms of strangulation of the intestines by two serious operations, being four months pregnant, went on to full term and was delivered of a healthy child. The operator was no other than Dr. George D. Beebe, to whom also I lectured on anatomy, in the Homeopathic Medical College of Pennsylvania, and who was a college chum of the late lamented Dr. Geo. H. Hall. At the time this remarkable operation was done, nearly a quarter of a century ago, I was editing the *Western Homœopathic Observer* in St. Louis, and as many comments were made upon it, in both the secular and medical press, I wrote personally to Dr. Beebe for a brief description of the case. Here it is: He says: "Editor of the *Western Homœopathic Observer*, I hasten to accept your friendly invitation to communicate the notes of an operation for hernia recently referred to in the public press, and as the pages of your valuable journal are always full of useful material I will be brief:

"On July 10th I was called to see Mrs. J. B. Childs, of Lee Centre, Ill., who was temporarily in our city for a visit, and while at the house of a friend was taken with most violent pain in an umbilical hernia, from which she had suffered since the birth of a child, seven years previously. On reaching the patient's bedside I found a large tumor at the umbilicus, the thin integumental coverings of which were greatly discolored and were on the point of yielding to the pressure of a considerable quantity of fluid therein contained. The patient had vomited for two or three days, and during the twelve hours preceding my visit the vomiting had been stercoraceous with frequent hiccough. The skin and pulse did not show any marked peritoneal inflammation, but there seemed no apology for further delay in ascertaining the condition of the hernia mass. A careful incision of the integuments liberated a quantity of dark, bloody serum, and this escaping revealed a mass of gangrenous intestine. With a grooved director the hernial sac was freely laid open, when I was startled to find so much of the intestine involved and the entire mass not only black with discoloration, but at points yielding and admitting foecal matter. The situation was

novel and without precedent, but a moment's reflection satisfied me that the patient's chances of life lay in removing the devitalized tissue and perusing such further steps as would subject her to the least hazard possible under the circumstances. With the assistance of two or three of my medical colleagues whom I could hastily summon to my aid, I traced the gut to the hernial ring, and finding sound tissues there, divided it, and passing a strong suture secured the sound extremity to the margin of the incision. Then with a pair of scissors I cut the intestine away from the mesentery throughout its extent until sound intestine was found at the opposite side; here it was again divided and the sound extremity secured like the former. The mesenteric vessels, which were now very numerous as may be inferred, were closed by torsion and by ice until all hemorrhage had ceased. This was the most protracted part of the operation, but when accomplished, the hernia knife was brought to bear on the ring, and this was freely enlarged. Making sure that the bleeding did not recur on the removal of the pressure maintained by the ring, the parts were now returned within the abdomen, leaving the two divided ends of the intestines protruding from the abdomen and lying side by side, where they were secured to the integumental margin in such a manner as to form an artificial anus. The day following the operation the pulse rose to a hundred and twenty and there was some disposition to singultus, but the cathartics which had been freely administered by my predecessor in the case, were being poured out freely at the artificial anus, and in two days the irritation had begun to subside, and from that time the digestive functions became tolerably well established. An examination of the intestine removed proved it to be of the jejunum and to measure four feet, ten inches. As soon as I could feel some assurance of the patient surviving the first operation, I began to prepare for the second, viz: The cure of the artificial anus. There was not wanting those in the profession who wisely shook their heads and thought this operation should have been deferred for several months to enable the patient to gain strength, etc., and influences were brought to bear upon the patient to that end, but the patient seeming willing to rest her case in my hands, and so soon as my instru-

ment maker could prepare the instrument from drawings I furnished him, I was ready to proceed. A few days' delay was asked by the patient's husband on account of business, and then on July 31st a clamp was introduced, the blades of which were oval, three-fourths of an inch wide and one and one-fourth inches long, and fenestrated, leaving serrated jaws one-eighth of an inch wide. One blade was passed into each end of intestine until fully within the abdomen. Great care was exercised that only the intervening walls of these intestines should be embraced by the clamp, and the blades were then approximated by a set screw in the handles until slight pain was occasioned. Instructions were given that if nausea and vomiting occurred the clamp should be loosened, otherwise it should be very gradually tightened during the next two days. On the third day, the presumption being that adhesive inflammation had united the two intestines, firm pressure was applied by the clamp that the parts embraced might be caused to slough, and a free incision was made from one intestine to the other through the fenestral opening in the clamp. On the fourth day the clamp was gradually loosened and removed and from that time the foecal matter passed freely into the lower bowels and regular evacuations occurred by the rectum. A digital exploration revealed the smooth rounded edges of the opening made by the clamp, and it now only remained to close the integumental opening, which was done by deeply set quill sutures on the 8th day of August, and the patient departed for her home in the central part of the state, leaving my cabinet enriched by a pathological specimen which is as highly valued as it is rare. It is no less amazing than gratifying to witness the happy effects of Homœopathic remedies in controlling the constitutional disturbances consequent upon grave surgical operations, and seldom have these been more happy in my hands than in the present case where *Aconite* and *Arsenicum* played so important a part in controlling peritonitis and enteritis."

Yours truly, (Signed), G. D. BEEBE.

This remarkable operation, the ingenuity of making the anastomosis and its results which were published in the *New England Medical Gazette* and the *United States Medical and Surgical Journal* aroused the sententious spirit of many

old school periodicals; and the *Boston Medical and Surgical Journal*\* in a sneering editorial stated: "We are informed the patient died four days after the operation. Whether the heart was or was not flabby or fatty, we have not heard." I merely insert this opinion of the *Boston Medical and Surgical Journal*, not because it is of the slightest importance, but that we of today may understand the bigotry of the old school twenty-five or thirty years ago.†

I may mention here that Dr. Beebe was appointed brigade surgeon by President Lincoln and was on duty under General Halleck and General Grant, and was enthusiastic in his idea of the outdoor treatment of the wounded.

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#### REPORT ON HEALTH RESORTS.

The crankism of a few years ago is to-day a rapidly developing truth. In regard to health resorts for consumptives, I desire to carry Dr. Hoyne's admirable article in "Advance," June, page 84, a few points further and add that with consumptives as well as all our other patients, the identical principal of differentiation should not only pervade our prescriptions, but our dietetic and climatic directions, and also the rules and methods of bathing, and the different pharmacological preparations of the remedies to be used, if we expect to accomplish the best possible results for every patient. Among consumptives it has not yet been possible to sufficiently clearly classify the cases as to bring it within the power of any man to say which class can get well and which cannot. We know of no remedy that will be equally as suitable for one case as another. We know of no climate that will improve any certain number of cases with equal rapidity. We know of no system of bathing that will exert the same enervating or invigorating effect upon even the majority of those who may be prevailed upon to confide their chances of recovery to the bath. If we would treat all our patients with the best success we must not only prescribe a suitable diet, but we must see that the diet prescribed is digested and assimilated for the proper support and growth of our patient. No man can

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\* March 17th, 1870.

† *Homœopathic Observer*: Vol. VII., p. 182.

stand still physically, he must either grow or decay, and no treatment on earth will be satisfactory that contents itself with stopping the waste, decay, or physical degradation. But to be satisfactory it must institute again the natural process of recuperation, and repair by natural and healthy digestion and assimilation. Nor can this be done by crowding the organs of digestion with cod liver oil (with or without hypophosphates, or any of the other much advertised preparations), it must be done by changing the trend of the digestive and assimilative powers, and bring every organ into a proper equilibrium of health, strength, and intention. Nor can this be done in all cases by the single highly potentized remedy, because we must adjust the potency to the patient, as well as remedy the diet, the climate, and the bath.

Here we must contend with three import facts, vis.: First, we cannot all agree upon the appropriate homœopathic remedy. As for instance in a case called "A Lesson," in March "Advance," page 93. Where I venture to say that a majority of homœopaths who read the article would have prescribed veratrum with far better chances of success any time before February 16th, but it appears as if the odor of the stools, the sensitive feet, the bloated abdomen, and the fact that an allopath had been there before them decided against their better judgment of cerebral or meningeal complications, and they made a prescription exclusively symptomatic, instead of truly homœopathic. The pathological condition was not given sufficient weight or veratrum would have been administered, and probably baby saved.

Second, we differ in and make mistakes in diagnosis. Instance Mr. T. M. reported to me on Sept. 12, 1888, that I was the eighteenth physician he had employed in eighteen months. The last one before me was a noted allopathic author on surgery, who told him three months was the extent of his possibility of life. While percussing I noticed almost the same heavy dullness all over the chest, which he said most of my predecessors in the case had told him meant cavities, but he added "if that is true I can't have any lungs at all." When he said he expectorated from two to four pints every night, I concluded I had a bad case of bronchitis, and not a well-advanced case of phthisis, and that the

amount of lung tissue already destroyed was not large, because he was still working every day and coughing all night so constantly that his relatives wished he would either die or get well so they could sleep. His symptoms were plainly sulphur symptoms. His appearance, the cough symptoms, the nature of the work to be done, the character and color of the expectoration, the fever, together with a number of less important symptoms, all very plain, and I gave him sulphur 3x. frequently repeated, and ordered a Turkish bath every evening. The first night he retired about 9:30, slept until 1:30, coughed about half an hour, then slept until morning. Although higher potencies of sulphur were tried, he would always return and say, "give me those first powders again, they are the only medicine that does me any good." He recovered in three months without losing a night's sleep or a day's work, and is still in good health.

Third, no matter how perfectly symptomatically homœopathic a remedy may be in any given case of tuberculosis it is evident that unless that condition of waste or decline be stopped, and the system put into a condition of recuperation and growth, no remedy has a fair chance to perform its work against such opposition. Such aggravating circumstances as frequent changes of the weather, may be avoided by changing residence to a milder, dryer, and more steady climate, and the patient thus protected from frequent relapses, and allowed to retain any slight improvement he may receive. The dry hot air bath with a temperature ranging from 150 to 210 degrees, according to patient's condition, assists by its direct action on the circulation to increase nutrition by increasing the quantity of blood circulated in a given time and removes from the skin by perspiration and sebum the refuse matter that is clogging the circulation and preventing the formation of new tissue and aiding the process of decline. The frequent complications with hepatic, nephretic, splenic, or nervous diseases that would ordinarily retard the action of the proper remedy on the process of tubercular formation, would also be materially benefited, and thus another helper added to assist the proper remedy. I have seen patients loose weight under the influence of a dry hot-air bath once in twenty-four hours at a temperature of between 150 and 185 degrees, at

the rate of eight pounds per bath, and regain nine pounds in the following twenty-four hours, thus adding one pound in weight, and nine pounds of new, healthy, unused blood corpuscles to the system's supply every twenty-four hours. Under such a condition of recuperation, there is no trouble to get the full action of every dose of medicine given and only about thirty days required to replace all the worn-out tissue cells in the body of a man weighing two hundred and forty pounds by new ones fully charged with the proper life-giving material to stem the current of decline, restore the system's natural equilibrium, and stop the tubercular formation if the process is guided by the proper homœopathic remedy for the case.

In regard to remedies, we must all admit that there is no remedy known that will accomplish this change from a condition of waste to one of recuperation at the rate of nine pounds per day, but *that* only gives weight to the fact that the one that does accomplish it to the greatest extent is the one that should be the mainstay in the treatment of such diseases, and the intercurrent remedies should be prescribed for the prominent symptoms as they arise.

In Gregg on Consumption there is no remedy mentioned that will do this work, therefore the only hope for the patient in the treatment recommended by that book, is that there is still possessed by the system sufficient recuperative powers not only to take care of the trash-burdened organs, but to regain its strength and continue its growth when the symptoms are relieved by the homœopathic remedy. And Burnett's latest and very positive work does not clear the sky of this objection, but he practically admits that when any considerable amount of tissue change has taken place the symptoms may be relieved, and yet under the influence of the homœopathic remedy and the intercurrent or combined influence of hydrastis tincture as a tonic, the patient continues his downward course until covered by the sod. Instance case 7, pages 33 to 36; also case 8, pages 37 and 38; also case 26, page 70; also case 34, page 79; also observation case 19, page 60; also admission of inability, page 112, Burnett on Consumption. After all this it is not at all clear to my mind that in any of his cases reported cured the amount of true lung tissue that



was actually destroyed was considered to be sufficient to enter as a symptomatic factor in the case or to weigh against a favorable prognosis. Patients may be found in almost any of the western states, who have been told years ago by eminent physicians that a large portion of one lung was destroyed and the other fast following it, and after a change of climate and surroundings, where the powers of nature were assisted instead of being opposed, and where the conditions of improvement when once begun were not interfered with by relapse, have improved and enjoyed fair health for many years. After all the surroundings have been disposed of, and the appropriate homœopathic remedy has been chosen and administered, and dry hot-air bath has begun the cleaning process I know of no better remedy to continue the process of improvement than a certain favorite aqueous preparation of my own make, from the oil of chaul-moo-gra or gynocardia odorata prepared by Parke, Davis & Co. I have used it almost constantly for seven or eight years, and with universal success. It very much excels Burnett's opinion of hydrastis, and when used in material doses of the preparation I have used will do excellent work; but I have never been able to get as good results from the higher potencies of it and feel certain the use of the oil is worse than useless.

The most successful remedy to operate on the disposition to form tubercles and the organs degenerating under tubercular deposits, is as Burnett says, the potentized virus in high dilution and very infrequent doses. It certainly does often disappoint us very pleasantly by working unexpected wonders. But there is no tonic or invigorating properties in it or any properties that will cope with the frequent and often serious complications that often exist from the beginning or arise during the course of the disease.

Now that the germ theory of disease is being relegated to the position of absolute worthlessness it deserves and which I prophesied for it as long ago as at the meeting of the State Homœopathic Medical Society of Michigan in 1880, I hope the day is not far distant when our patients with tuberculosis can be not only properly dieted but sent to institutions where a climate like this of Southern Colorado may be supplemented by proper Turkish or hot-air baths where a temperature of

from 180 to 200 degrees may be obtained to clear away the rubbish from the over-burdened system, and then under the proper remedies necessary to stop the formation of tubercular deposits, and combined with proper invigorators (not tonics) many cases of tuberculosis may be properly cured. But to expect any remedy to heal a diseased lung after any great extent of tissue has become destroyed and the recuperative powers of the system materially damaged is, to say the least, expecting something that in the majority of cases will not be realized without a very considerable amount of material assistance from diet, climate, bathing, and all other assistance it is possible to obtain, together with all possible precaution that can be exercised against aggravations and relapses. We must individualize every case and not generalize any part of the treatment.

A. A. ALLEN, M. D.

CANYON CITY, COL.

#### MATERIA MEDICA CLUB OF CHICAGO.

After a period of suspended animation the Materia Medica Club of Chicago, met in rooms 1209 and 1210, Columbus Memorial Building, Friday evening, June 16th. The President of the Club in the person of the venerable Dean of Hering College, Dr. H. C. Allen, called for order and announced Dr. J. A. Tomhagan as the essayist of the evening.

#### THE INDIVIDUALITY OF THE PATIENT.

It is the chief object of the efforts of the Hahnemannian to discover the *individuality of the patient*. This is a task, however, not accomplished with equal facility by all. Hahnemann, Böenninghausen, Hering, Jahr, Dunham, Farrington, Lippe, Guernsey, and many of our day, whom I should like to enroll in this galaxy of geniuses, have and are laboring indefatigably to facilitate the apprehension of the individuality of the patient, and the subsequent affiliation of the appropriate remedy.

After all, it is perfect folly to endeavor to supercede Hahnemann, who said: "Follow me, but follow me closely." How many, even when thoroughly taught by the masters, heed this injunction?

If you would realize the enthusiastic raptures of a faithful student of the Materia Medica, you must apply yourselves assid-

uously, in order to come "en rapport" with the spirit of the work. The Materia Medica will not bear skimming, nor can others study it for you to your individual advantage.

Hahnemann says in §§ 5, 88, 208, 211, 212 and 153, that the *peculiar mental and physical phenomena of the patient and remedial agent* must correspond.

It is a fact incontestable that the mind impresses its idiosyncracies upon every organ and tissue in the body. The "materia circa quom" corresponds to the "materia in qua;" they react upon each other. Hence, the subjective phenomena embody the criteria upon which to base a prescription. Again, since the "materia in qua" builds and molds, as it were, the "materia circa quom," it must needs follow that invaluable information is to be gained by studying the mental and physical properties of man.

Dunham's Science of Therapeutics, page 138, says: "The susceptibility of different provers to the same drug is very different, and the degree of susceptibility which each prover possesses is to be learned only by experience. For example, one prover will take five hundred drops of Thuja without any effect; another, taking twenty drops, experiences violent *specific* symptoms."

I feel confident that Thuja produced its specific effects upon those provers who had *light hair and eyes and a lax muscular fibre*, and that those of "*bodily constitution*," other than this, were slightly or not at all affected. I feel certain, too, that Nux v. developed its *characteristics* upon individuals with *dark hair and eyes and a rigid muscular fibre*.

Vide Org., § 5.

By "*bodily constitution*," I assume that Hahnemann means the peculiar physical structure. Is the patient lean and tall, or corpulent and short, or short and lean with a large head? Is his complexion light, dark, or medium? I feel satisfied that in Dunham and Farrington the vital stamina was below par. Their brain and nervous system were too active for their physical endurance. I mean they could not supply nervous energy as fast as it was consumed, and therefore their premature departure from this mundane sphere.

"The character of his *mind and temperament*," says Hahnemann, "we must take into consideration." §§ 88, 208, 211,

the rate of eight pounds per bath, and regain nine pounds in the following twenty-four hours, thus adding one pound in weight, and nine pounds of new, healthy, unused blood corpuscles to the system's supply every twenty-four hours. Under such a condition of recuperation, there is no trouble to get the full action of every dose of medicine given and only about thirty days required to replace all the worn-out tissue cells in the body of a man weighing two hundred and forty pounds by new ones fully charged with the proper life-giving material to stem the current of decline, restore the system's natural equilibrium, and stop the tubercular formation if the process is guided by the proper homœopathic remedy for the case.

In regard to remedies, we must all admit that there is no remedy known that will accomplish this change from a condition of waste to one of recuperation at the rate of nine pounds per day, but *that* only gives weight to the fact that the one that does accomplish it to the greatest extent is the one that should be the mainstay in the treatment of such diseases, and the intercurrent remedies should be prescribed for the prominent symptoms as they arise.

In Gregg on Consumption there is no remedy mentioned that will do this work, therefore the only hope for the patient in the treatment recommended by that book, is that there is still possessed by the system sufficient recuperative powers not only to take care of the trash-burdened organs, but to regain its strength and continue its growth when the symptoms are relieved by the homœopathic remedy. And Burnett's latest and very positive work does not clear the sky of this objection, but he practically admits that when any considerable amount of tissue change has taken place the symptoms may be relieved, and yet under the influence of the homœopathic remedy and the intercurrent or combined influence of hydrastis tincture as a tonic, the patient continues his downward course until covered by the sod. Instance case 7, pages 33 to 36; also case 8, pages 37 and 38; also case 26, page 70; also case 34, page 79; also observation case 19, page 60; also admission of inability, page 112, Burnett on Consumption. After all this it is not at all clear to my mind that in any of his cases reported cured the amount of true lung tissue that

was actually destroyed was considered to be sufficient to enter as a symptomatic factor in the case or to weigh against a favorable prognosis. Patients may be found in almost any of the western states, who have been told years ago by eminent physicians that a large portion of one lung was destroyed and the other fast following it, and after a change of climate and surroundings, where the powers of nature were assisted instead of being opposed, and where the conditions of improvement when once begun were not interfered with by relapse, have improved and enjoyed fair health for many years. After all the surroundings have been disposed of, and the appropriate homœopathic remedy has been chosen and administered, and dry hot-air bath has begun the cleaning process I know of no better remedy to continue the process of improvement than a certain favorite aqueous preparation of my own make, from the oil of chaul-moo-gra or gynocardia odorata prepared by Parke, Davis & Co. I have used it almost constantly for seven or eight years, and with universal success. It very much excels Burnett's opinion of hydrastis, and when used in material doses of the preparation I have used will do excellent work; but I have never been able to get as good results from the higher potencies of it and feel certain the use of the oil is worse than useless.

The most successful remedy to operate on the disposition to form tubercles and the organs degenerating under tubercular deposits, is as Burnett says, the potentized virus in high dilution and very infrequent doses. It certainly does often disappoint us very pleasantly by working unexpected wonders. But there is no tonic or invigorating properties in it or any properties that will cope with the frequent and often serious complications that often exist from the beginning or arise during the course of the disease.

Now that the germ theory of disease is being relegated to the position of absolute worthlessness it deserves and which I prophesied for it as long ago as at the meeting of the State Homœopathic Medical Society of Michigan in 1880, I hope the day is not far distant when our patients with tuberculosis can be not only properly dieted but sent to institutions where a climate like this of Southern Colorado may be supplemented by proper Turkish or hot-air baths where a temperature of

from 180 to 200 degrees may be obtained to clear away the rubbish from the over-burdened system, and then under the proper remedies necessary to stop the formation of tubercular deposits, and combined with proper invigorators (not tonics) many cases of tuberculosis may be properly cured. But to expect any remedy to heal a diseased lung after any great extent of tissue has become destroyed and the recuperative powers of the system materially damaged is, to say the least, expecting something that in the majority of cases will not be realized without a very considerable amount of material assistance from diet, climate, bathing, and all other assistance it is possible to obtain, together with all possible precaution that can be exercised against aggravations and relapses. We must individualize every case and not generalize any part of the treatment.

A. A. ALLEN, M. D.

CANYON CITY, COL.

#### MATERIA MEDICA CLUB OF CHICAGO.

After a period of suspended animation the Materia Medica Club of Chicago, met in rooms 1209 and 1210, Columbus Memorial Building, Friday evening, June 16th. The President of the Club in the person of the venerable Dean of Hering College, Dr. H. C. Allen, called for order and announced Dr. J. A. Tomhagan as the essayist of the evening.

#### THE INDIVIDUALITY OF THE PATIENT.

It is the chief object of the efforts of the Hahnemannian to discover the *individuality of the patient*. This is a task, however, not accomplished with equal facility by all. Hahnemann, Böenninghausen, Hering, Jahr, Dunham, Farrington, Lippe, Guernsey, and many of our day, whom I should like to enroll in this galaxy of geniuses, have and are laboring indefatigably to facilitate the apprehension of the individuality of the patient, and the subsequent affiliation of the appropriate remedy.

After all, it is perfect folly to endeavor to supercede Hahnemann, who said: "Follow me, but follow me closely." How many, even when thoroughly taught by the masters, heed this injunction?

If you would realize the enthusiastic raptures of a faithful student of the Materia Medica, you must apply yourselves assid-

uously, in order to come "en rapport" with the spirit of the work. The Materia Medica will not bear skimming, nor can others study it for you to your individual advantage.

Hahnemann says in §§ 5, 88, 208, 211, 212 and 153, that the *peculiar mental and physical phenomena of the patient and remedial agent* must correspond.

It is a fact incontestable that the mind impresses its idiosyncracies upon every organ and tissue in the body. The "materia circa quom" corresponds to the "materia in qua;" they react upon each other. Hence, the subjective phenomena embody the criteria upon which to base a prescription. Again, since the "materia in qua" builds and molds, as it were, the "materia circa quom," it must needs follow that invaluable information is to be gained by studying the mental and physical properties of man.

Dunham's Science of Therapeutics, page 138, says: "The susceptibility of different provers to the same drug is very different, and the degree of susceptibility which each prover possesses is to be learned only by experience. For example, one prover will take five hundred drops of Thuja without any effect; another, taking twenty drops, experiences violent *specific* symptoms."

I feel confident that Thuja produced its specific effects upon those provers who had *light hair and eyes and a lax muscular fibre*, and that those of "*bodily constitution*," other than this, were slightly or not at all affected. I feel certain, too, that Nux v. developed its *characteristics* upon individuals with *dark hair and eyes* and a *rigid* muscular fibre.

Vide Org., § 5.

By "*bodily constitution*," I assume that Hahnemann means the peculiar physical structure. Is the patient lean and tall, or corpulent and short, or short and lean with a large head? Is his complexion light, dark, or medium? I feel satisfied that in Dunham and Farrington the vital stamina was below par. Their brain and nervous system were too active for their physical endurance. I mean they could not supply nervous energy as fast as it was consumed, and therefore their premature departure from this mundane sphere.

"The character of his *mind* and *temperament*," says Hahnemann, "we must take into consideration." §§ 88, 208, 211,

212 and 213 dwell upon this most important subject. Hahnemann again observes, that "Aconite will *rarely* or *never* produce a *rapid* or *permanent* cure in a *calm* and *complacent* disposition, as little as Nux v. will *affect* a *mild phlegmatic*, or Puls. a *happy, cheerful, but obstinate* temperament, or as little as Ignatia proves efficacious in an unchangeable state of mind, inclined neither to fright nor to grief." He characterizes the Nux patient as follows: "Careful, zealous, fiery, passionate or deceitful, malicious and quarrelsome." I would not expect to find this combination in a short, stout, light-complexioned individual with lax muscles, but in a dark-complexioned person with black or dark hair and eyes and usually attenuated physique. The Italian, Spaniard or Greaser would typify a Nux patient. They have this *fiery, passionate* temperament. Aco., Bell. and Lach. would affiliate nicely with the Spanish damsel.

Hahnemann again defines the Puls. mind and temperament thus: "Mild, yielding disposition, good natured, sometimes light-hearted, careless, kind and mischievous." Typified in the Swede, I should not look for this complexus in a tall, slender, wiry personage with strong, dark or black hair and eyes. Tall, slender, lean people with a fair, delicate skin, soft, black hair and bright, sparkling, black eyes and a vivid perception and conception I should expect to respond faithfully to Phos., Calc.-phos., or Ambra-grisea, and possibly to Calc.-fluorica. These remedies would intrude themselves upon me when I beheld their counterpart as above delineated. *Individual peculiarities must decide which to administer.*

Organ, § 90.

To me it appears inexplicable that no one has heretofore emphasized these facts which Hahnemann deemed essential in determining the appropriate medicine. I am certain that their correct interpretation promises much to the careful observer.

§ 98.

Here you observe, among other things, Hahnemann says, "the investigation of diseases, especially of the chronic, demands a knowledge of *human nature*." When a patient enters your office, you spontaneously proceed to take an inventory of him. Is he sanguine, choleric, phlegmatic, lym-



phatic, nervous, etc., etc.? Unconsciously, remedies, provided you have previously acquainted yourself with their action upon the healthy, present themselves to your mind and arrange themselves seriatim. For example, a rather tall, lean woman, with swarthy complexion and dark, rather strong hair, and dark eyes, enters your office. Nux, Berb., Ambra-gr., Nitr-ac., Guac., Anac., Calc.-phos., Phos., Kreas., and a few others, having this "*bodily constitution and temperament*," more or less well defined, clamor for recognition. This requires no unusual effort of the memory. Once impress the "*constitution and temperament*" of the remedy upon your mind and its stamp remains ineffaceable.

Caps., O—c and m., Calc.-c., Strom., Hyos., Ipec., Cupr., Graph., Sil. and Puls—not one of these should obscure your vision in relation to this patient. Phos., Ambra. and Calc.-phos. drop out as soon as you notice on closer inspection, the lack of delicacy which these remedies evince in their provings. That is, they developed their specific effects upon highly refined or sensitive organization, with soft hair, brilliant eyes, delicate skin and very active minds.

You will find that the symptoms will be covered by *one* in the above group, or by *another* of a *similar type* not mentioned in the assemblage given above.

Formerly, on beholding a subject of this description, I thought of Nux and Phos., and often the *symptoms* did not correspond and I was at sea. At present, I have some fifteen, all approximating a similar type in general, but differing greatly as to particulars.

It is to be regretted that the *mental and physical constitutions* of the original provers were not explicitly delineated.

Though we all aim to get the *totality of symptoms*, you can readily perceive how uni-lateral many prescriptions have been in the past, when *mental and physical peculiarities* have not been considered *per se*.

Where a symptom here and there is covered, regardless of the substratum of the constitution, unsatisfactory results must ensue.

In conclusion, I would say, that I have found Hahnemann's methods all-sufficient for the practical physician.

Dr. Waddell:—"I regard Dr. Tomhagen's paper as one of

great importance. The manner of taking the case is the thing of prime importance in making a good homœopathic prescription. The peculiarities of temperament, complexion and the mental condition are here dwelt upon especially, and are, so to speak, the ground-work upon which our study of the case depends. These we get chiefly from observation, perhaps without asking a single question. In cases in which I have failed I believe the failure was due to neglect of these two points. I should like to hear from the more experienced members as to the best manner of drawing out the mental symptoms. So often do patients withhold their mental and emotional peculiarities, either from delicacy, or from the idea that they are of no importance, that I should like to get some hints here if I could."

Dr. Pierson:—"One of the most valuable features of thorough examination of patients is that it reacts on the physician, and improves his powers of observation and analysis. The greater care we take in ascertaining the peculiarities of the patient, the better becomes the discipline of our own minds, and the clearer our perception of the remedy. If we persist in this effort, looking not only to the present, but also to the future, many difficulties would be removed out of our way, and many things that at first appear confused, would become orderly and well defined."

Dr. H. C. Allen:—"Dr. Tomhagen has given us a very admirable paper, deeper than many of us imagine. The study of the physical and mental temperament of a patient lies at the bottom of the art of taking a case, and the taking of a case lies at the bottom of every prescription, and in the correct prescription lies the welfare of the patient."

Many mistakes that we make are due to the improper taking of the case, for when that is well done the selection of the remedy is simple and easy. Dr. Lippe would not bother with a patient unless he or she would tell him all about themselves.

The late Dr. Jno. F. Gray was a master in the matter of temperaments and constitutions. He use to read his remedy in the bearing, actions and complexion of a patient as the following anecdote will illustrate.

Once in going through his crowded waiting room he

noticed a dark complexioned stranger sitting there, waiting his turn. What rapid process of reasoning his mind went through no one knows, but he said to his assistant "put up some *Argentum Nitricum* for that man."

When the patient was offered the medicine he said: "No you don't; I have come all the way from Cuba to see you and I want more attention than that. I have money to pay for a thorough examination and I want one." The doctor thereupon made a careful examination but his prescription was right. He could come to no other conclusion than *Argentum Nitricum*. And so he could select the *Nux vomica* temperament, the *Sepia* temperament, the *Pulsatilla*, the *Sulphur*, the *Arsenic*, the *Lachesis* temperament and many others. The trouble with most of us is that we know two or three or four drugs in that way and that is all. Double the number this week, treble it next week, quadruple it the week after and see how much it will improve your skill and capability in curing. Let me say in conclusion that you can never get into the knack of accurate prescribing until you form the habit of writing down your cases.

Dr. C. W. Day:—"I want to take this opportunity of thanking Dr. Allen for that last bit of advice. He gave it to the class in Hahnemann College when he was lecturing there, and it was a very important bit of advice to me."

Dr. H. C. Allen:—"I received a letter lately from a homœopathic physician saying that his nephew had recently graduated from an allopathic college and received the views usually entertained at those colleges, and that therefore he had to handle him with gloves. He wanted to know the best method of proceeding with him. I told him that the first thing to do was to handle him without gloves by giving him some knock-down arguments. Let him read the *Organon* for a starter, and then keep on reading it for a steady diet, and finally to continue at it as long as he practiced medicine. One makes a great mistake when he thinks one reading will give him all there is in the *Organon*. You might as well try to master Gray's *Anatomy* by a single reading as the *Organon*. It takes study."

Dr. Boynton:—"Something I heard from Prof. Farrington may help to answer Dr. Waddell's question. Once a lady

came into his office for treatment, and he was very unsuccessful in getting her symptoms. All of her statements were so guarded and her words so measured that it finally became very tiresome to him. He succeeded admirably, however, by making her mad. Anger put her into an entirely different state, her reserve and her measured sentences disappeared and he soon got at the real state of the case."

Dr. Fowler:—"I tell such patients that when they deceive their physicians they are deceiving themselves, and they who deceive themselves are the worst deceived people in the world."

Dr. Tomhagen:—"I would suggest that in proving a remedy we all put down the temperament and disposition of the different provers."

The next paper read before the club was by Dr. Allen, and consisted of the report of clinical cases from his practice.

#### SALPINGITIS.

The above term designates an affection that is not uncommon, and is chiefly of interest to the true follower of Hahnemann, because considered by the other schools of medicine, and by the large majority of homœopaths, as incurable by constitutional methods. It is consequently relegated to the *dernier* resort, surgery. The following case is of interest only because of the diagnosis of one of the leading gynecologists of New York, a professor in the New York Post Graduate School, and after a consultation, a fatal prognosis without an operation. This was verified by two of the leading gynecologists of this city, to whom the patient was sent on her removal to Chicago. She was preparing for an operation when sent to me. The tumor was diagnosed "a pus pocket in the left ovarian tube as large as a lemon," and "liable to rupture at any time."

CASE I.—October, 1892. Mrs. L., aged 37, black hair and eyes, dark complexion, and a well-developed though slight figure. Married nine years; two children.

Had suppurative tonsillitis all her life; each attack would last about three weeks, and all but one terminated in suppuration.

When menstruation occurred at 14, took cold when bathing,

which terminated in typhoid; under allopathic treatment made a slow recovery.

Menses irregular; too early or too late; profuse, protracted, *offensive*, acrid, > bathing.

Terrible nausea during entire pregnancy.

Had uterus curetted for a dead fœtus a year ago. This was followed by abscess in right thigh.

Blowing in right ear > in open air.

Sleepless after midnight.

Letters blur when reading; has hyper-metropic astigmatism.

Psorinum 42 m., one dose, was followed by marked improvement.

In January 1893, had her first attack of tonsilitis, a short, mild, attack without suppuration. Treated by Dr. King.

Has had no trouble in left ovarian region for last month; menses more normal than for years, and has been quite regular.

February 21. The menstrual flow at last period was more profuse, *offensive*, and acrid. She does not feel so well generally.

Psorinum c. m., one dose.

Improvement began at once and continued until the warm weather of May, when she was greatly prostrated by the change of weather. Was weary, languid, sleepless; tongue heavily coated; no appetite. But menses remained normal and there was no return of the ovarian pain nor the tonsilitis.

May 2. Psorinum c. m.

June 3. Reported in good health. No return of ovarian irritation, and the fatal prognosis has been indefinitely postponed. What has become of the pus pocket?

CASE II.—Mrs. F., of St. Paul, aged 37, a tall, graceful woman, fair complexion, active and energetic.

Grandmother died of cancer.

Mother died of some stomach disease.

Menses appeared at 11; has always suffered at the period; pain generally so severe as to cause nausea and vomiting; lips and nose cold and blue; bathed in cold perspiration. Flow profuse, dark, clotted, in gushes, protracted, hot in passing over parts.

Weak and exhausted for days after the effort.

Backache before and during < by mental excitement.

*Grief* from loss of husband and sister, from which she has suffered for years.

Suppressed Leucorrhœa.

Left ovary enlarged, size of orange, prolapsed, sensitive to touch and pressure; burning pain; pricking, like pins.

Breast sore and painful before menses.

Constipation: inactivity of bowel; large quantities of flatus; long lasting pain after stool.

Wakens early in morning.

Despondent on waking.

Cold: suffers from it; head cold at night, must be covered; feet and hands cold.

Gastric pain < after eating; belching, air comes up with a rush.

Easily worried, < mental emotion.

One homœopathic and two allopathic specialists in St. Paul, and two homœopathic specialists in Chicago advised removal of the ovaries as the only hope of a cure, but she is improving very rapidly and bids fair to carry her appendages with her for years to come.

The case worked out by Guernsey's Bönninghausen showed this result. Nux 52, Lyc. 40, Sep. 37, Ign. 38, Phos. 36, Bry. 32, Cal. 32.

Jan. 26. She received Nux m. m. (Tafel) one dose dry.

Feb. 21. Reported that she had passed a comparatively painless menstrual period, the first in many years. But on taking a new photograph of the case, instead of the remaining symptoms calling for Lyc., Sep. or Ign., the remedies standing highest in value after Nux at the first prescription, they now called for Sulphur, the complement of Nux. The patient was greatly discouraged because of a return of many of her old symptoms, from which she suffered before her marriage and which she had been assured would never return after childbirth.

March 31. Has passed a painless period and was not conscious of the existence of an ovary.

May 8. Has much gastric and abdominal flatulence for last two weeks with at times severe pain in right iliac region, sensitive to touch = by pressure. Lyc. cm., one dose.

She is now attending to her ordinary duties without inconvenience and the dreaded laparotomy has been postponed.

CASE III.—March 31, 1893, Mrs. A., aged 34, was sent to me by Dr. Winans of Mexico, Mo., for examination and treatment. She had all her life been under allopathic treatment until she came under his care six months ago and, despite careful prescribing on his part, she failed to improve. About ten years previous she was married and had one child, now living. But she soon became infected with syphilis, and later with gonorrhœa, cured by allopathic methods, and followed by the usual complications. Menstruation became so painful as frequently to simulate convulsions, for which she received morphine, chloral and the usual palliatives. My colleague, Dr. Boynton, examined her with me and unhesitatingly pronounced it a spoiled case, for which in his opinion nothing but the knife held out any hope of relief.

The pains in the ovaries were severe all the time, but greatly < at the menstrual nismus.

Pains burning, cutting, stabbing, migrating to chest, head and especially the heels, which were numb and excessively painful.

She was despondent, suicidal, changeable.

Could not bear to be alone.

Haughty, commanding; at other times apprehensive, weeping, dreading the recurrence of her period.

Constant burning in uterus.

Menstrual flow black and scanty.

Blue leucorrhœa.

Suddenly waking from sleep.

Bladder irritable; frequent micturition.

Headache and gastric symptoms alternate.

Wakeful after midnight; unrefreshing sleep. For this condition the principal remedies were:

Acon. 19, Puls. 20, Ign. 22, Lyc. 27, Plat. 31.

Platinum 1 m and c. m. gave some relief for two or three weeks; then a relapse to the old condition from which I was never able to give any relief, although I "took the case" again and again. For three weeks she insisted on having the ovaries removed, and "if it could not be done in this hospital, it would be in some other." I had, after two months of

careful treatment, utterly failed to afford even temporary relief. It was, in my opinion, "a spoiled case." Syphilis, sycosis and years of drugging engrafted on a psoric base. I looked upon it as a spoiled case, entirely beyond immediate relief. Her stay was limited, she was under considerable expense, was anxious to return home, and had been assured in other hospitals in Chicago and St. Louis that an operation would give her relief. Towards the end of May Dr. Boynton performed laparotomy. He can explain the result.

Dr. Boynton:—"The woman was thoroughly poisoned, both from a syphilitic standpoint and from a drug standpoint. She had been salivated and had lived for months on opiates. I found the left ovary enlarged and otherwise abnormal. The Fallopian tubes were also badly diseased. The left tube and ligament were very much shorter than the right, so that it was very embarrassing to reach them and ligate the stump. The tissues were tender so that the cord cut through and had to be placed lower. In the lower part of the broad ligament there were extensive adhesions so vascular that any attempt to break them up would be attended with serious hemorrhage. This it was not deemed advisable to do. The wound was sewed up, and the patient put to bed. She did nicely at first, the temperature averaged about  $101^{\circ}$ , and did not go higher than  $101\frac{3}{4}^{\circ}$ . I had to be absent on the fifth day after the operation, and when I came back found a remarkable change for the worse. Temperature high and delirium. The second night after my return she died. The afternoon before the aggravation her brother came in to see her; whether that had anything to do with it is a question I cannot answer. The patient was thoroughly poisoned from beginning to end from mercury, opiates, syphilis and gonorrhœa."

Dr. C. W. Day: "I should like to ask, is an operation rendered extra hazardous by the patient's being addicted to opium."

Dr. Boynton: "Yes, sir. Dr. Tait will not operate upon a patient who has been addicted to the opium habit, nor will he allow the use of opium after an operation. Dr. S. took his wife to Birmingham, England, the home of Dr. Tait, for an operation. After the operation Dr. Tait said, I have only one



request to make, and that is that you give no opium. No promise was made, and Dr. S. persisted in giving opium, and on the seventh day the woman died. Dr. Tait said that such a result had been traced by him many times to opiates."

Dr. J. B. S. King: "In regard to the first case reported in Dr. H. C. Allen's paper, I think Dr. Allen forgot to mention that during his treatment, a rash developed on the face, identical with one that the patient had had twelve years before, also that she had been subject to recurrent attacks of local peritonitis."

Dr. Tomhagen: "Was there any discharge of pus during the treatment?"

Dr. Allen: "Not that I know of."

Dr. Hawkes: "I had a very similar case, that had been under a distinguished homœopathic surgeon's treatment in New York. She came home no better, and was put under my care. She got well enough to ride around and be pretty comfortable, which was a great improvement over her previous condition. I heard recently that her husband took her to a couple of specialists, who made a diagnosis of pus in the fallopian tubes and removed one or both ovaries. I am sure her condition was curable, and that there was no good reason for such an operation."

Dr. H. C. Allen:—"When I get a patient with a history of suppurative tonsilitis frequently recurring, or when I get a patient who has had typhoid fever under allopathic treatment, I always consider Psorinum."

• Dr. Hawkes:—"I think it is the doctor's fault, or an evidence of bad prescribing, when a case of tonsilitis goes on to suppuration. It can always be stopped, according to my experience, with the indicated remedy."

Dr. Waddell:—"I cured a case with *Sepia*, that probably would have been considered by most physicians as a surgical one. It was not of so serious a nature as those just spoken of, nor was a diagnosis made by old-school specialists. The woman came to me complaining of a lump or tumor on the labia. She had been confined about a year before, and she had first noticed the tumor about three or four months after confinement. She was very positive in her diagnosis. Two does of *Sepia* cured her."

Dr. H. C. Allen:—"Last February I treated a case of ordinary measles, apparently. The eruption was well developed, lasted five days, with the usual symptoms, and under Bryonia made a good recovery. The child was up and well for ten days. Then the cough and coryza of measles began again, followed by another eruption of measles, lasting as before for five days. This terminated in an abscess at the inner angle of the left eye, which under remedies discharged itself, leaving no scar. About three weeks after the left parotid gland began to swell. It got as large as a goose egg, very hard and dense. I could make nothing out of it except an enlarged gland. After a little it pointed as large as a hickory nut, and I gave the child a dose of Hepar, quite certain it would rupture a few hours after. After a few days I called again and was astonished to find the whole thing had gradually disappeared, but the child's tongue was red, smooth, and shining, marking the absorption of pus. A dose of Pyrogen brought the patient to a normal condition."

Dr. Waddell:—"I had a case of crusta lactea in an infant for which I prescribed Rhus. The child was very restless, and I found the mother during pregnancy had been thoroughly soaked in a rain. The eruption went away and a severe attack of cholera set in, which threatened to be fatal. A dose of sulphur cured the diarrhœa and the eruption both."

Dr. Pease:—"A young lady, very thin, of dark complexion, had scarlet fever in her thirteenth year. She had been very sick during the eruptive stage, had severe throat involvement and a tedious convalescence, including post-scarlatina dropsy. Since that time she had been troubled with obstinate constipation, back ache, and a dry scaly skin. I prescribed Graphites. Three days after I was sent for in great haste, and found that the night before she had been taken with severe sore throat, beginning on the left side. A rash had appeared on her neck, and spread rapidly to face, shoulders, and back. She passed right through a typical case of scarlet fever, followed by swelling of feet and ankles. The temperature was not above a hundred at any time. Since then the constipation and back ache have disappeared."

Dr. Allen read a letter from a physician in the east who had used a certain remedy in his obstetrical practice for a

number of years with such marvelous results that he desired a "proving" of the remedy and sent a number of "grafts" to the "Prover's Union." Dr. Tomhagan was chosen superintendent of the proving and will make a preliminary record of all the individualizing peculiarities of each prover so that the result obtained may be of greater practical value to the profession at large.

Adjourned to meet in one month.

J. B. S. KING, Secy.

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### APPENDICITIS.

BY HOWARD CRUTCHER, M. D., CHICAGO.\*

One of my esteemed fellow practitioners at the recent Kansas City meeting reproached the profession in general and myself in particular for the great sin of omission, that of not reporting fatal cases. Acting upon that warning, I shall for a time report failures, leaving the successes to take care of themselves.

One day about the middle of last April Dr. J. F. O'Neal called me in consultation to see a little colored boy, aged 6, who, Dr. O'Neal thought, had a rupture of the intestine. The night previous the navel had burst and an enormous quantity of foul matter had escaped. Dr. O'Neal thought this discharge to be partly fecal, but I opposed this view and predicted that examination would reveal purulent peritonitis.

The child was found lying on his back, with semi-solid putrid matters slowly oozing from his navel. He had been dosed without mercy by the old school and for weeks had complained of severe pains all over the abdominal region. An attempt at examination caused a gush of the most sickening matter that ever came into contact with my nostrils. It drove everybody from the room and its memories lingered for days.

The surroundings were filthy and cheerless beyond description. The house was a three-room hut, a shoemaker's shop occupying the front, and a cold, weather-beaten kitchen was in the rear. Between these rooms was a small, dingy room, without means of direct heat, and here the patient's bed was

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\* Read before the Dunham Medical Society, regular meeting, June 22, 1893.

located. Notwithstanding these inauspicious surroundings, we made preparations for an operation. The cavity was opened, Dr. O'Neal was found to be right, I established a fecal fistula and closed the abdomen.

The patient rallied finely from the operation, the swelling, soreness and puffiness of the abdomen disappeared, the bowels were moving regularly through the natural outlet and partially through the artificial opening. Horlick's malted milk was being retained in increasing quantities and, surgically, the conditions were all that one could ask. In spite of all our efforts the mother, a stupid, heartless negress, allowed the fires to go out in the adjoining rooms, and the patient rapidly died of pneumonia. The weather was horrible, even under the best artificial surroundings, and the negro's well-known weakness for sleep overcame the supposed maternal interest, and a few hours of that untempered April wind and moisture was enough to put an end to all our efforts.

On the night of May 15 I was called to see a boy of over 7 years, whom Dr. O'Neal had been called to see the morning of the same day.

The abdomen was tense, tender, and dark veins were visible all over its surface. The abdominal pains were intense and almost unbearable. The pulse was 120 to 130, the expression anxious; vomiting of foul-smelling substances. I diagnosed appendicitis with pus, and advised an operation at the earliest practicable moment. The remedies given had no shadow of effect.

Drs. O'Neal and Atwood fully agreed with this diagnosis and sustained the advisability of an early operation.

Early next morning (Tuesday), assisted by Drs. J. I. O'Neal, H. F. Smiley, H. A. Atwood, and Charles J. Watts, I opened the abdomen and found pus pockets, adhesions, and cheesy bands in abundance. The small intestines were knotted together and were carefully separated. Eight pus pockets were found, broken up and flushed with a vigorous stream of hot sterilized water. The cæcum was bound so firmly that it was impossible entirely to separate it. The appendix was located after much effort, and in bringing it to view it ruptured. Its substance was gangrenous, and from the point of rupture came a large date seed. Several smaller

seeds were found within the appendage, more or less adherent to its mucous coat.

The cæcum around the base of the appendix was sound, and the general appearance of the intestines was much better than one might suspect. The appendix was cut away after being ligated with fine cat gut, and the stump buried by bringing together the scarrified serous surfaces of the surrounding cæcum. The appendix was found to be perforated in several places, but the cæcum was remarkably sound.

The boy died in twenty-four hours. Such cases are made to die. There was no hope of saving his life after the Sunday preceding the Tuesday of operation. Perforation unquestionably took place early Sunday morning, as the following history, written by the patient's mother, will clearly show:

"For months past Willie has had a very foul breath, but seemed to enjoy very good health. He ate sparingly and very little of meats. On May 7th he complained of headache upon rising, accompanied by dizziness, but he went around as usual; attended school Monday, Tuesday, and Wednesday forenoon, although he complained somewhat and did not have a good appetite. After lunch he lay down and got some sleep. I noticed a light-colored patchy rash that disappeared about Friday night. Friday and Saturday his appetite improved, and he seemed entirely well again; but on Sunday, May 14, he got up about 6 a. m., complaining of pain in his bowels, which grew worse and worse all day. [Perforation.] Vomiting begun about 9 a. m., first watery and clear followed by bile. This continued at intervals until noon, then ceased for a time. Monday he was free of pains all day. We sent for Dr. O'Neal that morning and he called you that night. You know the rest."—M. S. S.

This child was doomed Sunday morning. I doubt if an operation would have saved him at any time after its necessity became apparent. Septic poisoning was in full blast long before Dr. O'Neal saw him, and the vomiting kept up almost to the end. The operation relieved the pain and he died peacefully. The only practical point is, would not a careful examination have revealed the true condition long before the fatal Sunday? However, the parents did not consider his

condition serious enough to warrant the calling of a physician. It is simply one of those obscure cases which are of far too frequent occurrence in these days of enlightenment and progress.

I desire to call especial attention to the eruption. It may be a coincidence, pure and simple, and is recorded here only as an observation; but I had another case of appendicitis which recovered where the pale, red rash, extending over the abdomen, chest and back, was a very pronounced symptom and lasted for nearly a week. It seems worthy of record that two cases of appendicitis should have presented the same symptoms within a short time of each other, neither being complicated with anything else.

Some further observations on appendicitis, with reference to diagnosis and treatment, are reserved for a further paper to be presented to the society.

COLUMBUS MEMORIAL BUILDING, June, 1883.

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#### OPIUM.

Dr. Robert T. Morris of New York, one of the ablest and most progressive of American physicians, in speaking of appendicitis, says, in substance:

"1. Opium is a drug which stupefies the physician who gives it more than it does the patient who takes it.

"2. A drug which greatly relieves the distress of the physician, who, without it, would be compelled to do something rational for the relief of the patient who has put confidence in him."

While these conclusions are given touching the condition of appendicitis, there is no doubt whatever that they apply with equal force to nearly every disease known to pathology. Few allopathic authorities ascribe to opium virtues of a curative character, its use being justified upon grounds of pure expediency. It is administered to relieve pain, to quiet nervousness, to keep the patient quiescent while the "disease" is deciding whether to advance or to retire.

That opium does mask the real condition, that it does conceal the true progress of pathological processes, that it often cloaks symptoms whose full development is essential to a sound knowledge of the patient's condition, is too apparent

for argument; and that its thoughtless, often heedless use has cost untold lives, we do not believe any observant person will deny. This is preëminently true of appendicitis, where the pain, which opium is given to subdue, is the only rational guide; it is also true in many other diseases, where its exhibition at once deprives the physician of the very powers he is supposed to possess in a high degree, those of knowing accurately the grade of the trouble he is dealing with and being able to afford his patient relief.

The homœopathic school, as a whole, is comparatively free from the moral stain arising from the abuse of opium, but it is not as free from it as it ought to be. The teaching and the practice of the school are altogether opposed to the treacherous poppy, and the physician who does use it ought to know fully that he is depending upon one of the most fragile supports of the allopathic school.

Our opinion is that not one opium eater in a thousand begins the use of the drug upon his own responsibility. Its action possesses a wonderful charm for some temperaments, and the first dose, given by some reckless doctor, is the beginning of a thralldom whose dreadful dreams and awful terrors are frightful beyond description. The boisterous lamentations of the conscience-stricken drunkard are as chaff when compared with the leaden burdens of the silent opium fiend, whose self-reproaches are sometimes savage in their bitterness. Once within its python coil and the mental and moral wreck are well-nigh complete.

For our increasing colony of opium users the inexcusable use of the hypodermic needle by our old school contemporaries is nearly altogether responsible. The indictment is a terrible one to lodge against a body of men who are in the main honest, intelligent and faithful. But it is a truthful one, and is made in no spirit of self-glorification or of partisan bias. It is shameful that so many pretended homœopathic practitioners, small in proportion but entirely too large in the aggregate, should merit a share of the odium that justly belongs to those whose unjustifiable practices plunge thousands into a condition which amounts to helpless exile.

Opium removes pain, but pain serves the same ends generally that a danger signal supplies, and the old school itself

will one day see the folly, not to say the criminality, of removing by stealth the headlight which nature has thrown around her processes.

The use of opium is unscientific and unwarranted, even if there were no after pitfalls to be avoided, and we are sure that a reaction against it is in the near future. Then will men turn to something rational and satisfactory, and in the homœopathic *Materia Medica* will find the trustworthy provings of opium and the indications for its beneficent application in the treatment of the sick.

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### THE STUDY OF HOMŒOPATHY, AS A DISTINCT AND COMMANDING DEPARTMENT OF MEDICINE.

JOHN C. MORGAN, M. D., PHILADELPHIA.

“Distinct and commanding!” Less than this we cannot for one moment admit as the status of our God-given system! We demand for it this universal recognition.

The late war played an important part in American medicine: Firstly, by the abstraction of surgical talent from civil practice and teaching; secondly, by the intensification of surgical enthusiasm and skill in connection with a large military experience; and thirdly, by the initiation of a characteristic surgical epoch at its close, which still maintains supremacy, and under the added stimulus of the Franco-Prussian war, now involves the whole civilized world.

The effect of all this upon Homœopathy has been almost revolutionary. Our surgeons in the army and navy were numerous, despite hostile regulations. These, upon returning to civil life, observed with indignation, the decadence of anatomy and surgery, and of the scientific branches in our colleges, and bent their energies to their rehabilitation. Disruption of the faculties, re-organization, and reform, were the immediate and general results; and from that time our school has herein maintained, at the very least, a parity with the senior branch of the profession, this also having passed through a similar travail.

This happy conclusion, so creditable on our part, and so important, has not, however, proved an *unmixed* good to us. Nay, so far has the pendulum swung in the new direction,



that those of us who helped to set it in motion with unaffected loyalty to Homœopathy and to its founder, may fairly take counsel with conscience, and ask ourselves if this revolution be not tinctured with elements of *retribution*. Of old, Surgery did obeisance to the genius of Homœopathy in our colleges and societies; now it would almost seem it is largely busy in trying to snuff her out!

The loyalty of her true adherents of the American institute is assertive, but to many, this whole subject is but matter for the merest toleration, as one tolerates a demented patriarch who must soon pass away, and cease from troubling the now active generation.

The loyal spirit has, I believe, succeeded in putting the profession on record as demanding that the "Institutes of Homœopathy, including the Organon of Hahnemann, shall be taught in all our colleges. Yet how is this demand complied with? By thorough drill, beginning with the freshman year, maintained in the junior, and enforced and perfected in all the practical departments, throughout the senior year, and in the post graduate curriculum, to which all allopathic converts must needs look? Nay, not a bit of it.

Confused with the methods of the old school, as if these were equally important, (sometimes, indeed, and therefore called "Methodology,") the sacred truths of which we are the stewards, are cast as an inert fragment of obsolete history into the arena of the students novitiate alone; and the post-graduate as well as the senior; is above all, not permitted to waste his precious time with them or their teachers, at all, or to abate his attendance upon surgical and special sub-clinics, a single hour for their sake.

The common complaint of both, in the east and in the west, is that on leaving the homœopathic college they feel themselves "utterly incapable of the systematic and thorough study of a homœopathic remedy." This I personally know.

A faithful teacher of Homœopathic Institutes may have succeeded in germinating the genuine seed in the minds of the freshmen, all unprepared and unfit as he has found them; (since the highest type of medical intellect is needed for its just appreciation and culture). But in the succeeding years this seed is too often found to have been sown by the wayside,

where the fowls of the air find and devour it in its germinal immaturity; or among the thorns of semi-allopathy, which spring up and choke it, as if through deliberate purpose. Indeed if the second, and third, and post-graduate years had been planned for the obliteration of Hahnemannism, the result could scarcely be more complete. Our grand old man, Dr. C. Hering, if yet alive, would not hesitate, methinks, to apply the moral of the parable, and say, "this is the work of the devil!"

Indictment of the present, however just, can, however, do no good, unless the way out of its errors can be shown. Permit me, therefore, to attempt this task. My first remedy has already been hinted at, viz.: making the study of *Homœopathic Institutes continuous*, throughout the three undergraduate, as well as the post-graduate years! *All the chairs* should be committed to faithful support of this programme, whilst neglecting nothing belonging specifically to themselves. With the adoption of the four years' curriculum, no plea of "lack of time" can be admitted.

Secondly, the science and art of Homœopathy must receive a logical classification, for purposes of parallel and progressive study and teaching, in regular order. The intrinsic difficulties of this work heretofore, have indeed been the sufficient excuse for much of the neglect here indicated; the reasons for which are evident, and need no discussion here. I offer the following suggestions in the hope of giving help, such as the hard experience and study of the past thirty-eight years, my homœopathic period, based upon an original allopathic education, and practice of some years, have brought to myself.

Such a "classification in order" may be thus stated:

*Part 1st.*—HAHNEMANN'S ORGANON, *divided into chapters*, according to *general subjects*. My own success in teaching by this method, and the satisfactory adoption of the same by my successor, assure me of the vast importance attaching to it.

*Part 2d.*—GENERAL PHARMACODYNAMICS; the philosophy of drug action, based upon the Organon; with contemporary literature, and with original reflections of my own, and *re-arrangement* of pathogenetic records, *according to primary, secondary, and more remote evolution of drug-effects*; (but

with only subordinate reference to mere *date* of occurrence, which is often misleading). A superior value lies in their physiological and symptomatic *comparison with the stages of an Intermittent fever*, with its typical, though varying, *order of sequences*. Provings thus arranged present a picture, justly proportioned and clear.

*Part 3rd.*—SPECIAL PHARMACODYNAMICS; or the actual symptomatic records of drug-proving, commonly called “the *Materia Medica*,” studied in accord with this last, and with the aid of such *classifications* and generalization, as have proved useful in, and inclusive of, the Hahnemannian work of *individualization*—the goal of all true homœopathic effort.

*Part 4th.*—CLINICAL THERAPEUTICS; mainly, the practical verification of provings; thus, the discovery of characteristics, and the illumination of pathology itself. Coupled with this, the notation of all empirical developments of drug power, and their scientific and Hahnemannian interpretations. In other words, the *Homœopathy of experience*.

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Comparing these in detail, stage by stage, we observe:

*a.* Certain *general* and local symptoms of every drug proving, regardless, *pro tem.*, of the mere date or observed order of occurrence, assimilate with *acute physiological depression*; in other words, with the *cold stage*, or "chill." Such symptoms, whatever their date, are *essentially* "primary," and represent truly the initial shock of the drug disease.

*b.* Another set of symptoms correspond, accurately and thoroughly, with *acute physiological exaltation*, yet a minus of secretion—also irrespective of date, in other words, with the *hot stage*. This is still a "primary" form under Hahnemann's nomenclature—being simply a fuller development of the morbid impression, and of the vital disturbance thereby; but incipient secondary vital reaction has now begun to *minge* with the primary effect.

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secondary symptoms. In fact, absolute distinctions of every sort are abhorrent to nature. All seeming contraries blend somewhere. In the hot and sweating stage reaction approaches nearer and nearer. In the latter it is very near. See drug-provings corresponding symptoms of such a state are to be diagnosed and placed under this head.

*d.* A fourth state, with symptoms, *sui generis*, is seen in a completed intermission—the “apyrexia.” The same class of symptoms, general and local, are to be sought and noted in every proving; and these being ameliorative, compared with the first three, they may be regarded as mainly “secondary.” They have, however, some residual organic lesions for their basis, and mean *incomplete* reaction, only.

*e.* A fifth, more advanced state, is the stage of *sequelæ*, that is, the organic and functional lesions remaining, after the paroxysmal stages have passed, perhaps entirely ceased. In *heroic provings*, this may also be distinguished, and should be classified as a subdivision of the secondary reaction, still blended with relics of the “primary effect.”

*f.* *Recovery* is, sixthly, *perfected* “secondary effect.” Its symptoms are subtle often, but negative. Practically, *health* is reached.

*g.* A seventh stage of intermittent fever must sometimes be noted, viz.: that of periodic *recurrence*. The symptoms of the original “primary effect” reappear, and are to be classed as such; *not* as any part of the “reaction of the vital principle,” or “secondary effect.” Indeed it is a clear testimony to organic *sequelæ*, apparent or occult.

In every proving, a careful study of the symptoms, will enable one to distinguish their relation to the several stages of intermittent fever and the resulting groups may then be arranged in the foregoing succession—the true *perspective of the drug-disease-picture*, which thereby becomes luminous, continuous, natural, regardless of varying temperaments of provers, varying dosage, and dates of symptoms, and of their written or printed sequences, resulting from such empirical reasons.

Instead of *copying* the symptoms, in this “Fever Order,” it may suffice to so *mark* them that they may be read at a glance, in that order. *Pencils* of divers colors being provided,

blue dots before certain symptoms would place them under "chill-stage;" red, under "hot stage;" yellow, "sweating stage;" green for apyrexia; black for sequelæ, etc.

To all this a *climax* is needed for each drug; a keystone, as it were, completing and perfecting, the symptomatic arch, and uniting the primary and secondary abutments with a single phrase for each, related, but antagonistic, and expressing its *genius*, thus completing the whole solid arch of pathogenesis, for that remedy. *Diagnosis*, from the "totality of symptoms" is the means by which this end is reached. The search in itself is a fascinating and valuable exercise.

All symptoms, primary and secondary, naturally group themselves around these two, in the completed picture; but in their proper "Fever Order."

*Illustrations.* Thus in *Aconite*, we find in the "primary" range, ANXIOUS RESTLESSNESS; in the "secondary" range, REPTILE-LIKE TORPOR.

In *Rhus tox*, primary, RHEUMATIC RESTLESSNESS; secondary, TYPHOID UNCONSCIOUSNESS.

In *Hyoscyamus*, TURBULENT RESTLESSNESS, VERSUS PROFOUND STUPOR, for primary and secondary states respectively.

In *Arsenicum*, PROSTRATED RESTLESSNESS, VERSUS DEATH-LIKE COLLAPSE.

In *Chamomilla*, WALKING ABOUT LIKE A CAGED ANIMAL, VERSUS DOGGED, QUIET INCIVILITY.

*Ferrum*, WALKING ABOUT TO RELIEVE SEVERE DULL PAIN, VERSUS ANEMIC INERTIA.

*Belladonna*, HASTY ACTIVITY, VERSUS DREAMY STUPOR.

*Bryonia*, DRYNESS OF SECRETIONS, VERSUS A COLLIQUATIVE STATE.

*Calcarea carb.*, OBESITY, VERSUS EMACIATION.

*Sulphur*, EXCESSIVELY BUSY MANNER, VERSUS LAZINESS.

These processes of study are perfectly in touch with all others, affording assistance to all, hindrance to none. The subject may yet be viewed from a variety of other standpoints, helpfully; but in this place only one of these will be added, *i. e.* that of *von Bönninghausen*. His analysis of "the totality of symptoms," is the basis of arrangement of his reportory, and consists of four parts, *viz.*:

1. "Location"—(of symptom);

2. "Sensation"—(or "kind of pain," or "of symptom");
3. "Condition"—(of aggravations and of ameliorations);
4. "Combination"—(or concomitants").

Great refinements and minutiae are possible and valuable, under every one of these heads, and thus the all-important INDIVIDUALITIES, of both the person and the drug, are to be discovered, and to be matched, the one with the other, aided by carefully *writing* down all the phenomena, whether of a drug or of a patient, under these four heads and in this order. A brief but attentive reading of the *Materia Medica* will give a strong impression of such refinements and minutiae; and by parallel, simultaneous comparative reading of similar drugs, their *differences* will grow more and more conspicuous, also.

The practical application of von Bönninghausen's method has produced a vast harvest in the hands of our pioneers—as von B., himself, his pupils, Carroll Dunham, Ad. Lippe, and others; as well as Hering, Guernsey, and many more.

The free use of this or of some similar repertory will greatly facilitate the selection of the remedy, and will gradually give large and rapid mastery of cases, and of the *Materia Medica*. However, a word of caution is here needed, to wit: A repertory, after all, is but a disjointed catalogue, (classified, it is true,) of symptoms. It scarcely shows the *perspective* of anything; this can be found only in the *Materia Medica*, proper. But we find the greatest usefulness in both when we employ the repertory as a simple INDEX to the *Materia Medica*, and so economize precious time and energy in our work of selection, or of a *priori* study.

For bedside use, a "repertory of modalities" (of "conditions" of aggravations and ameliorations), after von B.—a very little book,—often gives great help to one who already has a good general knowledge of the remedies of our school. It can be carried in the medicine case, or pocket, and attracts little, if any, attention or criticism.

PART 3D.—SPECIAL PHARMACODYNAMICS, OR MATERIA MEDICA. (Jahr, Allen, etc.)

The work of this part, during a limited term of teaching, differs from the course of study required by the studious practitioner, mainly in extent; the method is the same in both cases. In the latter, also, the considerable number of classifi-

cations, generalizations, etc., published, and unpublished, and which some of our thinking men have proposed, are entitled to a fair consideration; as Hausmann's, Grauvogl's, Morgan's, Schüssler's, etc.

As to the students' course, it is important to bear in mind that it is fundamental and preliminary to the other. It consists simply in the selection of a limited number of leading and familiar drugs, such as those already quoted *under Part 2, and applying all that has been said, to each drug.*

This being done for two of the most similar of the list, there remains one more essential proceeding, viz.: *Comparison.* This is performed in two ways. First, copy, or otherwise select those symptoms of either which are most emphatic in the proving; also, those which are the most monopolized by, or most characteristic of, the drug. Then, with the repertory, and with other provings, search among these for the remedies having either strikingly similar or strikingly antagonistic symptoms, or both, and mark upon the margin opposite the words "compare with" (adding the abbreviated names of the others. *Lippe's "Pharmacodynamics,"* represents this plan).

The second method of comparison consists in writing the symptoms, especially the emphatic or characteristic ones, of the two chosen drugs, in parallel columns, upon foolscap paper, under the usual rubrics, and in such a way that those opposite to each other shall relate to the same subject, and shall thus display their similarity or antagonism in a striking and practical way. In this arrangement, the usual *anatomical* order of the *Materia Medica*, as prescribed by Hahnemann, is the most convenient. "*Gross Comparative Materia Medica*" is the type of this method. Lippe, Hering, Morgan, Farrington and others have extended the work, and in journals, etc., have further illustrated the method.

(End of Part 3. "Special Pharmacodynamics, or *Materia Medica*").

PART 4.—"CLINICAL THERAPEUTICS," or "the Homœopathy of Experience."

Here, as always, Hahnemann and his *Organon* are first. His *Aphorisms of the Treatment of Chronic Diseases*, collected by Dr. S. Lilienthal, and published by him not long

before his death, in "The California Homœopath," under the title "Catechism," is of great importance, and should be reprinted in book form. So also is the first volume of his "Chronic Diseases." All invite and deserve careful research and study.

Again, an essay upon his teachings, by Dr. C. Hering, entitled "Hahnemann's Three Rules," is of immense practical value. It was published in Volume I, Number 1, of the *Hahnemannian Monthly*.

Hering's "Analytical Therapeutics," particularly its sections on "Mind," and on "Typhoid Fever," are types of homœopathic clinical study. Hering's and Hoynes's *Materia Medica* cards, or similar ones, home-made, are mostly "clinical" in origin and character, and are very helpful.

"Farrington's Clinical *Materia Medica*," is substantially Dr. Hering's teachings, interpreted and extended by an able, young, and enthusiastic editor. Happy it is for Homœopathy that he lived, and taught, and wrote!

Dr. Carroll Dunham performed a similar office for his teacher, von Bünninghausen, besides much original work. His "Homœopathy, the Science of Therapeutics," is one of our "sacred books."

Dr. T. S. Hoynes's "Clinical *Materia Medica*," after the plan of "Reuckert's Therapeutics," affords a vast mass of experience, which might now be much extended. Such books ever need an *index and repertory*, to be quite available.

Allen's "Index" is often essential.

Hale's "New Remedies" contains much valuable, but largely empirical information.

Rane's "Annual Record" of Homœopathic Practice; also, his "Pathology and Therapeutic Hints," afford a rich field of clinical study.

Guernsey's "Keynotes" are invaluable.

Johnson's "Therapeutic Key" is really a summary of all the authorities, and its many editions prove its value.

Our numerous monographs on special diseases, of which the type is "Bell on Diarrhœa," etc., are justly held in high esteem.

A number of systematic text-books of Practice, Surgery and Obstetrics, are published within our ranks, and are worthy

of attention. The Repertories of the *Materia Medica* are here, as everywhere, in place.

Lastly our numerous journals, and society transactions are full of therapeutic experiences of moment, which may well employ the leisure of post-graduates, in turn with other literature.

True Homœopathy has nothing to fear and everything to gain by clinical study.

(End of Part 4. "Clinical Therapeutics.")

The selection of remedies and determination of doses is, of course, the objective point of all these studies, for thus we must cure. How vital then are all these themselves.

A course of study such as that above mapped out cannot do more than mere justice to Homœopathy in a full graded college course. Less than this is injustice to a holy cause—a sacrilege, in short.

Thus we may realize how distinct is Homœopathy as a grand department among all others in a medical course; and moreover, in view of its fundamental truth, how commanding and supreme in the presence of them all!

The institution of the four years' course for under-graduates, as well as post-graduate curricula, I feel, calls for the immediate and effective interposition of our highest authority, in behalf of its future!

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## PSYCHIC MEDICINE AND PLASTIC MEDICINE.

**If Practiced by the Twelve Thousand Excellent Homœopathic Doctors, Capable of Multiplying Tenfold the Number of Adherents of Homœopathy.**

BY DR. GALLAVARDIN OF LYONS, FRANCE; TRANSLATED  
BY DR. JOHN H. CLARKE OF LONDON, ENGLAND.

### PREFACE.

The committee of organization of the International Homœopathic Congress, to be held at Chicago in 1893, during the World's Fair, has proposed, among other questions, the study of the specialties which might contribute to the development and popularization of Homœopathy.

I am about to reply to this question by setting forth, in brief, the advantages in this double respect, presented by

Psychic Medicine and Plastic Medicine, practiced with the aid of our remedies in infinitesimal doses. These are two new sciences, which, I repeat, if practiced by the 12,000 Homœopathic doctors, would multiply ten-fold the adherents of Homœopathy.

Psychic medicine constitutes the medical discovery which will have the greatest social importance of any that have taken place during the last six thousand years, for it will contribute to the increase of both public and private morality, and to the diminution of crime. Thus it will bring into strong relief the superiority of Homœopathy.

These two new sciences, which are a development of Homœopathic therapeutics, will be more quickly accepted and applied in the United States than in France and Europe, where we are the product, and too often the victims, of the monopoly in teaching which fashions and sometimes congeals all minds in the same mould, so firmly that they can scarcely get out of it again and set themselves free.

In his treatise on the soul (Book II, Chap. V, § 4), Aristotle wittily derides the philosophers who possessing knowledge of many things content themselves with the beatific contemplation of this knowledge. He calls them philosophers *in posse*. On the other hand he has great regard for those philosophers who, possessing this knowledge, exert themselves to make use of it. He calls these philosophers *in esse*. In their judgment, in fact, the end of all science is its utilization, without which it is of no use at all.

Some centuries after Aristotle the apostle St. Matthew expressed the same thoughts as he when he said "He who does nothing but teach is the least. He only is great who not only teaches but puts in practice the truth."\*

What good purpose do the most learned of homœopathic doctors serve if they content themselves with making known to us the psychic symptoms and the plastic symptoms of medicine. They are then nothing better than "philosophers *in posse*." They will only become philosophers in reality when they have utilized in their practice the psychical and

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\* I do not know which version Dr. Gallavardin quotes from, the following are his words: "Celui qui ne fait qu'enseigner, c'est la plus petit. Celui la sene est grand qui, non seulement enseigue, mais qui met en pratique la verite." Trans.



plastic properties of medicine. In, I repeat it, utilization is the full end of every science, without which it is useless. It is this which the Anglo-Americans so admirably understand, for they have utilized steam power, the sewing machine, the telephone, twenty or thirty times more rapidly than the inhabitants of France where these discoveries were made. It will be the same with psychic and plastic medicine, for it will be possible for them to be taught in the sixteen homœopathic medical schools of the United States supplied by the ten thousand homœopathic doctors of this country, while Europe possesses but a single chair of clinical Homœopathy, namely, that of Buda Pesth, the capital of Hungary, and only counts two thousand homœopathic practitioners. It is a shame for the European governments who, thanks to the monopoly of their state medicine, keep up the old routine in therapeutics, and thus oppose the popularization of true scientific progress in this matter.

CHAPTER I.—PSYCHIC MEDICINE.

The number of psychical or mere intellectual symptoms that appear in the pathogenesis is very considerable. Yet out of the twenty thousand homœopathic doctors, past or present, six only among those now deceased,—Hahnemann, Hering, Bourgeois, le comte de Bonneval, Charles Dulac, Charles Ozanam,—have utilized the psychic symptoms secondary to the law of similars to modify and ameliorate the character and the intelligence of any of their patients. All the rest of the homœopathic doctors have been contented with criticising the bodily symptoms only of our medicine; and they have thus practiced after the manner of the allopaths a sort of veterinary medicine applied to man, whose body alone they have treated, except in the case of mental alienation.

In my book on the treatment of alcoholism (pp. 29-41 of the French edition, and pp. 13-26 of the English edition), I have demonstrated by several examples that all men whether barbaric or civilized have used in all times and all places, and are using to-day, the psychical properties of medicine, and this is an enforced fashion.

Homœopathic doctors, who in their experiments with medicines on the healthy man, have minutely noted their

psychical symptoms, will have to utilize them in the moral and intellectual amelioration of their patients. These doctors would then practice psychical medicine, no longer empirically, like the vulgar, but scientifically in accordance with the law of similars, Homœopathy would become a powerful agent of moral and intellectual civilization, since it would contribute: 1st, to the development of intellectual aptitudes, of which the Creator has planted the germ in us; 2d, to the improvement of characters, which would bring a greater concord between individuals, families and nations, to the increase of morality, and from this to a diminution of crime.

What a preponderance would Homœopathy thus gain among civilized people if it were utilized in this fashion! And this all the better since this system of therapeutics alone can achieve these multiple results, thanks to its infinitesimal doses.

Awaiting the time when I can publish all the documents that I have collected during twenty-two years use of psychic medicines, thanks to my private practice and my special dispensary, I am going to make known, on the present occasion the indications of some medicines: 1st, for the Development of the Intellectual Faculties; and 2d, for the Improvement of Characters.

#### ARTICLE I.—DEVELOPMENT OF THE INTELLECTUAL FACULTIES.

In the same way that the gardener, in spite of the best cultivation, can only make to germinate the seeds contained in his garden, so the psychical doctor can only, by the aid of his remedies, develop intellectual aptitudes, the germs of which God has implanted in the brain of the subject treated. If the germs of these aptitudes do not exist, all medicines are powerless to develop them. For, says Hippocrates, very rightly: *Natura repugnante, omnia vana.*

By the aid of methodical muscular exercise we can develop a man's four limbs. In the same way by the aid of instructive and methodical intellectual exercise of the subject, we can also develop more of his intellectual aptitudes, but not all his aptitudes exerting on him in germs; it is this which experience teaches us; it teaches us that certain of these aptitudes

can only be developed by appropriate medicines; it is this that I am about to demonstrate by facts.

OBSERVATION I.—*Calcaria Carbonica*.—INAPTITUDE FOR MATHEMATICS.

It is in order to develop a taste and aptitude for mathematics that I am most frequently consulted, and I succeed in this at least in seven times out of ten.

One single dose of *Calcaria Carbonica* in the 200th or 300th centesimal dilution given on a single occasion, habitually develops the taste and aptitude for mathematics at the end of three, five, or eight weeks.

It is preferable to administer this remedy unknown to the patient treated, for then the intellectual evolution takes place spontaneously and more naturally.

If, on the contrary, the subject who has received the dose knows about it, he is preoccupied and anxious. Sometimes he wishes to aid the treatment and helps it unskillfully, or else he wishes to counteract it by a spirit of opposition, and will not declare clearly the effects of the medicine.

Since few patients are disposed to believe that six or eight globules of 200th dilution can develop their action during three, five, or eight weeks, we should put from time to time a few globules of *Saccharum lactis*. This placebo is often very useful since it gives to the active remedies the time to develop all their action.

In administering the remedy unknown to the subject treated, six to eight globules of this remedy are dissolved in two, three, four, or six teaspoonfuls of cold water, then this solution is poured into the coffee, tea, milk, chocolate, cocoa, wine, brandy, rum, beer or soup, but in such a way that the remedy is taken all at one time.

Diluted medicines, in all numbers above the 4th or 6th centesimal, are not capable of undergoing chemical reactions, and consequently cannot be altered, and this because they are in the "radiant" state, that is the 4th state of discovered by the English physicists, Faraday and William Cookes. Hence diluted remedies can be administered without difficulty in foods and drinks. I have demonstrated this in a paper published, 1st, in *L'Homœopathie Populaire*, of Paris, July

1, 1891; 2d, in *Allgemeine Homöopathische Zeitung*, of Leipzig, March 17, 1892; 3d, in *The Homœopathic World*, of London, December 1, 1892. I have spoken of the radiant state of medicines in my book on the *treatment of Alcoholism*.

In observation IV I shall present another method of administering medicines unknown to the patients treated.

OBSERVATION II. — STAPHYSAGRIA. — INAPTITUDE FOR THE STUDY OF LAW.

A young man, aged 21, came to my consulting-room, saying: "I studied medicine for a year; I gave it up because I had neither taste or aptitude for that science. I have this year commenced the study of law; but I find I have not any more taste or aptitude for this new science. Will you give me a remedy to increase my memory for ideas, and develop in me the taste and aptitude for the study of law?"

I put upon his tongue 6 or 8 globules of *Staphysagria* 200, which, at the end of the first month, had doubled his memory for ideas. At the end of the second month the memory returned to the state in which it was a first. But from this moment the taste and aptitude for law were gradually developed to such an extent that this young man gained a prize at the close of the second year.

Here is seen a single drug, *Staphysagria*, 200, only developing its action at the end of the second month, this is a lesson for those practitioners who are in too great a hurry to repeat remedies.

OBSERVATION III.—SULPHUR.—WANT OF ANALYTICAL POWER OF MIND.

The case to be considered next is that of a former missionary to the negroes of Central Africa, aged 40 years; knowing several languages; formerly always the first among his class companions, and although very intelligent, he possessed in no degree an analytical mind. This however was indispensable to him, for he had been appointed Professor of Moral Philosophy in a large school. I made him a proposal to develop in him the analytical spirit if the Creator had planted the germ of it in his brain. I put on his tongue 6 or 8 globules of Sulphur, 5000th dilution of Jenischen.

Two months later he came to tell me that at the end of

three weeks the remedy had developed his power of analysis to a degree that astonished him, such as he had never possessed before.

This singular fact will be noted: during thirty years diverse and continued studies had not been able to develop his analytical faculty, whereas a single remedy given at the age of 40 developed it in him in three weeks.

In numbers of persons it would doubtless be possible to develop intellectual aptitudes which without that, would lie dormant perhaps all their life through. This is a lesson for those men who are obliged to give themselves successively to several professions during the course of their existence.

OBSERVATION IV.—INAPTITUDE FOR THE STUDY OF  
THEOLOGY.

I gave a professor of theology remedies to develop an aptitude for theological study in the four least intelligent of his pupils. Among the following remedies which develop this aptitude—*Platina*, *Lycopodium*, *Alumina*, *Sulphur*, *Calcaria Carbonica*, *Natrum Muraticum*, *Selenium*,—I selected the remedies appropriate for each subject. Leaving an interval of from five to eight weeks between every two remedies, I gave successively three to each of his pupils, and always unknown to them. These remedies developed their intelligence in a notable manner in two of the pupils, and in a truly extraordinary fashion in a third. In the case of the fourth there was no result. If the treatment had been continued longer perhaps I might have succeeded better with the two who were improved, and with the fourth who up to then had shown no effect.

When prepared, not being able to go either to the kitchen or the refectory to put their respective remedy into their food or drinks, had discovered an ingenious method of administering the remedy without their being aware of it. With a bodkin he made a little hole in a ball of gum, poured into it the globules of a remedy, and closed up the hole. By way of a dainty he gave in this way to each pupil the ball of gum containing his medicine.

This mode of administering medicine might be employed for treating, unknown to them, bodily or mental diseases of

persons to whom it is wished to render a service who refuse all treatment.

OBSERVATION V.—INAPTITUDE FOR THE STUDY AND PRACTICE OF MEDICINE.—SOMETIMES THE MEANS OF CHANGES IN YOUNG MEN'S VOCATIONS.

A young man wishing to be an engineer, has a repulsion for medicine, to which profession he was destined by his family. His father asked me if I could make a doctor of him by modifying his intellectual aptitude by the use of remedies. Yes, I replied, I might be able, provided the Creator has put into his brain the least medical aptitude.

Out of the following remedies—*Silicea, Calcaria Carbonica, Platina, Natrum Muriaticum, Carbo Vegetabilis*—which given *in this order* develop the taste and aptitude for the study of medicine, and instructed the father to give to the youth, without his knowing, the three first.

The first dissipated his repulsion for medicine; the third made him receive it as his profession.

Medical men who would like to develop the taste and aptitude for medicine in their sons should administer the five medicines named in the order indicated. They will have better chances of success in administering the five than two, three or four.

In the case where the young student evinces a repulsion, nausea at the sight of patients, a dose of *Nux Vomica*, 200, should be given to him every twenty-one, fourteen, or seven days; and sometimes also *Staphysagria*, if the first remedy does not suffice.

The aptitude for the practice of medicine is developed by *Hepar, Acidum nitricum, Ammonium Carbonicum, Selenium*.

The following remedies are indicated to dissipate the repulsion against homœopathy and the repulsion of homœopathic doctors against the high dilutions: *Causticum, Sepia, Lycopodium, Nux Vomica, Hepar, Acidum Nitricum*.

The aptitude for pharmacy is developed by *Bryonia, Lycopodium, Silicea*.

OBSERVATION VII.—HEREDITY IN THE PROFESSIONS  
FAVORED BY HOMŒOPATHIC TREATMENT.

Except in the case of very pronounced intellectual aptitudes, it is generally advantageous that one of the sons should follow the career of his father. For the latter can transmit to his son the results of his experience, his acquired knowledge and his practice, which is advantageous alike for the son, for the patients and for the development or maintenance of professional knowledge.

Now, as Observation V has shown, remedies can develop in the son, when he has the germ of it in his brain, the professional aptitude of the father. It is thus advantageous to administer to the son a course of treatment to this end. In a case where the treatment should happen not to prove efficacious, it would not be harmful. And how useful it would be to the son if it succeeded! It is always preferable to treat such an one without his knowledge.

Later on, I intend to make known the medicines which are efficacious in developing a taste and aptitude for the different professions: *Industrial, Commercial, Financial, Engineering, Chemistry, Physics, Painting, Sculpture, Architecture, Music, Literature, Journalism, Oratory, the Bar, the professions of Notary, Solicitor, Geographer, Astronomer, Mechanician, Metallurgist, Soldier, Sailor, Etc., Etc.*

There are even remedies capable of developing the *Generalizing* spirit, or *Analytical*, or *Propensive*, or *Independent*, or *Elevated*, or *Broad*, *Theoretical* or *Practical*, *Experimentative*, *Observing*, *Philosophical*, *Scientific*, *Etc., Etc.*

We see, thus, how homœopathic doctors might utilize their remedies as agents of culture and intellectual civilization.

ARTICLE II.—THE MEDICAL TREATMENT OF THE PASSIONS,  
VICES, AND FAULTS OF CHARACTER.

Remedies can also be employed as agents of culture and of moral civilization, and this by dissipating very frequently, if not always, not only previous vices, but even simple defects of character, which prevent concord, mutual assistance between relatives or citizens. This is what I am now going to demonstrate by facts.

OBSERVATIONS I-V.—CALCARIA CARBONICA.—ANTIPATHY,  
WANT OF GOOD WILL, DISINCLINATION TO RENDER  
SERVICES, REFUSAL TO MAKE A WILL.

Examples of motiveless antipathy are found in all families and classes of society, even among the saints, who have not been able to live together. For example, St. Paul and St. Barnabas; St. Augustus and Tertullien; St. Bernard and Peter, the venerable abbé of Cluny. Sanctity cannot transform a dark complexioned man into a fair one, a bilious temperament into a sanguine one, and modify other organic dispositions which hygiene and medicine can modify in some cases.

I. A woman came to my polyclinic (dispensary) saying: "I live with my daughter, aged 19, my husband, and an aged aunt. The last named has against me an antipathy which she has communicated to my husband and to my daughter. Thus are all three disposed against me. Have you any remedies that can dissipate this antipathy?" I gave her three doses of *Calcaria Carbonica* 200, for her to administer to each one of the three persons, unknown to them, in their soup.

Three weeks later the woman came back to me saying, "Two days after having taken her remedy my aunt paid me kind attentions, my husband also after two days, and my daughter, alone, five to six days after. Now they are all three kind to me.

It will be remarked that the effect was later with the young daughter, because her reason was less developed. It is for the same cause that psychical treatment succeeds less well with children than with adults.

II. A father had an antipathy for his son whom he was disposed to disinherit, at least partially, in favor of his sister. The son asked me for a remedy to make his father just, so as to divide his fortune (800,000 francs) into two equal parts between his two children. I sent him four or five doses of *Calcaria Carbonica*, which the father took, without knowing, in four or five months, at the end of which time, having become gradually kindly and generous, he divided his fortune into two equal parts between his children.

III. To a dying husband, having an antipathy for his wife,



and not willing to make a will in her favor, I gave, unknown to himself, a single dose of *Calcaria carb.* 30, which drove him to make a will in his wife's favor at the end of two hours.

IV. A confrère, and friend of mine, asked a neighbor of his in the country to do him a service, which the latter refused, under the pretext that my friend's tenant had done him an injury. My confrère had an opportunity of giving him on his tongue a few globules of *Calcaria carbonica* 200, and two days afterwards this reluctant neighbor came of his own accord to offer the service which he had just refused.

V. A rich peasant had a marriageable daughter who had found an advantageous match. But the father, through egotism and avarice, was unwilling to give either his consent or a dowry to his daughter. I gave the mother *Calcaria carbonica* 300, which her husband took, without knowing it, in his soup. Three weeks after the mother informs me that her husband had given his consent and a dowry for the marriage of their daughter.

Thus, as we see, *Calcaria carbonica* dissipates antipathies, renders kind, serviceable and generous, develops the sentiment of duty and the will to give it effect. Anyone will be able to convince himself of its efficacy by giving it every 60, 35 or 21 days, and so frequent as every ten days. This remedy is often able to bring back concord and kindness into families, into society, and into civil, military and religious communities. This medicine, in itself alone, would be sufficient to demonstrate the frequent opportunity that there is for psychic treatment. Some homœopathic doctors, whose mind is narrowed—by the bounds of their academical instruction—refuse to try this treatment, exactly in the same way as allopathic doctors, whose mind is narrowed in the same fashion, refuse to give a trial to homœopathic treatment. All these doctors do not understand the wise advice of the Apostle St. Paul, the man of genius among the evangelists: “*Omnia probate et quod bonum tenete.*”—“Prove (experimentally) all things and hold fast that which is good.” St. Paul is truly the patron saint of the experimental method.

## OBSERVATION VI-VIII.—STAPHYSAGRIA. ADULTERY. LIBERTINISM. REPULSION FOR MARRIAGE.

I. A young woman came to my polyclinic and says to me, "My husband sees me scarcely once in two months. I believe he has mistresses." I gave her one dose of *Staphysagria*, 200, which she made her husband take in his soup. Three weeks later she came to tell me, "Now my husband sees me, as at the beginning of our married life, two or three times a week."

II. A young man, 29 years old, had had a mistress for three or four years. His mother, wishing to make him leave her, with the desire to marry, sent to me for a remedy. I gave her one dose of *Staphysagria*, 200, which was given to him, without his knowledge, in the cup of coffee he took immediately after his mid-day meal. A few days afterward, this young man said to one of his friends, "I am going to give up my mistress and get married." I repeated the same 200 dilution, which provoked still more good intentions and good words, but not any good acts. Then I gave a dose of *Staphysagria* 10,000. Eight months later she came to tell me that he had given up his mistress for six months, but that, not finding any one to marry, he had taken her again for three months. I gave him once more a dose of the 10,000 dilution, which made him give up his mistress again and decided him to marry, now that he had found an opportunity.

III. In 1885, I think, Dr. Burnett, lecturer on *Materia Medica* of the London Homœopathic Hospital, sent to me a gentleman affected with the mania of persecution, who believed himself pursued by women; he fled from them on the street thinking that they were making fun of him. He came to Lyons to consult me, and I gave him a single dose of *Staphysagria*, 200; some weeks later he became engaged to a lady whom he afterward married. Thus we see that this remedy rapidly dissipates the mania of persecution and repulsion for women and marriage.

Theory could not make me foresee these unexpected facts: *Staphysagria* making a husband give up his mistress, and bringing him back to his wife; this remedy deciding a young man to give up his mistress and get married. In these cases-

the passion is not extinguished,—that would be against nature,—but directed, probably because the remedy develops the sentiment of duty, and the will to do it.

OBSERVATIONS IX—XI.—*PLATINA*.—ADULTERY, MASTURBATION, LIBERTINISM, PEDERASTY, SODOMY, TRIBEDY, BESTIALITY.

I. A husband, aged 40, having a mistress had not seen his wife for a year. The latter gave him a dose of *Platina*, 200, every six days for eighteen days, after which he saw her several times a week.

II. A husband who slept with his wife, never saw her, but masturbated, a practice which gave him a very bad appearance. He was given *Platina*, 200, ten times in twenty days, that is once every two days. After that he no longer masturbated but saw his wife, and had a good appearance.

*Platina* in the same way as *Staphysagria* turns away a husband from his mistress and brings him back to his wife. (Observation IX.) But, more than that, it dissipates unnatural passion and re-establishes the normal one. Also, *Platina* is generally efficacious against abnormal passions,—Masturbation, Pederasty, Sodomy, Tribedy, and probably in men having sexual relations with female animals.

III. I have often given *Platina*, 200, to mothers for their daughters or their sons, whether already libertines or only disposed to libertinism, and that almost always with success. This remedy dissipates at the same time the indocility, impertinence, and insolence of children toward their parents. It might often be employed with advantage in the United States where these three last faults are, they say, very frequent with children, who have not like those of Europe, much respect for their parents. Many Anglo-American families will bless me for having pointed out this remedy, which is capable of being so useful to them, and it is not the only remedy that is effective in like cases.

OBSERVATION XII.—*BELLADONNA*. COQUETTISH AND EXPENSIVE WIFE.

A young woman having made an unhoped-for good marriage, was extremely fond of her husband and child. Never-

theless she evinced an almost irresistible impulse to throw herself out of the window. This morbid impulse disappeared two days after she had taken a dose of *Belladonna*, 300.

Her husband was very agreeably surprised in seeing also disappear from his wife her coquetry, which made her very expensive.

There are plenty of other remedies which can dissipate exaggerated coquetry, as there are remedies efficacious for developing in women a certain dash of coquetry, without which they are no longer women.

OBSERVATION XIII.—PULSATILLA, LYCOPODIUM, CAUSTICUM, CANTHARIS. GENITAL EXCITATION, GENITAL ENFEEBLEMENT, PRIAPISM.

Here is a triple observation, having for its subjects three members of the same family, in which my treatment probably prevented divers scandals or crimes: adultery, divorce, revolver-shots, poisoning.

A young and beautiful woman of thirty-two years of age, came to consult me in behalf of herself, her husband and her father-in-law.

For several years she had become impassioned to such a degree that at times she masturbated, after which she shed hot tears. It is true that her husband satisfied her in an insufficient fashion, as I am going to explain. I gave her every three weeks a dose of *Pulsatilla*, 200, which calmed without extinguishing her genital passion, and which also prevented her from masturbating.

To her husband, who turned his back toward her and only saw her once a month, although he was no more than forty years old, I made her give, unknown to him, a dose of *Lycopodium*, 200. From that time he no longer turned his back on his wife in bed, and saw her twice in the month.

The father-in-law of this young woman, although sixty-eight years old, was continually in a state of erection, and wanted to have her for his mistress. To this libidinous old man I gave successively, one dose of *Causticum*, 200, then *Cantharis*, 200, which calmed, little by little, his incessant erections.

This triple observation will show the service which

homœopathy can render to maintain concord and morality in certain families.

We can even prevent young men and young women from being in too great a hurry to be married; or even develop in them the taste (not the passion) for marriage, when there is reason for it.

I have even been very much astonished by being able to dissipate the passion a certain young man had for a certain young woman; and also to dissipate the passion of a young girl for a recently married young man; and all that when there was expediency for doing it.

The ancients had perhaps found analagous remedies when they employed their Phillien (from the Greek verb *philein*, to love), to provoke or extinguish love.

Some patients, and especially female patients, have the innocence to ask me if I can direct the affections of such a person upon such another, or if I can direct the generosity of one subject in order to make him make a will in favor of a certain individual. I reply that I am absolutely incapable of doing it. I do nothing in the way of hypnotism, but I administer remedies which develop good, natural sentiments, natural sensations, reason, the sentiment of duty and the will to do it. The subjects treated act thereupon spontaneously, directing, according to their free will, their sympathy upon such person as they prefer. The medicines develop, I repeat, good, natural sentiments, reason and delicacy of conscience; then the subjects treated act consistently and of their own free will.

**AN IMPORTANT ALMOST INDISPENSABLE CONDITION FOR  
THE SUCCESS OF THE PSYCHIC TREATMENT.**

When I have treated patients, without their knowing, for their passions and defects of character, I expressly recommend that neither reproaches, nor even counsels, should be advanced to them; for these, especially the latter, embitter their character and often lead them to persist in their erroneous ways, whilst the medicines are softening their characters, developing their reason, their good sentiments, and so leading them to cure spontaneously their passions and defects.

It has happened to me to refuse consultations and medicines

to persons who could not restrain themselves from addressing reproaches and counsels to the subjects treated unknown to themselves. To these persons I say: "You prevent me by this from curing them. In this way you lose your time and your money, and besides you do me a wrong in letting me think that I may not succeed in a like case."

Many women get me to treat their husbands unknown to them for their passions or their faults. To these women I say: "Be lovable, coquettish, appetising—it is your conjugal duty—but don't be repelling (*prévenantes*). Moreover, always sleep with your husband. It is the best means of keeping up your intimacy, your attraction, your domination. Many a husband has become a libertine because he has ceased to sleep habitually with his wife." My patients end by recognizing that my recommendations are the best policy.

It is impossible for me to repeat here the psychical cures, always increasing in numbers, that I have effected during the last 22 years. But until I make known the psychical indications of the remedies, I can affirm that we come to cure patients of their passions and faults of character as easily as of pneumonia, pleurisy, dyspepsia, dysentery, etc., etc.

Thus, for example, we can generally cure people of their passions and faults of character seven or eight times out of ten.

The passion of drunkenness, curable at least five times out of ten, especially when it is not hereditary, is less easy to cure than other passions, because it is made up of two diseases: First, Of animal desire, the impulse to drink; and, secondly, of a drug disease, alcoholic intoxication. Thus, whilst to cure other passions, it is often sufficient to give but a single dose every 8, 5 or 3 weeks, it is necessary sometimes, for the cure of drunkenness, to give one dose every 20, 10, 5, 4, 3, or 2 days, and this in order to dissipate the alcoholic poisoning which brings on the impulse to drink.

#### CHAPTER II.—PLASTIC MEDICINE.

Here is another science which I have been led, accidentally, to study and apply during the last eighteen years, during the same period almost as psychic medicine, for it was whilst administering psychic medicines that I have found, without looking for them, the plastic remedies.

Not to rob my latest publications upon these last named remedies, publications which it will be for me or for some of my ten children to bring out, I will content myself with setting out here the effects, without at present mentioning the name of the medicines.

After the plastic art, which we owe to the painters and the sculptors, we have plastic surgery, which models a nose, a face, a limb, and which we owe to allopathy; then we have plastic medicine, which we owe to homœopathy.

All homœopathic doctors will be able to find plastic remedies if, like myself, they observe attentively the effects produced by a single dose of a remedy given above the 200th dilution, allowed to act for three, five or eight weeks. In this duty these doctors will be helped above all by the women, who are very much interested in watching themselves, and they also watch closely their husbands and their children.

In the plastic treatment, practitioners will not succeed at first oftener than twenty or thirty times out of a hundred; later they will cure more than fifty out of a hundred, as I do today.

They will be able also to contribute to concord and conjugal morality. In fact the wife growing old habitually sooner than the husband, the latter, when he has not the sentiment of duty, deserts his wife, who has lost the charm of youth. This would not happen if, by the aid of a course of plastic treatment, we can, in a certain measure, variable according to the subjects, if we can, I say, prolong the wife's youth.

Besides, plastic medicine, so far from injuring the health, maintains and improves it, and thus contributes to longevity under the best conditions.

At the first sight it would appear unlikely that it should be possible, by administering remedies, to modify certain parts of the body in their form and color; but it will be easily understood when I have given the following physiological explanations.

In order to obtain the before mentioned results, it is necessary to seek by means of pathogenetic or clinical experiment, for medicines which have an elective action on that part of the body which it is desired to modify.

If one of these medicines increases the nutrition of that

part it will increase embonpoint; by inducing a fullness of the tissues it will destroy its folds and ridges.

If another drug diminishes the nutrition of that part, it will lessen its obesity.

You will thus find medicines, one of which will cause a given part of the body to increase, the other cause the same part to become thin.

The first of these remedies promoting an afflux of blood into that part will occasion in it a more or less roseate coloration.

The second remedy, by diminishing the afflux of blood into that part, effects a decoloration or even a certain pallor.

With appropriate remedies, we can thus increase the embonpoint and color of a given part of the body; and with other remedies we can lessen the obesity and color of that same part.

After having explained the physiological mechanism in accordance with which plastic cures are effected, I will go on to give a few examples.

**OBSERVATION I.—BREASTS ALMOST DISAPPEARED.**

About eight years ago a young woman came to consult me about a gland which she had under her chin. On her second visit she apprised me of the insuccess of my first remedy, and told me, besides, that her breasts have almost disappeared during the same time that the gland under the chin had showed itself. I then said to her, "I am going to give you a remedy which will make the gland disappear and the breasts come back at one and the same time." This double effect was, in fact, brought about by a 300 dilution.

**OBSERVATION II.—DISAPPEARANCE OF BREASTS.**

A lady came to me and said, "I am 49 years old, a widow, and am asked in marriage, but I cannot say 'yes' before you have made my breasts return which have completely disappeared." "Who has sent you to me?" I asked. She replied, "Madam X——, to whom you have rendered the service that I ask of you today."

**OBSERVATION III.—BREASTS UNDEVELOPED.**

One of my patients asked me to treat gratuitously a young



sempstress, aged 19, who was attacked with chloritic anemia. I gave her in three divisions one dose of 200th dilution. Shortly after my patient said to me: "In two months your remedies have caused to become permanent the breasts of that young woman, who had never had any before." In this way I discovered a plastic remedy which I had not known before.

OBSERVATION IV.—UNDEVELOPED BREASTS.

A pretty young brunette, of 24, a professor of music, came to ask me for remedies to develop her memory for music and her aptitude for musical composition. I gave her two remedies which appeared to act; then a third which acted much more actively. I then enjoined her to watch attentively the effects of this third remedy, which would probably produce some changes in her body. Several weeks afterwards she informed me that in two months her breasts, which she had never had until then, became prominent. She had in fact model breasts like those of a statue.

Two months later she came to complain that her breasts were too hard. Have you ever seen a woman who complains, when in a state of health, that her breasts are too hard? I gave her a fourth remedy which rendered her breasts less hard but very firm. She has certainly no need to wear a corset, for she is modeled like a beautiful statue.

Again I had accidentally found a new plastic remedy.

OBSERVATION V.—SHOULDERS AND HAUNCHES TOO FAT;  
BREASTS NOT FAT ENOUGH.

A lady, aged 36, writes to me from Paris to ask for a remedy to cause her shoulders and haunches, which had become too stout with age, to diminish. I sent her a few globules of a 200th dilution in my letter. Four weeks later she informed me that her shoulders and haunches had diminished in volume and her breasts had grown.

OBSERVATION VI.—BREASTS DISAPPEAR; SKELETAL THIN-  
NESS OF THORAX; HAUNCHES EXCESSIVELY FAT;  
SKIN OF THE NECK BLACK; PATCHES OF  
RED ON THE CHEEKS.

A young girl of 28, since a missed marriage (*marriage*)

*mangué*) at the age of 22, had observed her beautiful breasts disappear completely, her chest become of a skeleton-like thinness, and, as if by way of compensation, her haunches increased to an enormous size. The skin of her neck was almost black, each of her cheeks had a large red patch.

She came to consult me only about a chronic ozena following an attack of diphtheria. She took a 3d dilution three or four times a day for a week; then a week of rest; then a week of remedies, and thus continuing alternately for three months. At the end of this time the ozena had disappeared, the skin of the neck had become white, the cheeks no longer red but rosy; the embonpoint of the clavicular region and the breasts had returned as six years before; the enormous haunches had become normal.

OBSERVATION VII.—BREASTS DEFORMED AFTER SUCKLING  
OR AFTER CHILD-BIRTH.

After confinement, or suckling, nine out of ten women have, as a rule, their breasts deformed. For twelve years I have given them remedies which dry up their milk in 8 to 12 days and prevent their breasts from being deformed. I have even obtained this result in a woman who had had her breasts deformed after a previous nursing.

I cannot say if I should always obtain this result in the future. But I can affirm that I have always succeeded up to the present.

OBSERVATION VIII.—BREASTS MUCH TOO LARGE.

A nun, aged 38, was sent to me, so obese that she was unable to carry on the teaching in the school. I caused her weight to diminish by 20 kilograms in 3 or 4 months. On putting upon her tongue 5 to 10 globules of a 200th dilution.

I told her that that remedy would above all diminish the volume of her breasts which were enormous. Five weeks later she acknowledged to me, in fact, that her breasts had diminished by two-thirds, and all this at the same time that her general health improved.

OBSERVATION IX.—TOO FAT DEVELOPMENT OF THE CHEEKS,  
THE NECK, THE BREASTS, AND OF THE BODY, WITH  
THINNESS OF THE FOUR LIMBS.

A tall brunette lady asked me to cure her of a dyspepsia.

On three occasions I gave her on her tongue a few globules of a 200th dilution in the space of four or five weeks. Then I noted the following results: Cure of the dyspepsia; the face ceases to be fat and rounded and is becoming elongated; the neck is no longer fat but is elongated; the breasts diminish and become formed; in place of the fat body she is taking on a slender figure; and—a result I did not expect—the four limbs are growing stout. Here, again, I have found a remarkable plastic remedy.

OBSERVATION X.—NECK TOO SHORT AND TOO FAT,  
ENORMOUS DOUBLE CHIN.

To a lady short, but nevertheless elegant, for she held herself very straight, I gave on her tongue a few globules of a 200th dilution, which transformed her apoplectic neck into a slender one.

At the age of 60 she returned to me with an enormous double chin, the two chins separated by a furrow a centimetre deep. I put on her tongue a few globules of a 200th dilution, and two or three months later the second chin had almost disappeared, and with this the deep furrow which rendered this double chin hideous. The result remains good after several years.

OBSERVATION XI.—ENORMOUS AND RED CHEEKS IN ADOLESCENTS AND SOMETIMES IN ADULTS.

On the tongue of those who have such cheeks I put a few globules of a 5,000th dilution, which gives an elongated shape to their face and replaces their fat red cheeks with rosy ones. In such cases I have always succeeded with the patients treated.

OBSERVATION XII.—ABDOMINAL OBESITY.

In a dark complexioned man, tall, thin, but having an abdominal obesity, I dissipated this by a remedy in the 10,000th dilution.

In several ladies I have made obesity of the abdomen disappear with remedies in the 200th dilution.

When this abdominal obesity supervenes after pregnancy, and if it is produced by rupture of the linea alba, plastic medicine is powerless. It is necessary, then, to have recourse to

plastic surgery, if the women are willing to risk an operation *de luxe* in order to recover their beautiful shape.

**OBSERVATION XIII.—FACE NOT HAVING A FAIR SKIN.**

In the space of from two to five months, I have often, with the aid of medicine, developed whiteness of the skin in young Frenchwomen who had had up to then an unsightly tint.

**OBSERVATION XIV.—WRINKLES UNDER THE EYES.**

A young and beautiful woman noticed the brilliancy of her beautiful complexion partly disappear after a pregnancy and suckling, and besides the formation under the left eye of the wrinkles commonly called "goose's foot," by reason of their radiating form. After taking a few remedies the brilliancy of her complexion came back and the wrinkles disappeared.

**OBSERVATION XV.—BLUE RINGS AROUND EYES.**

Twenty to twenty-five years ago I treated for several years a young woman of 33, blonde, pale, having her eyes horribly encircled with blue. I ended by finding a remedy, after the administration of which the eyes were no longer encircled in the least. This cure astonished me greatly at that time, when I was not yet aware of the efficacy of plastic treatment.

Dr. Charles Labrunne of Beranzon, of whom I asked out of what classes of society he recruited his clientele, replied: "Out of all classes, among those persons who are beginning to resent the sufferings and the infirmities of a ripe age and of old age; for the public has noticed that homœopathic treatment attenuates or dissipates their sufferings, or even, sometimes retards indefinitely their onset." I can add that this treatment retards more or less, according to each subject, the arrival of senility, corporeal, moral and intellectual.

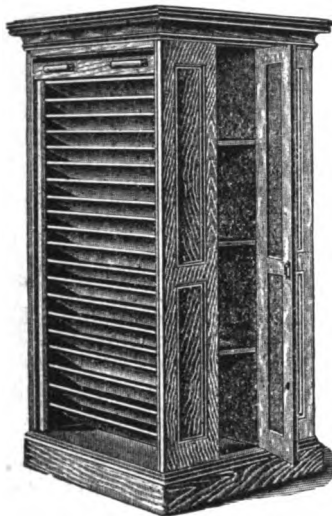
When we have established that Plastic Medicine and Psychic Medicine prevent people from growing old prematurely in body, character and intelligence, man, and above all, woman will more and more have recourse to Homœopathy; which will contribute to its popularization. It is with a view of bringing about these multiple ends that this memoir is communicated to the International Homœopathic Congress of Chicago in 1893 by its author. DR. GALLAVARDIN.

LYONS, FRANCE.

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[This article is commended to the thoughtful consideration of each reader of the *MEDICAL ADVANCE*, with the belief that good will come from.—ED.]

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## *Burning our Bridges.*

### “BURNING OUR BRIDGES.”

At a recent meeting of a homœopathic medical society a physician was solicited by a friend to become a member. He has seen many years' practice and has been honored by official position in his state society. When pressed for the name of the “bridge” he dare not burn, he honestly and frankly admitted it was Morphine. This allopathic palliative was his reliance when he failed to give his patient relief with the homœopathic remedy. Sometimes, like many others, he no doubt thought the indicated remedy failed. Or because he was unable to select the simillimum for a patient suffering severe pain, he resorted to allopathic palliation “when Homœopathy failed.” (?) But in this case like all others of the kind, it was the *doctor*, not the *law*, that failed. The remedy failed, because not properly selected, and in the Organon will be found full and complete instructions for the physician when he meets such a case. No homœopathic physician needs an allopathic bridge for support, if he be willing to work. 'Tis true that his *alma mater* neglected to teach him what to do, and how to do it, when he found such a case, but that is no reason why he should not now “burn his bridges” and join a homœopathic society in which the members have no allopathic bridges to burn. It will be better for him, better for his patients, better for his school and better for humanity.

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TRANSACTIONS OF THE MAINE HOMŒOPATHIC MEDICAL SOCIETY. Vol. VI. 1892.

In addition to a number of practical articles in the various bureaus, many of unusual interest. This volume contains 68 pages on “The History of the Introduction of Homœopathy into Maine, and of the Members of the State Society, Past and Present.” This is the address of the President, Dr. W. F. Shephard, of Bangor, and should be preserved in book form, as it combines a brief biographical sketch of every known homœopathic physician in Maine. For this excellent address every homœopath in the state will thank President Shephard, and in this they will be joined by the  
MEDICAL ADVANCE.

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A HOMŒOPATHIC MAGAZINE.

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## DR. GALLAVARDIN'S "PSYCHIC MEDICINE."

The article "Psychic Medicine and Plastic Medicine," by Dr. Gallavardin, published in the July number of the *ADVANCE*, will, by the startling nature of its claims, as well as by the *naïve* assurance with which they are put forth, certainly succeed in attracting attention and will, no doubt, be the occasion of considerable unfavorable comment if not ridicule.

The seriousness of purpose, the evident sincerity of the author, and the time which he has devoted to the study of his art deserve attention and consideration; on the other hand, the looseness of his statements, the rashness of his inferences, and the tremendous nature of the claims based upon them reach quite to the borderland of absurdity and scarcely merit sober refutation.

Dr. Gallavardin belongs to that class of men, small in number, who, by their attainments, their credulity, their inattention to detail, the vagueness of their ratiocinations, and their colossal faith in themselves, may be called *les enfants terribles* of science. The loftiness of the pedestal upon which he places his "new sciences" is hinted at in the bizarre addendum to the title of his article, and is fully discovered in the third paragraph in the following modest proposition: "Psychic medicine constitutes that medical discovery which will have the greatest social importance of any that have taken place during the last six thousand years, for it will contribute to the increase of both public and private morality and to the dimin-

ution of crime. Thus it will bring into strong relief the superiority of Homœopathy."

The doctor then proceeds to give some of the medicines which are indicated, first, for the Development of the Intellectual Faculties; second, for the Improvement of Character (i. e. morals.)

Both of these subdivisions are an unwarranted extension of the sphere of medicine. The intellectual faculties can be developed by instruction and education, and by nothing else under heaven; twin processes that begin at the hour of birth and end only when the clods fall on the coffin lid. Morals are improved by the voluntary efforts of man to keep the ten commandments, and by absolutely nothing else.

Has there ever before, outside of an asylum, been so absurd a claim made in so serious a manner, as this of Dr. Gallavardin, i. e., that we may become lawyers, doctors, pharmacists, painters, sculptors, astronomers, soldiers, sailors, etc., etc. and that we will not steal, commit adultery, lie, etc., from the action of certain drugs. His claims are not a whit less than this. Let us consider a few of the details of this marvelous science.

In Observation xii., we are told that Belladonna 300 turned an expensive and coquettish wife into an inexpensive wife who was not coquettish. He adds: "There are plenty of other remedies which can dissipate exaggerated coquetry, as there are certain remedies efficacious for developing in women a certain dash of coquetry, without which they are no longer women."

By this admirable arrangement the modest, somewhat dull and plain wife can be taken to Dr. Gallavardin who by a dose of his "certain remedy" adds the dash of coquetry which makes her sufficiently charming, then when business grows dull and banks are failing, Belladonna 300 will once more reduce her to her inexpensive though less charming condition.

Observation v.—Here we are instructed that five medicines, Sil., Calc. Carb., Platina, Nat., Nux., Carbo Veg., given successively in the order indicated, will develop a taste and aptitude for the study of medicine. It is not scientific to give five medicines in succession without indication for them;



moreover, it is not Homœopathic nor is it common sense. But to give them with the idea of disposing anyone to study medicine is drivél.

As if to emphasize the total unreliability of his own advice, the doctor on the same page casually remarks "The aptitude for the practice of medicine is developed by Hepar, Ac. Nit., Ammon. Carb., Selenium," thus giving *four* medicines for a purpose for which he has just recommended *five* others. Causticum, Sepia, Lycopodium, Nux. Vom., Hepar, Ac. Nit., dissipate repulsion against Homœopathy, and the repulsion of homœopathic doctors against high dilutions. In all these charming directions Dr. Gallavardin treats the law, medicine, theology, "repulsion against homœopathy," "repulsion against marriage," etc., etc., as if they were distinct, well-defined entities, like boils or warts.

Law is a broad study; it covers perhaps, in its full extent, a tenth of human knowledge. Some of it is a necessary part of a liberal education; it has numerous subdivisions, there are patent lawyers, criminal lawyers, admiralty lawyers, real estate lawyers, corporation lawyers and numerous others.

Aptitude for law necessarily means an aptitude for an infinite number of things. How then can there possibly be any sense or science or truth in the claim that Staphysagria produces an aptitude for law? So antipathy to marriage, like any other antipathy, may be made up of many indefinite things, may arise from a dozen causes and show itself in a dozen ways. Yet Staphysagria dispels this multiplex emotion, according to Dr. Gallavardin. Admirable drug, that at the same time, disgusts a man with his mistress, makes him love his wife, and gives him a liking for law!

One would suppose that such an essay would be its own antidote, that to convince one of its absurdity, or worse, it would only be necessary to read it. And yet it will find numerous readers, a certain proportion of whom will receive it with commendation. In every community there are some who are ever ready to give a warm reception to any doctrine, however repugnant to reason and common sense it may be, provided only it tickles their desire for novelty, and feeds their imagination by making great claims.

It is certain that no one who reveres the name of Hahnemann, or cherishes the principles of the Organon will give their unqualified approval to the loose reasoning, the rash deductions and the inaccurate statements of the author of "Psychic Medicine."

J. B. S. KING,

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**THE STUDY OF HOMŒOPATHY AS A DISTINCT AND COMMANDING DEPARTMENT OF HOMŒOPATHY.**

JOHN C. MORGAN, M. D., PHILADELPHIA.

PART 3D. \*

SYMPTOMATOLOGY; (Physiological, Pathological, Diagnostic, Pathognomonic, Pharmacodynamic, Prognostic, Therapeutic).

This is the most essential of all studies in the practice of medicine; and as above outlined, most comprehensive. It belongs exclusively to no one school, and deserves universal prominence in the college curricula, and in medical writing. The writers recognize this, but no college does it even scant justice. In Homœopathy, above all, it is the *sine qua non*; and at least as much time should be given to it as is assigned, for instance, to the study of obstetrics.

The above order is planned for a graded course. The *pathological*, the *pharmacodynamic*, and the *prognostic* divisions require subdivisions, thus: the first two into "general" and "special;" the last, the prognostic, into prognosis: of natural diseases, of the action of remedies, and of the interaction of both.

Considering these subdivisions seriatim:

1. *Physiological Symptomatology* is simply a narrative of *abundant life*, with its conditions, causes, susceptibilities, and powers. Its "totality" is the rule of comparison for all the rest, and should be ever before the mind of the thorough physician, as *mens sana in corpore sano*. Deviations from this standard are *Diseases*. A few lectures under this head, following the "schema" of Hahnemann, viz: the anatomical and physiological order, would be fruitful of intelligent inter-

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\*This becomes a supplement to Part III. according to the plan outlined in the July ADVANCE.—ED.

est in the subsequent study of *abnormal* symptomatology, whether natural, or of drugs, artificially applied. It is in the physiological field, that *symptom-interpretation* should begin.

*Pathological symptomatology* is as yet taught only incidentally, in the lectures on "Practice of Medicine," and in connection with the special diseases discussed. Even if there be a separate chair of Pathology, this is now held to mean tissue-change, plus bacteriology, almost solely; hence, Symptomatology comes to be regarded by the student as inferior; and later on, he will be heard denouncing the fine art of "symptom-hunting"—for "fine art" it is.

As the medical mind is now constituted, even among the Hahnemannians, there are many important symptoms in any "totality," which are overlooked in the selection of the remedy—or at least belittled, until their significance is demonstrated by physical exploration. Thus, a physician, prescribing for a neuralgic rheumatism of the left thigh, found no suggestion in a coëxisting trivial complication, a semi-occasional slight hack, or cough, until, being requested to "sound the lungs," he discovered (only) a blowing sound in the mitral region of the heart, due to an unsuspected and incipient endocarditis. Thereupon, the whole malady acquired a new character, and the curative remedy was speedily found, by the *totality* of symptoms, *before unseen*, viz., *Aconite*.

In a similar, but older case, the cough remained uncured and very troublesome, until the totality was added to, by a cholera morbus, requiring *Arsenicum*. After this drug, the cough also got well; but the pathological suggestion, when offered, was resented, as tending to "wreck true homœopathy." Yet this is, truly, symptom-hunting of the best type.

In pathological symptomatology, also, the Hahnemannian schema is our best guide; and a good Repertory is the ever ready handbook for its orderly and interpretative study. The best, for this purpose, is that found in Jahr & Possart's Manual, and which should be separately bound. Its introductory comparisons of drugs, antidotes, etc., come into play at a later stage of the same studies.

The *detail* of symptoms, as here given, is both comprehensive and suggestive, and may be *extended* at will. Both "general" and "special" pathology are here represented.

However, this book needs to be supplemented by the works of Tanner, Findlayson, etc., on "Clinical Medicine"—for this is what it is; and this phrase will be a proper title of the full professorship of this subject. As *all* professors should *hold clinics*, the title must no longer imply a *faculty scape-goat!*

Here, too, the *interpretation* of symptoms finds a special function, of course; but a *warning* is required—not to spin cobweb *theories* therefrom unto vague pathological prescribing.

*Diagnostic and Pathognomonic Symptomatology* are too well valued and understood to need more than mention here; but a thorough course of instruction must specifically include them.

*Pharmacodynamic Symptomatology* is the capital city, to which, in homœopathic practice, all roads lead; and the "totality" is the measure of the study. The physiological and pathological significances, previously studied, here find their higher illustration in the proving-records of the *Materia Medica*. Indeed, a prover is doubly equipped for his important work, if he has had this previous study; but he must avoid the error of writing down his subjective pathological opinions in place of giving a faithful statement of the observed phenomena. Still, symptoms understood are symptoms remembered, and both prover and student should understand all that is possible. Even single symptoms understood illuminate the totality.

The diagnostic powers of the mind will here find a most difficult, yet most remunerative, employment.

Here, again, the *Repertory of Jahr & Possart* affords a practical analytic handbook. Each chapter, indeed, is full of points for *parallel* or for consecutive study of all the subdivisions of symptomatology.

The strictly Hahnemannian use of a *Repertory* is as an index to the *Materia Medica*, where only the salient symptoms are found; and then, the totality, in the provings proper, under some one of the several remedies therein suggested—taking up the various drugs, one after the other, in the order of their apparent similarity, until the *most* similar is found.

These provings are the *sanctum sanctorum* of symptomatology.

*Prognostic Symptomatology.* "Dealing in futures" is a business phrase which applies well to the physician's work. It requires close study. In the evolution of disease, *the outcome* is of absorbing interest; and this is judged by: *First*, the natural tendency of the malady; *second*, the intensity of the particular attack of the same; *third*, the importance of the specially affected organs, and the amount of their involvement; *fourth*, the amount of physiological error; *fifth*, heredity, age, sex; *sixth*, vital force, and means of sustaining it, by food, and other hygienic conditions. And here, be it observed, that to the follower of Hahnemann, the *constitutional* status is ever *paramount*, and its symptoms of the highest rank; *seventh*, the environment, as a whole, is to each patient, an individual factor, intensely bearing upon prognosis. This, too, has its *symptoms*, mainly in the sphere of "conditions" of aggravation and amelioration; and nowhere is there a wider field for interpretative study; *eighth*, and lastly, prognosis rests, in large measure, upon the character of the treatment, a fact to which our school is fully alive.

However, the mere outcome of the disease itself is not the whole of the subject. The *action of every prescription* is a proper subject of scrutiny and forethought. The *probabilities* of aggravation and amelioration; the *reasons* for the same; the periods of probable occurrence; the interpretation of *paroxysmal* changes; the incidental drug-provings which may crop out—intended, or not; their recognition, anticipation, and guidance; sometimes, their open prediction; these are a part of our daily duty, and should be made the subject of definite study and teaching.

In all, the *symptoms* of the given case must play a great part, and require close study. The chair of Clinical Medicine has this field for its own.

*Therapeutic Symptomatology.* This is the climax of our work, and it includes all the rest. Whatever their help, however, *necessity binds us*, for the present, and after all, to the mechanism of Hahnemann's method, as laid down in the Organon. In pursuing it, we may yet invoke the aid of Bönninghausen, with his four-fold classification of symptoms

—“location, sensation, condition and association” (or concomitants); also, of Hering, with his essay on “Hahnemann’s Three Rules.”

“Taking the Case,” by the rules of Hahnemann, is the first and most important step in Therapeutic Symptomatology; the use of the Repertory and of the *Materia Medica* duly follows. To be able to do these rapidly and successfully is a necessary attainment; and no homœopathic physician is prepared for his work who has not become fairly expert therein; hence, no college has fulfilled its contract with its students, which fails to thus qualify them by *special* and careful instruction.

In this connection, I recall a remark of Dr. J. T. Temple of St. Louis, thirty-five years ago, and which has proved invaluable to me, viz.: “I find my best selections of remedies are made under the rubric, ‘Generalities.’”

I agree largely with him, but would extend this term, so as to include all that follows it in an arranged proving, viz., Skin, Sleep, Fever, Conditions; also, and above all, Mental States, together with related Attitudes and Actions. All these, grouped under the one heading, express, strikingly, the whole constitutional status.

*Minute Localization.* Paradoxical as it may seem, we may sometimes, on the other hand, get our best indications in the *minutest localizations*; but, that these readily harmonize with the other, is plain enough.

Dr. Jacob Jeanes of Philadelphia was an expert in this line of study; *e. g.* in his discovery of the specific relation of *Stramonium* to the hip-joint, especially of the left side.

Dr. A. Fellger also contributed to it; as, in his indications for *Aurum*, *Mercury* and *Kali bichromicum*, in Syphilis; relating them, respectively to the palate, the fauces, and the pharynx. And many others might be named. The best guide, in this particular study, is Allen’s edition of Bönninghausen’s “Therapeutic Pocket-Book,” or Repertory; in which “Locality” is pretty thoroughly wrought out, and the “sides” of the body, etc., presented, under each heading. *Further minuteness*, however, can be secured by subsequent reference to the *Materia Medica*, and by clinical observation.

*Individualization* in practice, so insisted upon by Hahne-

mann and his true disciples, can scarcely be realized through the convergence of all these studies, based upon a faithful preliminary college drill. And thus, the future of homœopathic therapy may prove an advance upon even the wonderful success of the pioneers!

(End of Part Third—*Symptomatology.*)

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Concluded from June number.

### THE HEALING PROCESS IS POSITIVE.

Remarks on an article of Dr. von Villers on Diphtheritis in *Zeitschrift des Berliner Vercius Homœopathischer Aerste*, Vol. II, p. 351.

B. FINCKE, M. D., BROOKLYN, N. Y.

Suppose the one needle to stand for the pathœopsis and the other for the pathogenesis, or to speak with Hahnemann, the one for the artificial and the other for the natural disease, the conversion of the poles of both needles in their right-angular suspension indicate the homœopathic healing process inasmuch as by the opposition of the like poles here represented by the similar symptoms, the direction of the single needles is neutralized, and the neutral equatorial position takes place, which indicates the normal course of life. Just so Hahnemann applies the remedy with similar symptoms observed upon the healthy, to one sick with similar symptoms, and thereby induces the annihilation of the disease. Now, let us imagine what is going on in the astatic needle. The currents of magnetism which pervade the one needle must in continuous mutual action neutralize themselves with the currents passing through the other needle in opposite direction. If this were not so, the needle would oscillate and as one or the other current would predominate, it would change its equatorial position more or less. But this does not happen in a well made astatic needle. It keeps its position as long as nothing influences its system. Just so with the cure of the sick man. But the currents with him are much more intricate, and enter into the manifold departments of Natural Science, that in the given case it is impossible to value them all sufficiently for the purpose of healing. Hence it is a sign of the greatness of Hahnemann, that he out of the flight of the phenomena and their confusion has derived the

most simple laws and devised simple and practical methods, by which we are enabled, even without solving the knotty questions of Natural Science as they arise daily and hourly, to build up the new Science of Healing and bring the needed positive help to the sick.

This practical conversion of the poles which we observe upon the astatic needle, rests upon the logical law of conversion, in which also the homœopathic healing process finds its logical principle. The subject and predicate which here are converted, are the pathœopsis and pathogenesis. By this conversion healing is effected. For converting is only putting one in the place of the other, substitute one to the other. Now the symptoms-complex of the remedy is put in the place of the symptoms-complex of the sick organism by means of the mutual attraction of the similar symptoms which correspond to the unlike poles of the needle, similar by their opposition. Because they are opposed to each other, the necessary equalization of the system ensues, healing takes place, if otherwise the conditions of existence are not so deranged that all organic existence ceases.

Add "life-force," the physiological naturalists may explain how it is that the electro-neurometer indicates the mental activity by an increased deflection. Here mere thinking is cause of a change in the nervous system to which an increased flow of blood is required. But the purely mental activity, and the contrary is indicated by a minimal electric current which passes through the nervous system. It is conceded that the electrical current does not run through the nerves like water in a pipe, but passes through it as through a conductor which offers more or less resistance, and this resistance is used for measuring the amount of life-force exerted in the mental activity. Here, then, the mental activity does not increase the resistance as one would think on account of the organic change connected with it, but it is remarkably diminished. Also the muscular activity, if not carried to fatigue, increases the deflection and diminishes the resistance. This points to something standing beyond and above the corporeal systems which mediate their activities, and which causes them to exert more or less resistance. A higher system seems to exist over the nervous system in its centre, and distribution



throughout the whole body which during life is not to be separated from it and makes the action of the spirit upon the material organism possible, (Hahnemann). That we do not know more about it, can certainly not be charged to our good Hahnemann, if he, himself a created being, could say no more than what his circumspect experience taught him, viz., that a general force governs the whole material body which he calls the life-force, because it is extant only in living beings. He, indeed, in this respect gave more light than the modern natural philosophers who at last stick in their brain-cells and neuroglia, without being able to say how thought originates and acts upon the material organs, in order to make itself felt in the material world. For the theory of secretion of thought by the brain is a mere superficial analogy of which a true philosopher ought to be ashamed, and which the same also emphatically denounces if an analogy is used as argument for Homœopathy. When the largest mammal, the whale, notices any danger, and this happens already at the least noise even at a great distance, he puts his mighty body in such a commotion that nothing can resist it. And this perception is not even a clear thought as a man can have it, but an obscure warning of his life-force that a danger is threatening. Now this obscure perception of danger certainly can only be originating in the brain of the great animal, in the soft mass of its cells, fibres and neuroglia. Let those natural philosophers who call spirit only a force of matter explain how from such a comparatively small soft mass of brain, such an enormous power can be developed which can cut a well-built whale boat in two. This beats even dynamite. Just as little can they explain the vital activities in the human body. Just as little should they also ridicule and despise the homœopathic potencies. Those, some have thought, and think so yet, that nervous power and electricity are identical, yet this is an error as already the electro-neurometer proves, if its needle shows increased deflections from mental and corporeal activity. The needle also is deflected by connecting homogeneous poles by a few degrees, but that is not enough to prove the identity of electric and nervous action, and probably depends upon an inequality of the poles. *In fine*, we must confess that we do not know anything about it, how

life acts upon matter and combines with it. If so, it is illogical to elevate our ignorance to a principle as agnostics do, from which all things flow.

Only so much is certain, that there is something higher than the nervous system, which keeps the whole organism in harmonic order through the nervous system, and which Hahnemann very appropriately has called life-force.

*Ceterum censeo macrodosiam esse delendam.*

BROOKLYN, Feb. 16, 1884.

CHICAGO, June 30, 1893.

*Dear Dr. Pierson:*—Enclosed find a note to me, which is self-explanatory. Dr. Clark is the Dr. Clark associated with Dr. Lee in getting up a Repertory on “Cough and Expectoration,” which is now out of print, and a work of great value. The doctor is now working on a new edition, and a note of inquiry from me as to the advisability of having note made of the forthcoming work, and having that fact published in *THE ADVANCE*, called forth the enclosed.

Very sincerely,

E. E. REININGER.

*“Dear Dr. Reininger:*—Yours of the 4th inst. came yesterday. I think it would be a good plan to announce in *THE ADVANCE* that I am at work on a new and revised edition of the “Cough Repertory,” and that I shall be glad to receive any suggestions, and verifications and new symptoms to add. I have many notes to add, but I would like to get all possible, so as to make the work complete.

“Fraternally yours,

“GEO. H. CLARK.”

“W. WALNUT LANE, GERMANTOWN, PHILADELPHIA—6-17-'93.”

EDITOR *ADVANCE*:—I have read with great interest the article “Psychic Medicine and Plastic Medicine” by Doctor Gallavardin in the July number of the *ADVANCE*.

The possibilities of Homœopathy, as exemplified by the doctor in so many instances from his own practice, is a revelation, to some of us at least.

I suppose what Dr. Gallavardin has done and is doing with our remedies, others of the disciples of Hahnemann may do also. To do that, however, necessitates a very close companionship with our *Materia Medica*, for without that intimate

association, we fail to discern the mind of the remedy, the choice is wrong, and the result is failure.

Hawthorne seemed to better understand than many physicians of today the inseparable condition of mind and body, or the influence of mind upon the body. In his "Scarlet Letter" he wrote: "Wherever there is a heart and an intellect, the diseases of the physical frame are tinged with the peculiarities of these."

I thank Dr. Gallavardin for his article, for I think it will be an inspiration to a more careful study of the homœopathic law, "Similia Similibus Curantur." If the good doctor had given us the indications for the remedies so successfully prescribed, we would thank him a thousand times more.

DODGE CITY, KANSAS.

H. WHITWORTH, M. D.

IN THE *Medical Brief* of June, 1893, I find the following note:

*An Interesting Fact, if so!*

It has been discovered that the famous tree from the bark of which quinine is obtained, furnishes no quinine except in malarial regions. If the tree is planted in a malarial region it will produce quinine. If it is planted in a non-malarial region it will flourish but will not produce quinine. It is therefore claimed that quinine is simply malarial poison drawn from the soil and stored up by the tree.

Now Hahnemann made his first experiments with the very quinine and discovered the law of Homœopathy and if this interesting fact is true, is there a better proof for our law than that?

I thought it may be of interest to you or the ADVANCE readers and so I send you the copy.

Yours fraternally for *good* Homœopathy.

Yours truly, R. C. KAISER.

*Editor Medical Advance:*

At the recent meeting of the Institute the General Secretary was instructed to inform the profession, through the journals, of the important changes made in the by-laws.

The designation "Bureau" is changed to "Section." The Bureau of Anatomy, etc., is dropped, and Pathology is included with Clinical Medicine. The "Bureau of Mental and Nervous Diseases," is to be called the "Section in Neu-

rology." The Bureau of Organization, etc., becomes a Committee. Each section must consist of at least five members; beyond that number there is no restriction. Each chairman is required to send to the General Secretary, within one month after the session, the names of the officers and members of his Section.

Delegates from societies and institutions will be admitted to certain privileges as heretofore, but will not be expected to present reports. The Committee on Pharmacy is discontinued.

The session of 1894 will be held in Denver, Col. The meetings will open about the middle of the week and extend into the next week long enough to allow each Section all the time it may wish for its papers and discussions.

PEMBERTON DUDLEY, M. D.,  
*General Secretary.*

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#### IN MEMORIUM.

The cause of Homœopathy had a band of able defenders in its earlier years in this country.

One of these was Dr. Geo. E. Shipman of Chicago, Ill. He was born in New York City, March 4th, 1820. He received his education at the University of New York. Medicine was chosen as his calling.

It was while attending the last course in medicine that a younger sister was taken sick with scarlet fever. The treatment of the attending old school physician was of such a heroic nature that the parents rebelled against it.

Friends of the Shipman family advised a trial of the homœopathic art of healing, accordingly Dr. F. Vandenburg, one of the earliest homœopathic practitioners in New York City was called in for advice, and under his care the sister was again restored to health. This successful cure attracted his attention and made a deep impression upon the mind of the medical student. He sought to learn the methods of the new school of practice. There were no books in extant at that time on the teaching of Homœopathy except those in libraries of the few physicians of that faith. Nearly all of them were printed in the German language. A knowledge of that language was necessary before a mastery of the new art of healing could be acquired. Undaunted by this difficulty

young Shipman studied the language and thoroughly mastered it. Sitting day after day eight consecutive hours without rising from his seat often having his meals brought to him.

He became familiar with all of Hahnemann's writings and accordingly was known as an accomplished homœopathician remaining so to the last day of his life.

This one fact won the admiration of allopathic physicians who knew him for his sincerity in adhering to his faith in practice.

Dr. Shipman was decided in his manner and yet withal courteous. When he had made up his mind that he was right no one could change him.

The best interests of humanity was the ultimate of his life. What he did was from conviction, a duty, and it commanded above all else. He was without doubt the ablest defender and scholar the cause of Homœopathy ever had in the West. He wrote "Homœopathia Worthy of Examination," 1848. It is an address to the graduating class of Rush Medical College.

"Homœopathy, Allopathy and the City Hospital, a Legend of the Nineteenth Century," addressed in form of a letter to N. S. Davis, M. D., 1857, and in 1865 an "Appeal unto Cæsar." Being an inquiry whether homœopathic physicians are Quacks, Charletans, Mountebanks, etc.

The work giving him the widest reputation as a scholar was that done during his editorship of *The Northwestern Journal of Homœopathia*, 1848-52, and *American Journal of Materia Medica*, 1860. He was co-editor of *Medical Investigator* 1860-63, and of the *United States Medical and Surgical Journal*, 1865-69. It is said that when one of Dr. Shipman's family, sometime ago, was in Paris, he called on Madam Hahnemann. She welcomed him because she wanted to hear from Dr. Shipman, with whose literary work she was perfectly familiar.

In 1865 "The Homœopathic Family Guide" was compiled and published. This work was, in course of time, passed through eight editions.

But the work done by the Doctor for which our school should feel grateful are his translations from the German of Grauvogel's "Text-book of Homœopathy" and "Law of Similar-

ity." From the Italian "Panelli's Typhoid Fever," and from the French, Parrott's "Urine of the New Born."

But the crowning work of his life was the founding of the Foundlings' Home in 1871. It is the grandest monument to his credit. This large property, devoted to a humane cause, is entirely free from debt. It has taken care of over 8,000 babes and over 3,000 mothers, providing homes for those children surviving, in good christian families throughout this country. Many of these foundlings have become valuable citizens in the community in which they live.

The Doctor kept up the practice of medicine till 1885, when he had to give up active life, outside of his duties at the Foundlings' Home, on account of failing health. He had always been a hard worker as a student and practitioner. He was married to Miss Fannie E. Boardman of Northfield, Conn. in April, 1845, and settled in Chicago, Ill. in October, 1846, where he remained till his death, a period of over forty-six years.

Many young physicians profited by the learning and counsel of Dr. Shipman, especially in grounding them in a perfect knowledge of the doctrines of Hahnemann. One who was well known to the members of this society was Dr. E. A. Ballard. He was always willing to help the needy and suffering. The Foundlings' Home was the outcome of a desire to care for cast off children. He sacrificed all his property for the good of the Home believing and trusting in the all-wise Providence to sustain him. During his last illness nearly \$10,000 was left in bequests for the benefit of the "Home."

On the 12th of December, 1892, the Doctor was stricken by an attack of hemiplegia. It was hoped he would recover; a week after facial erysipelas set in, but he fully recovered from this. In the fourth week of his illness it became plain to his physicians that recovery was impossible and he passed away on the night of the 19th of January, 1893, surrounded by his family consisting of wife, two sons and five daughters. One daughter could not be present.

His family has the sympathy of the homœopathic profession. His life is a beautiful example of unselfishness and devotion to his principles worthy of imitation by us all.

E. E. REININGER.

# THE MEDICAL ADVANCE.

A HOMCEOPATHIC MAGAZINE.

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THIS is the time when medical colleges are making every effort in their power to secure students for the coming year, and this is the time when the prospective student is carefully weighing in the balance the inducements offered by such colleges. The future is all before them, and upon their decision hangs their weal or woe, their success or their failure, according to their purposes, and their hopes for future usefulness. Those who have an inclination for the law of cure inaugurated by Hahnemann and his followers, should insist that those who are to mold their thought, should teach them the principles laid down by the recognized masters of the school. A great responsibility is laid at the door of every medical college. They have assumed a trust, and have to deal with those whose minds are undeveloped. They have to deal with those who will trust them implicitly, who will accept their teachings as the Truth, be they right or wrong. It behooves all physicians knowing the Truth to let their light so shine that their students coming in contact with them, may be so thoroughly trained as to enable them to detect the spurious wherever they may find it, and to appreciate the truth at all times. The mission of the MEDICAL ADVANCE is to accomplish just this very end. Hence the necessity for the strictest scrutiny of the language appearing within its pages. Some are pleased to call it visionary, others, too theoretical, and still others, that it requires too much time, too much study to get the meat that is within. Those who do not know, those who are willing to investigate, those who have put the theories to

a practical test and found that they were not wanting in results, are the ones who are the mainstay, the earnest members of the profession today. The *ADVANCE* has reason to be proud of its clientage, for it numbers among its readers, the brightest, the most scholarly minds of the two continents. Those who have proven the truth of the principles taught in their everyday practice, are the ones who say, "Maintain the high standard of the *ADVANCE*, cost what it may."

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SPACE will not permit us to publish in full the very flattering comments recently appearing in the *Chicago Herald* regarding Homœopathy. But in substance it was the best indorsement ever seen in the editorial columns of any metropolitan newspaper. The editor of the *Herald* scored Dr. Hart of the *British Medical Journal*, for his bigoted attack upon the Homœopathic profession as a body. And further he said, that all schools stand upon their own merits, and rise or fall as their work merits commendation, or the reverse. That the principles of Hahnemann had withstood the combined attacks of all its enemies for half a century, and that today its adherents might well feel proud of the position attained in the United States, in spite of the obstacles thrown in its way. He might have said that the greatest danger to the principles of Homœopathy in the future would come from the fact that the stigma had been removed, that the homœopathic physician of today might be tempted to relinquish his earnest, conscientious efforts because such might not seem to be so imperative as in the pioneer days of Hering, Lippe and their associates.

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THE delay on the part of the subscribers of the *MEDICAL ADVANCE* to forward money due from their subscriptions, compelled the publishers to send out a plain statement of facts during the latter part of August and the fore part of September. About \$1,000 very promptly came, accompanied by words of encouragement which were worth more to your humble servant than words can express. There still remains due about \$3,000, every dollar of which is needed to meet the expenses of the current year. The readers of the



ADVANCE should bear in mind that every dollar received by the ADVANCE is used to improve the journal, that it may go forward in its mission for good, better equipped for the work with each succeeding issue. It is the intention now, to reprint as fast as space will permit, such books as are out of print, and cannot be obtained through the usual channels of trade. We will be governed in the matter largely by the expressed wishes of the readers of this journal, and the arrangements we may make with those who hold copy-rights, etc. The first book of this series to appear, will be the *Transactions of the International Hahnemannian Association*. This will be followed by that most valued work, "*Gregg on Diphtheria*." *The Symposium of Homœopathic Prescribing*, edited by Dr. W. A. Yingling, will also have its place in this arrangement. Further announcements will be made as events seem to warrant.

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AN explanation is due the readers of the MEDICAL ADVANCE for the many vexatious delays in the delivery of their journals. Last spring it was deemed advisable to change the mailing list from the written to the printed form, and a careful revision was made and sent to the printer. In due time the printed lists were prepared with the agreement that the "forms" were to remain "standing." Through a misunderstanding on the part of the printers, instead of keeping the forms, the type was distributed, and corrections made upon the mailing lists were not in all cases transferred to the new list. The consequences were that the MEDICAL ADVANCE supposing every name to be upon the list as it should be, were in ignorance of the fact that the readers were not getting the journal until notice was received from them. This trouble has all been removed by having the revised list again "set up," and we trust each reader of the ADVANCE will carefully look to their name upon the wrapper of the September number, and see if it be correctly printed, both in reference to the name, address, and date for which the subscription has been paid.

**PATCHING UP.**

The attention of the *ADVANCE* has been repeatedly brought to this subject within the past few months. In conversation with men of prominence and experience, the comment has been made that it does not pay to be too careful and painstaking in prescribing for the sick. That the spirit of commercial enterprise has entered so largely into the thought and purpose of the world at large, that the man or woman who is willing to be governed and directed by that careful, painstaking method of inquiry so characteristic of the profession in the past, will be deprived of their just recompense for work honestly done, and find themselves relegated to a small obscure corner in the affairs of the world. The public do not, and will not appreciate or remember all the services rendered, and while the physician may do better work, he will have this to do, and have no one to thank for his position but himself. This form of reason is fallacious from the very beginning, and is simply the expression of those who do not and will not appreciate the great responsibility daily and hourly entrusted to the care of the true physician. They are content to occupy the position of the cobbler, and to be continually patching and repatching the work of the past, never looking below the surface, never appreciating or realizing the wonderful harmony displayed in the work of nature before them. The greatest charm of their life, of their profession has been lost. That delightful experience of carefully studying the wonderful adaptability of the chief functions and organs of the body in its daily work, and by intimate knowledge of these functions, being able to interpret the meaning of the many departures from the normal. They have prostituted their life's work, they have voluntarily placed it upon the debasing level of commercial enterprise. The desire for the dollars and cents that may be in it.

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**WHITHER ?**

To a candidate for homœopathic professional honors there was recently put this question: "Suppose that you should be called to a case of intermittent fever that had been running

on for a month, what would you do for it?" Here is the reply: "I should give *Mercury* enough to act upon the liver and follow it with *Arsenic!*" When told that such treatment was merely the rankest Allopathy, he replied that it was the teaching of the Professor of Practice in an old and prominent homœopathic college; this same professor instructs his students to give Salicylate of Soda in large quantities, if necessary, for rheumatism, and so on *ad nauseam*: nor is that professor alone; there is much more of that sort of thing going on among physicians who are either too lazy to work, too ignorant to learn, or too dishonest to care, so that they give the patient whatever he is willing to pay for.

Instead of washing your hands for forty minutes in corrosive sublimate, would it not be better to take half that time to find the helpful remedy for a woman in labor? Would it not be better to educate students so that they will not shrug their shoulders when they see their elders practicing Homœopathy? Is it not a shame that an active and prominent teacher of a kind of homœopathic Materia Medica should after detailing allopathic expedients to which he was in the habit of resorting because "our patients demand them," one of the heathen to whom we send missionaries should feel called upon to say, "in my country when we want money we can commit robbery, but when we practice medicine we have some principle about it!!!" Alas for christian civilization! having already twice as many colleges as we need is it not a shame that a new one should have to be started in which students might learn something of *Homœopathy?*

With all this rascally mongrelism is there an authority in our school, either in therapeutics or Materia Medica who is not a real homœopath? If there is, it would be quite interesting to know his name.

The writer has watched the career of leading homœopathic physicians for twenty years, and has yet to see a really successful one who has not been a faithful follower of the law; the mongrel never makes any progress, and you find him constantly reaching out for some new rule of thumb, at last reaching the hypodermic syringe.

“Vice is a monster of such hideous mien,  
That to be hated needs but to be seen;  
But seen too oft, familiar with his face,  
We first endure, then pity, then embrace.”

Liberty is nowhere but in law!

“Eternal vigilance is the price of liberty.”

**DR. GALLAVARDIN'S "PSYCHIC AND PLASTIC  
MEDICINE."**

In view of the high intellectual attainments of the author, and of his life-long study of and devotion to the principles of homeopathy in connection with psychic and plastic medicines, Dr. Gallavardin's article in the July number of the *MEDICAL ADVANCE* may well attract the serious attention and earnest consideration of the readers of your journal.

It is devoutly to be wished that out of his theory and practice, as illustrated in the above article, some medical principle may be evolved which will enable in the near future, the progressive homo practitioners to treat understandingly for the moral and intellectual, as well as physical elevation of their patients.

That there will be decided and pronounced opinions for and against his theory, is beyond question. It is to be hoped in view of the importance of the subject, and of the far-reaching effects on humanity this theory and practice will have, if founded on scientific medical principles, that all such articles, judgments or discussions, for or against such theory be written or discussed in a spirit of fairness, and with due respect for the author, who is in a foreign land, and to a certain extent unable to defend himself. Already an article has appeared in the August number of the *ADVANCE* wherein Dr. J. B. S. King gives his estimate of Dr. Gallavardin, and his opinion of his claims, and he is enabled in the greatness of his intellectual perception to pronounce Dr. Gallavardin's utterances "Drivel" and to ask if ever so absurd a claim was ever before made outside of an asylum. While such an opinion, and such an article couched in such sentences of ridicule and scorn is without weight or value, it may serve the good purpose of influencing future critics to write in a spirit of good

will to all, and malice towards none. If so, then the article of J. B. S. King will not have been written in vain. Dr. Gallavardin's object and his efforts are surely commendable. He is sincere as we should all be, in our attempts to give "knowledge to the ignorant and power to the weak."

If we cannot criticise our fellow laborers, or investigate new and advanced theories in a spirit of fairness and good will, why not leave such criticism to the old school practitioners, to whom it properly belongs? Why furnish material with which they are enabled to write prize essays against us, enabling them to gain a premium through our arrogance.

We can never educate our fellowmen by holding up for ridicule or scorn anyone who is earnestly striving to uplift the race. We are boys no more and are not to be guided even by able practitioners, if they have spent a lifetime of toil, hardship and privation, only to become dictatorial and presumptuous, instead of acting a modest, unassuming part in the stupendous whole.

It is certain that all who revere the name of Hahnemann and cherish the principles of the Organon will give the subject of Dr. Gallavardin's article careful consideration and earnest study, with the result that others, seeing his good works, may follow him.

D. A. H.

SEPTEMBER 8, 1893, SAN FRANCISCO, CAL.

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#### DR. GALLAVARDIN AND PSYCHIC MEDICINE.

The article on the above subject in the July *ADVANCE* was read with much interest, even while recognizing its incompleteness; that it would meet with opposition was, as Dr. J. B. S. King says, to be expected, but it was not looked for from a faithful disciple of Hahnemann, as voiced by Dr. King in the August number.

In considering the matter let us inquire about the first conditions of life as to the mental development: all persons whatsoever possess the *same* faculties under the general law of creation; but as the mental faculties are dependent upon the body for their activity and as brains differ in their development in different persons according to their heredity and

physical surroundings, it follows that the mental faculties which are all present in an individual (as Dr. G. says, the *germ* being there) are developed in different degrees: after birth the growth of the brain in different parts, as well as all other tissues, depends on the quality and quantity of nourishment supplied to the part, and this again largely upon the blood supply; that medicines act upon different parts of the brain by preference none will deny; nor will they deny that medicines can cure persons of abnormal mental states which are dependent upon disturbed physical states; this being so why cannot medicines cure or at least modify mental perversities which are dependent upon a disturbed heredity? They can, as every physician knows, or can learn.

Nowhere does Dr. G. claim that all persons can be made equally good lawyers, or that "a born" lawyer will not be superior to one whose development has not been largely in that direction even under the action of medicine; if we can cure religious mania and a want of religious feeling, bashfulness and obscenity, anthropophobia and nymphomania, why cannot that physical condition which prevents the usual expertness at mathematical calculations according to the inherent capabilities of a person be removed? Dr. G. says they can: has Dr. King ever tried it? oh! no! but he declares that it can't be done; has he followed the injunction of the Master?—do as I tell you, *then* publish your failures.

As to the inaptitude for the study of different sciences the trouble probably is that the brain is in such a state as to prevent the proper action of the reasoning powers and the memory; this is shown in Ob. II, where the young man asked for medicine to help his *memory* for *ideas*, which Staph. is claimed to have done. Let us look at the mental symptoms of Staph. in Allen's Encyc.; "Weakness of memory; a few minutes after reading anything he can recollect it only dimly, and whenever he thinks of anything the sense escapes him, and he is scarcely able to recall it after long reflection." " \* \* Whenever he reflects upon anything, numerous and confused subjects crowd upon him so that he cannot collect his thoughts, and forgets entirely of what he was thinking." These two provers, as well as the others, had many brain

symptoms which would prevent clear mental operations. Hering gives as an indication for Calc. ost., "headaches of school children," the result of studying against physical obstructions in the brain.

Whether Dr. G. is judging *post hoc* without sufficient *data*, we cannot tell, for his article is incomplete, especially the last part, where he hangs grapes beyond our reach; but let us not yet call them sour.

The coquettish wife, who seems to have stirred up Dr. K., deserves a special comment. It will be noticed that Dr. G. did not prescribe for the extravagance of the woman, but for the desire to throw herself out of the window, which will be found under Bell. (Allen, § 96-97); after that morbid condition had disappeared, there disappeared another morbid mental state—inordinate coquetry—which leads to extravagant dressing to help draw the attention of men; that of course is a sexual symptom and indicates strong passion. We find in the provings, "Left the house and stripped themselves naked; \* \* another went naked to the neighbors to caress the men" (Allen, § 31). "Increased sexual desire in women." \* \* (Allen, § 1657.) The writer believes that there is no more potent incentive to suicide than sexual aberration, and that in this case the Bellad. cured the coquetry because it cured the cause. It is strictly and absolutely true, that a woman with no coquetry is merely of the *genus homo*, and that her sexuality is not well developed; she is neither an agreeable nor a desirable member of society, and ornaments the walls—a flower without fragrance; remedies therefore, which arouse and naturally develop the sexual instincts will develop a proper amount of coquetry. A case in point was cured by Dr. W. H. Holcomb, (reported in the Amer. Homœopathist vii-31,) it was the case of a kept mistress, having also other lovers, who had not only lost her sexual power, but her attractions of person; under *Agnus Castus* not only was her sexual power restored but also her bust, her general plumpness of figure and her beauty. The case illustrates both claims of Dr. G., that of the power of remedies to regulate habits, and also to produce plastic results.

Perfection is the standard in everything, even in language:

(perfection—imperfection); the perfection of the relation of the sexes is that one man shall cleave to one woman *and they twain* shall be one flesh; therefore, when, through no fault of the wife, a husband seeks other women it must be because his sexual propensities are in a deranged or a depraved state; a remedy, therefore, which restores him to the *norme* will at least have a tendency to restore his allegiance to his wife; is it so very strange it should be so?

In these days when the conviction is fast spreading that criminals are undeveloped or diseased persons, should we not hesitate before condemning Dr. G.?

As an example of what may be done for a perverse hereditary condition let us look at a case published by Dr. Thos. Skinner in the *ADVANCE* XIX-155; the patient was a boy ten years old, who at four ate dung and the clinkers from his nose, but not at time of treatment; he was mischievous, cowardly (striking younger children and an inoffensive dog without provocation), will not study but cries when sent to his books, soils his clothes and bed with feces and urine and cannot be shamed out of the habit; he merely laughs when taunted of it; the boy was cured of the involuntary loss of stools and urine with Nux; of the tearfulness in face of mental labor with Staphisagria; of the general aversion to mental labor with Baryta Carb., and of his fiendish assaults upon younger children and the dog with Bellad., so that he went to work and progressed rapidly through school and college; he was under medical care with infrequent doses of Baryta Carb. for four years, but the bowel symptoms were cured without return in four months.

A few years ago I found a boy of sixteen who would sit about the house all day and read, but, who would not work or even talk unless spoken to, and who had the actions of a rather stupid, shiftless boy. I told his mother that the boy was sick, although he never made any complaint; what I gave him I do not remember, but in two weeks he walked down town of his own accord and got a place to work. He had been in that state a long time.

“It is *not* scientific” to give a string of medicines without definite reasons, and Dr. G. should be more precise in his



teachings, but let us not condemn until we have *tried his way and failed*. "Miserable sarcasms are not sufficient to overthrow homoeopathy; they will rebound against their authors."—Hahnemann.

Since writing the above, I have read the paper by Dr. Millie Chapman, a cool, level-headed woman.—(Hon. Jr. of Obs. xv—406), in which she says: "I have so often seen the action of our remedies remove the feelings of hate, dread or fear, that to me it is evident we need only a closer study of indications and their application, to produce a surprisingly improved condition of the moral tone of society."

CHAS. B. GILBERT.

WASHINGTON, D. C.

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### ECONOMIC BREAD.—SAVORY AND NOURISHING MADE BY MIXING FLOUR IN BRAN BROTH.\*

BY DR. GALLAVARDIN, LYONS, FRANCE.

The art of bread-making, invented by the Egyptians, transmitted to the Greeks, by the latter to the Romans, and then to the whole world, has undergone, in the course of centuries, many modifications. It generally had for its aim to make bread more digestible, more nourishing, and at times also to give it a finer appearance or a better taste.

Chemistry and physiological experiments have made it possible to find what parts are more digestible and nourishing in the grain and what were not. With this end in view experiments have been made, in the manufacture of bread, sometimes employing only flour to make it more digestible, and sometimes using both the flour and the bran for rendering it more nourishing.

For demonstrating the advantage of this mixture the celebrated experiment of Magendie is always cited: A dog, fed exclusively on white bread, died at the end of fifty days; another dog, fed exclusively on bread containing flour and bran, lived indefinitely without any alteration of its health.

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\* Read before Academic des Sciences in Paris and translated from the French by Horace P. Holmes, M. D., Omaha, Neb.

A professor of chemistry, M. Million, explains these facts in a communication to the *Academic des Sciences*. He first gives the following analysis of bran taken from a soft wheat gathered in 1848 in the north:

Starch, dextrine, sugar, - - -	53.0	per 100.
Glycyrrhizine, - - - -	1.0	"
Gluten, - - - - -	14.9	"
Fatty materials, - - - -	3.6	"
Fibre, - - - - -	9.7	"
Salts, - - - - -	0.5	"
Water, - - - - -	13.9	"
Incrusting materials and aromatic prin- ciples, - - - - -	3.4	"

100.0

Then he adds: "The conclusion to be drawn from that analysis is very simple. Bran is a substance essentially alimentary. If it contains 6 per cent. more woody matter than coarse flour, it also has more nitrogenous materials, has double the fatty materials and, moreover, possesses two aromatic principles, one of which recalls the perfume of honey, both of which are lost in the best flour. Thus, in bolting, the wheat is impoverished of its nitrogen, its fats, its starch, its aromatic and savory principles in order to deprive it of a few thousandths of its ligneous materials.

"Moreover, does it conform to the principles of hygiene and physiology to remove from man all that may leave a residue? Is not the alimentary bolus to go through the whole length of the alimentary tube and carry to its extremity a refractory particle? Do they find in the best flour an aliment as complete as in the wheaten flour? I think not." He recalls, in support of his assertion, the experiment already cited in Magendie's, and then he concludes by saying:

"The solution would be to regrind the bran with the wheaten flour and mix it with the fine flour. I recognized, by repeated experiments, that the bread thus made was of a superior quality, easy to make and presenting none of the inconveniences of the bread made from coarse flour, such as they make in some localities, and notably in Belgium."

I find a confirmation of the most of these assertions of M. Million in the *Documents du laboratoire municipal de Paris*, which was sent to me by M. Griveaux, professor of physics in the Lycee Ampere of Lyons, and professor of chemistry in the Normal School for girls.

On page 502 of this volume, I find the following comparative analysis made by M. Girard, chief of the municipal laboratory of Paris, or under his direction:

	Flour.	Bran.
Water, - - - - -	15.54	12.67
Nitrogenous materials, - - -	11.17	12.99
Fats, - - - - -	1.06	2.88
Starch, - - - - -	70.43	31.31
Cellulose, - - - - -	0.98	34.57
Ashes, - - - - -	0.81	5.58
	100.00	100.00

Then the author adds: "As may be seen, bran contains the same immediate principles as flour, excepting in the cellulose which is almost entirely contained in the bran. The quantity of mineral materials is also very different. The grain of wheat contains:

	In 1,000 parts, about:	Salts.	Phosphoric acid
		21.0	8.94
Flour, - - - - -		8.1	2.33
Bran, - - - - -		55.14	23.0

"It would seem that the whiter the flour, that is to say, the finer it is bolted, the less appropriate is it to a good diet, because it does not contain nearly as much alkaline or alkaline-earthly phosphates."

In order to avoid the inconvenient features of a bread composed of flour and all the bran, which is indigestible for some stomachs, and to add as much as is possible of the nutritive parts of bran to the flour, I conceived the idea in 1885 of kneading the flour, not with pure water, but with water in which the bran had been boiled in the proportion of 500 grammes (1 1-10 lbs.) of bran in 2 kilogr., or 2 litres (2 quarts) of water.

In Lyons I found an intelligent baker, M. Savoyat, who made this bread as I have here indicated.

After having boiled the bran in water for a half hour, he passed this boiling water through a sieve made of a piece of

coarse flannel, then this when tepid, was used to mix the flour, bolted to 55 or 60%.

The bread made in this way having a slightly nut-like flavor, was so appetizing that the patrons of this bakery preferred it to the other varieties of bread. M. Savoyat compared the color of this bread to that of rough, unpolished gold. He undoubtedly referred to the crust, for the middle part had a much lighter shade.

In order to know what nutritive parts of bran had been added in the kneading, he sought to find the chemical composition of the bran broth. A pharmacist in the hospital at Lyons made an analysis which we reproduce here:

## BRAN BROTH.

[Odor agreeable, slightly sweetish taste].	
Starch [per 1000 or per liter],	- 19.20 grammes.
Glucose,	- 5.00
Salts [acid phosphate of lime, alkaline chlorides, which predominate, salts of potash in organic acid, sulphate of potash, chloride of calcium, carbonate of lime],	- 5.00
Dextrine,	- A small quantity.
Fatty matter,	- Traees.
Soluble albuminoid materials,	- Not measured.
	<hr/>
	29.20

Eight years later, I found another intelligent baker in Lyons who made bread, and continued to make it, by also using flour with bran broth.

He boiled 500 grammes (11-10 lbs.) of bran in two kilogrammes or two litres (2 quarts) of water for a half hour. Then he strained this broth while very hot through a very fine metallic sieve, and when the water had become tepid he used it for mixing the flour bolted to 70%.

The bread thus made had a fine golden crust, the inside slightly colored like that of a cake, the taste also recalling that of a cake. It soaks easily in using it for soup. All these qualities make it preferable to the clients of this bakery, who, having tasted it, would buy no other.

In order to ascertain what nourishing properties were contained in this bran broth, M. Tabardel had it analyzed by a pharmacist in Lyons, former preparator in the chemical lab-

oratory of the medical faculty of Lyons, M. Henri Chambellan, who gives the following analysis of it:

[Whitish, mucilaginous liquid, filtering with difficulty and yielding a yellow liquid, of a penetrating *sui generis* odor].

Density: 1021.

	Grammes.
Fixed residue [per 1000 or per litre],	36.50
Starch,	12.35
Nitrogenous materials,	16.30
Essential oil,	1.85
Ashes,	1.25
Phosphoric acid,	traces
	68.25

These two analyses of bran broth have not given the same results. The reason is to be attributed, either to the difference in the methods of analysis, or to the difference in the quality of bran, but especially to the fact that in filtering the broth through a metallic sieve allows twice as much material to go through as is the case when a piece of flannel is used.

From that it would seem to be best to use the filtrate of bran that has passed through a metallic sieve, a filtrate which allows more of the nutritive parts of the bran to be added to the flour in the kneading.

To know more precisely the difference existing between the two kinds of bread of a kilogramme weight, [2 1.5 lbs.] made with the same flour kneaded with bran broth for the first and with flour kneaded with plain water for the second bread, it would be necessary to make comparative analysis of these two kinds of bread. But in waiting for that, one can well believe that the bran broth, containing more nutritive properties than clean water, should make the bread more nourishing to which is added the nutritive parts in kneading the flour.

In order to know better the nutritive value of bread made with bran, one might make the following experiment: Take six dogs of the same weight and feed them exclusively. 1st, two with white bread; 2d, two with bread made with bran broth; 3d, two with bread containing the flour and all the bran.

But, I repeat, while waiting for some one to make this physiological experiment and the comparative chemical

analysis, I would say the addition of the nutritive parts of the bran for the manufacture of this new bread carries with it the belief that the bread is more nourishing than ordinary bread, white bread, brown bread or home-made bread. It should then be preferred, at least so some families think, and mine in particular, who, for several months, have lived upon this bread with bran or natural phosphate bread, made in the bakery of M. Tabardel.

It is astonishing that although for a century chemical analysis has enabled people to recognize the nutritive parts of bran no one has tried to add it to the flour in the kneading, and that to help in the proceeding was employed, upon my advice, by two bakers in Lyons. If I may believe the *Documents du laboratoire municipal de Paris*, page 50, M. Mege-Mouries has recommended the method, I forget at what time, but without applying it.

Some wealthy farmers of Jaillien, near Bourgoin [Isere], have done better, I am told; because they knead their flour with bran broth in making their bread, and it is believed by them to be more nourishing and strengthening. Their natural good sense has made them rightly presume that bran broth, to judge by its consistence, contains more nutritive parts than clear water, using it generally for mixing the flour, and they have utilized these nutritive parts for enriching their home-made bread, following the custom of the farmers.

I would here propose to generalize this process for the manufacture of bread in the cities and in the country, to the end of rendering it more nourishing to the same volume and at the same time more economical. In these two relations, it would be preferable for the bread supply of our soldiers, and it would be moreover, more appetizing than the other. And as it soaks readily in soup, it would do away with the necessity of our soldiers procuring white bread for that purpose, for which the bread usually furnished the soldiers is improper. In our military supplies, where bread is made in large quantities, it would be easy to install the economic apparatus for the preparation of the bran broth and kneading it with the flour. It would be a second economy added to the first, constituted by the quality of this new bread, more nourishing under the same volume, than the other varieties of bread. They bolt flour at 70 per 100 where used to make brown bread or home-made bread, and 80 to 100 when to be used for bread for army supplies. There would be no farther need of adding the 10 per 100 of bran to the bread of our soldiers, since one can take out of the bran the nutritive parts for making the bread more nourishing. For making it, one might use flour bolted to 70%, similar to that in home-made bread.

# THE MEDICAL ADVANCE.

A HOMŒOPATHIC MAGAZINE.

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“\* \* \* I don't see why any physician should allow his medical journals to run along from year to year without payment. I take many papers, etc., and each November I make it a business to order for the following year, and always pay for them in advance. This debt is just as obligatory as any. The man who can expect others to pay him, must himself pay. This is especially true of the **MEDICAL ADVANCE**. The benefit derived from it enables any careful reader to make more money by making him a better prescriber. I feel like paying for the benefit derived. I know I am a better prescriber now than before taking the **ADVANCE**, and that in consequence I make more money. I read my journals with a pencil and paper in hand, and then index every article, remedy and disease. By simply turning to my index I can and do make use of every number of the journal. I don't spend time in trying to find where I saw something on a given case, but turn to it easily by the use of the index. This is but very little trouble, as it is made by simply dotting down what I want, and then copying into the index when I have time, or by some agent. Those in arrears should pay up, so you can make ends meet and make a better journal monthly. A full pocket gives a clear head. You remember the old preacher who always borrowed \$5 each Saturday and returned it again on Monday. He said he could preach better with some money in his pocket. \* \* \*

Extracts from the above letter tell their own story. The writer of same commenced the study of medicine in middle life, and by systematic and careful study has reached a position

of honor and won a reputation for which any man might be satisfied to gain after a life-time of hard work. He stands as a constant rebuke to those who say the comprehension of the law of cure as taught in the *Organon*, is too difficult for ordinary minds to grasp.

It is not within the province of this article to present an autobiographic sketch of our honored friend, but to urge upon the readers of the *MEDICAL ADVANCE* the value as a "time saver," of keeping an "Index Rerum" of their professional readings. The plan upon which the *MEDICAL ADVANCE* has been printed during the current volume has had this object in view, and as the year's work draws to a close its value will become more apparent.

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SOME of the readers of the *MEDICAL ADVANCE* fail to grasp the idea that there will be no difficulty in arranging the contents of the present volume under their several heads without tearing or mutilating a single page, because each department is printed in one or more "forms" of sixteen pages each, which can be easily separated the one from the other, and then found to be paged consecutively. They may all be bound in one volume or more according to the desire of the individual; but in whatever way it may be preserved a rich return will be given to one who carefully preserves and studies its contents.

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THE request for an analysis of the case reported in the September number of the *MEDICAL ADVANCE* brought many replies, most of them showing quite a similarity, both in the analysis and in the prescription. One recommended Flouric acid, three Sulphur, and thirty-four Silicea. He received *Nux vomica*, cm., last June, and *Silicea*, cm. (Sk.) will be sent him. Reports of the case will be made from time to time, and the result will be watched with interest and profit.

\* \* \*

INTEREST in the subject of vaccination is heightened by the act of the State Board of Health of Illinois sending out a circular letter urging the imperative need of the inoculation



of the vaccine virus as a preventative measure in the case of small-pox. It was the purpose of the **MEDICAL ADVANCE** to look up the legal status of the case and report the same, but time has not permitted of the examination.

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**VALUE OF VACCINATION.**

**If it does not prevent Small-pox or make it lighter what is the value of it?—Some facts concerning this relic of barbarism—Opinions of the highest authority—Statistics showing it to be a disease instead of a preventer.**

F. M. GUSTIN, M. D., UNION CITY, IND.

The demands made by the State Board of Health of Indiana and other states at this time of the year for the vaccination of school children before they will be permitted to enjoy the privileges offered by the state for education leads to this exhaustive consideration of the subject in this number of the **ADVANCE**.—(ED.)

We are armed with statistics from every city small-pox hospital in America and Europe, army reports of this disease from England, France, Russia, Germany, Norway and Sweden, Italy and Spain, and we declare to you that they all abundantly prove that vaccination not only does not prevent small-pox, but that it has scattered the seeds of syphilis, scrofula, tuberculosis, and the myriad of skin and blood diseases all over the civilized world, and has killed more people than the small-pox and ruined more healthy constitutions than any disease which has ever been known in the history of the world.

It is not generally known that there is any extensive opposition to vaccination. We would inform the public that the opposition to this practice, which started about twenty years ago, has spread so rapidly that almost every prominent professor of medicine among allopaths, eclectics and homœopaths, either openly condemn it or refuse to express an opinion. Out of 286 physicians in England, who were asked and expressed an opinion on the subject, last year, 216 were against it!

In London there is "The London Society for the Abolition of Compulsory Vaccination," and they have taken pains to

gather statistics concerning small-pox and vaccination which the advocates of vaccination have been dishonest enough to suppress because their fees might have been cut off if the facts came to the public ear. The facts collated by this society and by "The New England Anti-Vaccination Society" and "National Anti-Vaccination League" of this country, and other societies over the world, are simply astounding. The effect has been to cause a very wide-spread antagonism to this filthy and injurious practice, and the probabilities are that the next decade will see vaccination relegated to the oblivion which conceals blood-letting and other kindred barbarisms.

Let us consider the matter by presenting some of the claims and some of the facts. In the first place: Does vaccination prevent small-pox?

If it does, why do vaccinated people take it? They do take it, don't they? We think they do. In the French army every recruit is vaccinated when he enlists, and it must take well and good before he enters the service. This is certainly a fair test. Well, in 1870, during the Franco-Prussian war, there were 23,469 cases of small-pox in the French army, all of them vaccinated and most of them revaccinated!

Take the hospital reports. The Depford (Eng.) Hospital Report for 1879 gives the following: Vaccinated patients, with one mark, 317; two marks, 384; three marks, 447. The Homerton Hospital for the years 1871 to 1877 gives the number of vaccinated patients with one mark at 1,042; two marks, 1,259; three or more, 1,261. The Fulham Hospital Report of 1878, gives; patients with one mark, 149; two marks, 156; three or more 202. The Metropolitan Hospital Report, 1870-2 gives: patients with one mark, 1,124; two marks, 1,722; three marks or more, 1,677.

We could fill fifty pages of our paper with statistics showing that vaccination does not prevent small-pox. At home, Muncie is a fair sample. The only patient reported as unvaccinated is the man Russey and a howl was raised over him!

The proof that vaccination prevents small-pox in any degree is entirely negative. If a vaccinated person is exposed to small-pox and does not take it, he always ascribes

his exemption to the fact that he was vaccinated. The truth is that a large proportion of the human family will not contract small-pox whether they are vaccinated or not. The statistics of hospitals before vaccination was introduced effectually proves that the proportion of people contracting the disease was no greater than it is now! It is certainly a fact that the physicians who assert that vaccination prevents small-pox do not verify it by their acts. If vaccination prevents small-pox why do they not treat it as any other ordinary disease and allow the members of a family attacked with it go about their usual business? The unvaccinated would be the only ones to suffer, and if they are simple enough to remain unvaccinated let them take the disease. Their having it would surely not jeopardize the wise people who had their arms tapped, would it? The truth is that the physician, if he is not an incurable fool, believes more in the fee than in the efficacy of the operation.

In our next issue we shall give the opinions of prominent physicians on this subject, principally from the allopathic school, but including all schools.

In order to avoid confusion in presenting the array of facts and figures which we have decided to give the public for the public's good, on the subject of vaccination, it is necessary to consider but one point at a time. We have chosen to open our expose of vaccination by considering: 1. Does vaccination prevent small-pox? This will be followed by: 2. Does vaccination mitigate the severity of small-pox? and afterwards we shall consider the dangers from vaccination, and the different kinds of vaccine virus used. Compulsory vaccination, such as has been forced upon the children of this city by a ruling of the State Board of Health, the penalty being exclusion from the school, will receive a warm consideration in the general wind-up.

If any physician wishes to present other testimony, for or against vaccination, than that offered by us, he will be welcome to do so. We are after the truth in this matter, and are open to conviction if we are wrong on any point. Testimony thus offered should bear on the point under consideration only. We have given the above outline of our attack that those who wish to oppose it may be prepared to do so.

Returning to the point first stated in this paper, we wish to present the following facts as proof that vaccination does not prevent small-pox.

The London *Medical Observer*, Vol. VI, in 1810, published the particulars of 535 cases of persons having had small-pox after vaccination, the operation in some instances having been performed by Jenner himself, including their names, with an index, pointing to the authority as witnesses; also similar details of 97 fatal cases of small-pox after vaccination; and of 150 cases of injury arising from vaccination, together with the addresses of ten medical men, including two professors of anatomy, who had suffered in their own families from vaccination.

Whereupon, Dr. Maclean, a well-known medical authority of that time observes: "Although numerous, they are few in comparison to what might be produced. It will be thought incumbent on the vaccinators to come forward and disprove the numerous facts decisive against vaccination here stated on unimpeachable authority, or make the *amende honorable* by a manly recantation. But experience forbids us to expect any such fair and magnanimous proceeding, and we may be assured that, under no circumstances, will they abandon so lucrative a practice until the practice abandons them."

In 1820, that is before Jenner's death, it was said: "Cases of small-pox after vaccination have increased to such an extent, that no conscientious practitioner can recommend vaccination as affording certain security against the contagion of small-pox."

In 1828 there was a severe epidemic in Marseilles when about 2,000 were attacked with small-pox who had been vaccinated. In the epidemic, 1821, *et seq.* in Wirtemberg, 955 persons were attacked with small-pox after vaccination.

The Registrar-General of Sweden in his official report, 1856, declared that to explain certain statistical data it is necessary to suppose, either that the effect of vaccination is little or none, or that the workings of the vaccination system are highly defective. This is after forty years of compulsory vaccination.

Dr. Ducharme, speaking of an epidemic in 1868, which broke out in his regiment (Voltigeurs of the Guard) a few

months after he had re-vaccinated it, says: "To what should we attribute this epidemic in a regiment in which 437 re-vaccinations had been performed, and where the hygienic conditions, as to space, ventilation and food, were excellent, when in the 2d Regiment of Voltigeurs—lodged in a precisely similar barrack situated in the same court, but on whom no vaccinations had yet been made—not a single case of small-pox existed?"

The London *Morning Advertiser*, November 24, 1870, reports that "the small-pox is making still greater havoc in the ranks of the Prussian army, which is said to have 30,000 small-pox patients in its hospitals." They were all vaccinated and re-vaccinated.

The following are a few sample cases out of many in the United States Navy Department reports:

"In 1850, in the U. S. frigate *Independence*, with a ship's company of 560 persons, there were 116 cases of small-pox, seven fatal. Fleet-Surgeon Whelan writes: 'The crew of this ship almost universally presented what are regarded as genuine vaccine marks. The protection, however, proved to be quite imperfect.'

"Upon the U. S. steamship *Jamestown*, serving in Japanese waters, there occurred, in 1864, among a ship's company of 212 persons, 31 cases of small-pox, with four deaths. The entire crew had been vaccinated after leaving the United States.

"In 1870, sixty-one cases occurred on the U. S. steamship *Franklin*. The disease first appeared on a sailor with 'an excellent vaccine scar.' The officers and crew were immediately vaccinated with fresh vaccine matter obtained at Lisbon, this vaccination being the third one during the cruise. Nineteen days later the second occurred. 'The disease had been epidemic in many places in Europe during the past season, but I hoped our vaccinations would prevent trouble with it on board ship.'

"In a cruise of the *North Carolina* up the Mediterranean, she shipped at Norfolk a crew of 900 men, most of whom had been vaccinated, or had the small-pox, but were nevertheless twice vaccinated prior to the ship sailing, a third time at Gibraltar, and a fourth time at Port Mahon. Dr. Henderson,

who reports these facts, states that notwithstanding the ultra vaccination under such various circumstances of virus, climate, etc., 157 of the crew had small-pox."

In the Kingdom of Bavaria, where no one for many years, except the newly born, escaped vaccination, there were in the epidemic of 1871 no less than 30,742 cases of small-pox, of whom 29,429 had been vaccinated, as it is shown by the documents of the State Department.

In the first annual report of the Health Department of the city of New York, 1870-71, it is stated: "This extraordinary prevalence of small-pox over various parts of the globe, especially in countries where vaccination has long been efficiently practiced; its occurrence in its most fatal form in persons who gave evidence of having been well vaccinated, and the remarkable susceptibility of people of all ages to re-vaccinations, are new facts in the history of this pestilence, which must lead to a re-investigation of the whole subject of vaccination and of its claims as a protecting agent." Small-pox continued epidemic during this period in New York, in spite of the most rigorous enforcement of vaccination.

In Baltimore, during 1882, there were 4,930 cases of small-pox, of which 3,506 were children. The deaths numbered 1,184, of which 959 were children. Of the vaccinated 2,853, 327 died. The victims were mainly Germans, colored persons, and sailors, huddled together in the worst quarter of the town. As many as twenty cases were taken from a single house. During one month (January), 162,414 were vaccinated by the city physicians, besides large numbers in the previous months.

The Report of the Health Department of the city of Chicago, for the years 1881-82, shows the total mortality from small-pox for the last thirty years (the population having increased from 255,000 in 1868 to 560,000 in 1882), has been as follows:—

Years.	Small-pox deaths.
Decade— 1851-60.....	109
“ 1861-70.....	778
“ 1871-80.....	1479
One Year—1881 .....	1180
“ “ 1882 .....	1292

Thus as vaccination was more rigidly enforced, small-pox increased.

We have endeavored to get the true status of the Muncie epidemic, and to get it from an official source. Dr. Jackson, the health officer, was written to and an inquiry made as to the number of unvaccinated cases in that city. We received the information that there had been 105 cases with seven deaths, and that 37 cases were under treatment, but not a word about the unvaccinated. We have it from another source, perfectly reliable, that there was but one unvaccinated case out of the 105. The dead were all vaccinated. And still we are assured that vaccination prevents small-pox!

In 1871 small-pox was epidemic in Milan; 17,109 cases were recorded, of which only 278 were classed as unvaccinated. In 1871-2 there were 11,174 cases of small-pox after vaccination in London hospitals. Of this year Dr. Seaton said: "An epidemic of small-pox so intense as that which recently prevailed, has afforded a very severe test of the value of our present vaccination laws." If the Jennerian theory has been true, this virulent epidemic could not have occurred in a population where ninety-six per cent of the births are registered as officially vaccinated. As a portion of the remaining four per cent must have succumbed to the hardships of living, the actual substratum of the unvaccinated must be very thin.

The *Lancet* a standard allopathic journal of world-wide reputation, said in its issue of July 15th, 1871: "The deaths from small-pox have assumed the proportions of a plague. Over 10,000 lives have been sacrificed during the past year in England and Wales. In London, 5,641 deaths have occurred since Christmas. Of 9,392 patients in the London Small-pox Hospitals, not less than 6,854 had been vaccinated, *i. e.*, nearly 73 per cent. Taking the mortality at 17½ per cent of those attacked, and the deaths this year in the whole country at 10,000, it will follow that *more than 122,000 vaccinated persons have suffered from small-pox!* This is an alarming state of things. Can we greatly wonder that the opponents of vaccination should point to such statistics as an evidence of the failure of the system? It is necessary to speak plainly of this important matter."

The following candid view of the question is from the pen of one of the wisest physicians of his day, SIR HENRY HOLLAND:—*Present Questions Regarding Vaccination.* London, 1839. “The questions already stated bring us to those which regard the completeness of vaccination as a preventive remedy, the duration of its protecting power, and the changes its virus may undergo by long use and frequent transmission—the most momentous by far of all the inquiries affecting the subject. The events of the last ten or fifteen years have forced them strongly upon us, while apparently at the same time preparing evidence for their final determination. Not only from Great Britain, but through every part of the globe from which we have records, we find that small-pox has been gradually increasing again in frequency as an epidemic, affecting a large proportion of the vaccinated, and inflicting greater mortality in its results. I do not enter into any detail of these facts, as they are now generally admitted. We can no longer deny that the protection given by vaccination is unequal in different cases, or that it may be lessened or lost by time. Experience has here confirmed a presumption, which some ventured very early to entertain, and which, indeed, was sanctioned, prior to experience, by various considerations. The early enthusiasm for the great discovery of Jenner swept those doubts away; and they returned only tardily, and under the compulsion of facts. \* \* \* And though more palpable at one time than another, according to the greater or less prevalence of epidemic causes, yet every succeeding year has multiplied them, and every statement from other countries has attested the truth. The circumstances, of late years, have greatly changed the aspect of all that relates to this question. It is no longer expedient, in any sense, to argue for the present practice of vaccination as a certain or permanent preventive of small-pox. The truth must be told as it is that the earlier anticipations on this point have not been realized.”

Dr. G. F. Kolb of Munich, Member Extraordinary of the Royal Statistical Commission of Bavaria, and the author of several statistical works of acknowledged value, says: “From childhood I have been trained to look at the cow-pox as an absolute and unqualified protective. I have, from my earliest



remembrance, believed in it more strongly than in any clerical tenet or ecclesiastical dogma. The numerous and acknowledged failures did not shake my faith. I attributed them either to the carelessness of the operator or the badness of the lymph. In the course of time, the question of vaccine compulsion came before the Reichstag, when a medical friend supplied me with a mass of statistics favorable to vaccination, in his opinion conclusive and unanswerable. This awoke the statistician within me. On inspection, I found the figures were delusive; and a closer examination left no shadow of doubt in my mind that the so-called statistical array of proof was a complete failure."

Dr. H. Boeing, for many years a prominent vaccinator at Uerdingen, on the Rhine, says: "As I began these researches in the belief and with the hope to gain a sure guaranty for the correctness of the present protective theory of vaccination, nobody can regret it more than myself that their result proved unfavorable to compulsory vaccination \* \* \* and every friend of humanity feels the constraint of being compelled to resign a prophylactic operation, the inventor of which is called yet today one of the greatest benefactors of mankind, and the real practical effect of which has to be placed among Hartman's illusions.—*Facts on the Small-pox and Vaccination Question*, Leipsig, 1882.

We have waited very patiently for some of our vaccinists to come forward with some sort of proof showing that vaccination protects from small-pox, but it seems that they have none. We know that there is no such proof, but some people might think they had it, and we wanted the opportunity to show the fallacy of their position. It is pretty hard work to conduct a war all alone by ourselves. It would be much more interesting if we had some opposition. The silence which our physicians who favor vaccination preserve publicly, when they privately inform their patients that vaccination will prevent small-pox, is likely to raise a question as to their honesty in making such a statement to their patients. Vaccination is a very profitable part of a physician's practice. During the present scare four or five hundreds of dollars have found their way into the pockets of the physicians of Union City, and the cost to them in time and virus is very small.

The operation can be very easily performed in two or three minutes, and anybody can learn to do it in a few moment's time, so that fifty cents per operation is a great, big, fat fee. That ordinary physicians should seek to perpetuate the practice is not remarkable.

We present today a table taken from the records on file in the governmental archives of Germany, showing the result of the small-pox epidemic in Berlin in 1746, before Jenner's vaccination had been heard or thought of. We want to show the people, by comparison with records of modern epidemics, what a great boon vaccination has been to them. The table shows in the first column the ages, and the second column the number of persons living in Berlin of the age opposite; the third column shows the number of deaths from this epidemic of the age indicated, and the last column gives the percentage of deaths per 1,000. The table is worthy of a very careful scrutiny, and will furnish food for contemplation.

Age-Classes.	Persons living	No. of Deaths.	Deaths per 10,000
0-1 year.....	2,000	41	20.5
1-5 ".....	6,560	129	19.5
5-10 ".....	7,120	15	2.1
10-20 ".....	13,360	1	0.1
Above 20 years.....	50,960	0	0
Average.....	80,000	186	2.3

We wish to call attention to the fact that the greatest number of deaths, per 1,000 of persons of that age living, occurred among the infants under one year of age, and the next largest from one to five years, and so on, the mortality decreasing as the ages increased, until between the ages of ten and twenty years, out of a population of 13,360 between those ages, *but one person died*; and above twenty years *not one* out of 50,960 persons. The fact is, as statistics prove, and as writers of that period state, very few persons above the age of twenty years contracted the disease, and deaths among adults were very rare; so rare, indeed, that out of a great mass of statistics relating to small-pox epidemics before the vaccination period we fail to find the record of *one adult death*. Think of it! How is it today, after a century of

vaccination, and with improved methods of treatment and more perfect sanitation. Do you think that Jenner (who was an apprentice to a country doctor when he made his "discovery," and who never was a successful practitioner), has brought the boon to mankind which he is credited with? He received £30,000 from the English Government for it, which is about the usual price for this kind of boons. Those who discover boons of the genuine beneficial kind generally starve to death and get a monument.

The total number of deaths out of a population of 80,000 was 186, an average of but 2.3 per thousand of population, and yet writers of that period refer to it as a severe epidemic. The mortality of small-pox has never produced the general antipathy to it. It is the loathsome character of the disease and the facial disfiguration resulting therefrom that has made this disease so much feared. Jenner's discovery was first strenuously opposed by the medical fraternity and pronounced a humbug; but the royal court ladies, who were ready to grasp at any straw that promised to protect their faces, practiced it and made it popular, and the doctors had to succumb.

We will now present, for comparison, the governmental report of the small-pox epidemic in Berlin in 1871. The arrangement is exactly like that of the preceding table:

Age-Classes.	Persons living.	Deaths	Deaths per 1000.
0- 1 year.....	18,817	1,088	54.6
1- 5 ".....	69,176	1,189	17.2
5-10 ".....	71,011	243	3.4
10-20 ".....	144,422	172	1.2
Above 20 years.....	519,043	2,443	5.7
Average.....	822,569	5,085	6.2

In Berlin, in 1871, vaccination was compulsory, and 90 per cent of the population was vaccinated, the remaining 10 per cent being represented by the newly-born, persons ill from other diseases, and children who were considered unfit for vaccination on account of scrofulous and kindred diseases. You will please notice that 2,443 deaths occurred among persons over 20 years of age, the percentage of mortality being greater among adults than any other class except infants. The average per centage of deaths among all classes was 6.2 against 2.3 before the introduction of vaccination—nearly three times as great. Dr. Muller, in writing of this epidemic, says that out of 179 cases of vaccinated children under one year of age which came under his notice 99, or 55.30 per cent died.

That small-pox does not attack the unvaccinated and spread from them to the vaccinated, is shown by the statistics of many local epidemics for the past twenty years. Thus in the Cologne epidemic of 1870, 173 vaccinated persons had the small-pox before one unvaccinated; in Leignitz in 1871, 224 vaccinated persons had it before one unvaccinated; and in Bonn in 1870, 42 vaccinated before one unvaccinated. In fact, if the "protected" would only not get the small-pox the "dangerous" class would get along very well indeed.

### DANGERS OF VACCINATION.

WM. JEFFERSON GUERNSEY, M. D., PHILADELPHIA, PA.

The investigations of Dr. William Tebb, a well-known English investigator, give a scientific basis for the repugnance which many have to the practice of vaccination. There is certainly no more loathsome, deadly and dreaded disease than leprosy. "Vaccination," says the doctor, "is admitted, though with reluctance, and sometimes with apology, by the highest authorities to be capable of transmitting and aiding the ravages of this much-dreaded disease."

Among other results of his investigation he finds that "the increase of leprosy in the Sandwich Islands, the West Indies, the United States of Columbia, British Columbia, British Guiana, South Africa and New Caledonia *has followed pari passu with the introduction and extension of vaccination*, which in nearly all these places has been made compulsory.

He concludes that "leprosy being one of the most loathsome diseases to which the human race is subject, and being practically incurable, it behooves all interested in the public well-being to do their best to prevent its diffusion, and, as a means thereto, to discourage the practice of vaccination on that ground, if on no other."

The modern science of bacilology has revealed the fact that the various diseases of living organisms are but the result of the action of specific bacilli or infinitesimal microbes, who feed on these organisms as animals, man included, live on the life that is diffused over the surface of the earth; so that every living thing on earth thrives by the disintegration and death of some other.

As every disease has its specific bacilli it follows that persons inoculated for the cure or prevention of one disease are liable to become the victims of the diseases of those from whom the inoculating material is taken. Thus, the vaccine

bacilli taken from the udder of a cow having the consumption may be mixed with the bacilli of this latter disease; and while the vaccinated person is rendered immune from the small-pox he is made a victim of consumption. There is no doubt that from arm-to-arm inoculation many have contracted scrofula, blood taints and loathsome venereal diseases. Many can trace their broken health and weak constitutions to their vaccination. It may be claimed that the bacilli of the various diseases can be separated and the ones to be used isolated from the others, but this claim has not been demonstrated, and even if it be possible, there is no security that it is done.

Dr. Tebb continues: "The most frequent opportunities of innoculating the virus of leprosy are afforded in the practice of vaccine inoculation, which is the only inoculation that is habitual and imposed by law; and the evidence here adduced is calculated to show that vaccination is a true cause of the diffusion of leprosy."

Dr. James R. Williamson, writing of Dr. Tebb's investigations, gives the result of some experiments made by physicians in Calcutta. He says:

These cases were certified by the attendant physician, and an invitation was sent by him to the commissioners (through Mr. Wilson, then editor and proprietor of the Calcutta *Daily News*) to witness certain experiments of treatment then being carried on for the benefit of these afflicted patients. A number of these patients exhibited the true signs of anæsthetic leprosy at the seat of the vaccine punctures. Some of these cases are as follows:

CASE I. Bundaban Mullick, a Hindu male child of seven years, exhibited on the 27th of August, 1889, several leprosy ulcers on left wrist and at the angle of the mouth. On left arm was an oblong whitish-pink patch that entirely obliterated the vaccine pits. The boy's father, who is perfectly healthy, says that four months after the boy was vaccinated he noticed the puncture sites occupied by three small white patches, which in the course of one year extended and coalesced to form the single patch now seen. The ulcers appeared about a year ago and refused to heal up.

CASE II. A Hindu male, Bhaleehur, aged ten years; six months after vaccination a white patch appeared over his left clavicle (collar bone), and on a vaccine site. Half of the patch over clavicle ulcerated, and the ulcer,  $\frac{3}{4}$  inch broad and  $1\frac{1}{2}$  inches long, refused to yield to either arsenic or mercury, both of which he had taken for two years. The clavicle is denuded of flesh and plainly visible, while the ulcer itself is of a leprosy type.

CASE III. Vincent D'C., an East Indian clerk, aged 30. A year after vaccination he felt a peculiar constant itching in

the vaccine pits, and a short time after noticed a curious rash on his left arm, which subsequently gave place to obstinate ulcers, for which he was unsuccessfully treated by three different doctors. On his left arm are three irregular-margined annular patches, averaging  $1\frac{1}{2}$  inches in diameter.

CASE IV. Francis G., an East Indian male child, aged 3. He was vaccinated when only 11 months old. The operation did not "take," and a month afterward the whole of that left arm became perfectly anæsthetic. An annular patch of the size of a rupee occupies the left angle of his mouth, and close by this annular patch are two small anæsthetic tumoid ridges.

CASE V. A. A—n, a Chinese carpenter, aged 43, married and the father of four healthy children, deposed that four months after vaccination the vaccine pits broke down into ulcers, which are still open. His ears are tumoid ( $1\frac{1}{4}$  inch) and perfectly anæsthetic. Tubercular deposit and well-marked anæsthesia in patches all over his body.

CASE VI. William J. C., an East Indian male, aged 21, admitted on August 31, 1891, was vaccinated three years ago, and a year after noticed some pimples break out in vicinity of the pits, on back of hands and on his back. These at first itched a great deal, but, breaking down into pustules, became devoid of feeling, and extended to various portions of his body. The left, fourth and little fingers are also anæsthetic.

CASE VII. R. B. M., a Brahmin, aged 38, stated that three years subsequent to vaccination the pits ulcerated and became anæsthetic. Features leonine, angles of mouth hypertrophied and anæsthetic. Arms ulcerated with hypertrophied cuticles, ankylosis of elbow joint of left arm. Fingers of both hands badly ankylosed. A few patches of leucoderma on back, and one on thorax. Large anæsthetic sinus under ball of great toe of both feet."

The mass of evidence collected by Mr. Tebb, in the volume referred to at the commencement of this letter, from well-known medical practitioners in all parts of the civilized world, many of whom have, as lepro specialists, spent a large portion of their lives in studying the pathology and etiology of this loathsome and incurable disease, give proofs of the inoculability of leprosy and its dissemination by vaccination. Their testimony cannot be invalidated by the hasty conclusion of the comparatively inexperienced Leprosy Commissioners, who appear to have entered on their work with a preconceived determination to admit nothing that would cast reproach on "the immortal Jenner," or impugn the prestige of those whose professional reputations are bound up with the now discredited vaccine dogma.

These statistics afford matter for serious reflection to those who favor compulsory vaccination.

# THE MEDICAL ADVANCE.

A HOMŒOPATHIC MAGAZINE.

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THE MEDICAL ADVANCE has passed through the "slough of despond" during the present year, but now the clouds have passed away and the sky brightens up with the promise of a glorious future. The management promptly responds, and have their arrangements completed for a much to be desired change, both in the material "make-up" of the journal and in the excellence of its contents.

The first issue of the new year will be printed on heavy white paper of excellent quality, and the number of pages increased 32 pages, making a magazine of nearly double the size of the present issue. It will be a journal which the profession at large may be proud to acknowledge as the best exponent of the true "art of healing."

\* \* \*

IN spite of the depressed condition of the world of finance, medical colleges generally have entered upon a prosperous year's work, full classes, and enthusiastic teachers. It does seem as if the men and women who are now seeking admittance to the medical profession are better equipped for the study than those who entered the ranks fifteen or twenty years ago.

This is especially noticed in the classes at Hering College this year. They present an air of refinement and intelligence which stimulates every teacher to bring out the very best there is in him.

\* \* \*

THE death of Prof. Henry M. Hobart of the Chicago Homœopathic College occurred on the night of November 5,

from apendicitis. The college has met with a great loss and the profession a worthy associate. The sympathies of the MEDICAL ADVANCE are extended to the family and friends.

\* \* \*

PROF. TOMHAGEN is giving a series of lectures upon "Temperaments," to a large private class at Hering Medical College. The first of that series appears in this number. They will constitute in their entirety one of the most valuable ever given in Chicago. It is expected that the same series only more exhaustive in their study, will become a part of the regular college curriculum of the future. As many of these lectures as can be obtained will appear in the MEDICAL ADVANCE.

\* \* \*

THE December number will be one of particular value, in that it will contain an elaborate exposition of the principle of "Antidotal" Treatment of Drug Diseases. The distinctions between this and Isopathy will be clearly drawn.

\* \* \*

BEGINNING with the December issue THE MEDICAL ADVANCE will establish a DEPARTMENT OF SURGERY under the direction of Dr. Howard Crutcher, who has been connected with this journal for some time past as a regular contributor.

It will be the policy of the department to present original essays in surgery, gleanings from the general surgical field, with notes, suggestions and items of value to the general practitioner.

Admitting no conflict between surgery and therapeutics, it will be the aim of the editor of this department to establish and demonstrate what he so thoroughly believes—namely, that the practice of surgery is most successful when accompanied by a thorough knowledge of homœopathic philosophy and a faithful application of the homœopathic *Materia Medica*.

Contributions to this department are invited from the profession, and such cases as clearly mark the boundary between therapeutics and mechanics are especially desired.



Not only for their inherent interest but because of their comparative value as guides in other cases. The details of an operative procedure, whilst often instructive and frequently necessary, are many times of far less value than a statement of the reasons calling for an operation.

Editorially the policy of the surgical department will not differ from the general policy of the journal, as there is no rational conflict between the various agencies employed by the true physician in the cure of the sick. Such comment and criticism as will be submitted from time to time will have in view the single purpose of broadening the knowledge and widening the usefulness of the reader.

It is the earnest hope of the management that the new department will prove acceptable to the readers of the journal in whose interest it is instituted and maintained.

\* \* \*

THERE is war in the homœopathic camp at Washington, D. C. For some time trouble has been brewing, as is shown by the bill brought in the equity court by the Washington Homœopathic Medical Society against the National Homœopathic Medical College. The latter is an institution incorporated under the laws of the State of West Virginia, and which recently filed articles under the District laws. The incorporators are Drs. W. H. Heiser, Fred K. Swett, O. A. Purdey, S. A. Muhleman, J. D. Hird, J. J. Slattery, and H. R. Street. The object of the corporation, as stated in the articles, is to found a college for the instruction of students in the homœopathic medical system.

But the Homœopathic Medical Society, composed of the leading practitioners of that school in the city, declares that the proposed college is both without their approval and against their protest, for reasons which they state fully and frankly.

They allege that as their charter confers upon the society the right to examine applicants for membership, they have also the right and duty to protect the public against alleged physicians of the homœopathic school. Therefore their first objection to the proposed school is that it is misnamed, none of the incorporators being recognized homœopaths, nor

eligible to the society, while only two of them have had any instruction in Hahnemann's method of medicine.

The prospectus of the school, promising "complete equipment," they declare, is a delusion and a fraud, and of the alleged capital stock of \$100,000 they declare that only \$70 has been paid up.

The complainants then go on to say that:

A graver lack of facilities for medical education is apparent in the personnel of the faculty. The promoter of the enterprise is one W. H. Heiser, who never attended any homœopathic college and has no knowledge, by his own confession, of that system of medical treatment, nor has he any standing in allopathic medical practice, and he has openly stated that his object is to obtain for himself in the shortest time and with the least expenditure of money a diploma as a homœopathic physician and to make all the money out of the enterprise possible. He has, until recently, been a professor in a veterinary college, and is absolutely unqualified to act as instructor in a medical school, especially in the very important chair of surgery, which, it is announced by the circular, he intends to occupy.

To another of the incorporators they pay their respects as follows:

Dr. F. C. Swett is a graduate of the allopathic school, but has never attended any homœopathic medical college, having been continuously employed in the service of the United States government, and as he has had no actual practice of medicine he is especially unfitted to teach the practice and theory of medicine, which chair it is announced he is to fill. The other members of the faculty are all men of limited experience, unknown in the profession, and only two of them have had any training whatever in Homœopathy.

The complainants further object that "the premises where the alleged college is to be conducted were formerly a private residence and unsuitable for a medical school, while any attempt to conduct dissections will create a nuisance in the neighborhood."

They deny the statements of the circular that the students will have advantages at the Homœopathic Hospital, and declare that the college is absolutely without equipment.

In conclusion they say:

The real character of the alleged college is shown by the fact that its promoters first sought incorporation outside the district, and the complainants charge that it is matter of grave doubt whether the laws of West Virginia authorize such a corporation. The obvious purpose of the last charter was to break the storm of professional indignation against a college conducted under a foreign charter.

Great danger to the community will result from the turning loose upon it of incompetent alleged physicians with the apparent right to practice medicine.

In conclusion they ask for an injunction against the proposed institution, which is to be opened on October 16.

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#### IDIOTS AND OTHER BACKWARD CHILDREN.

In 1801, a wild boy was found in the forests of Aveyron, in France, and brought to Itard, the friend and disciple of Condillac. Hoping to find in the instruction of this lad the verification of Condillac's philosophical theories, Itard labored patiently for six years to develop his intellectual faculties by means of sensations. The young savage proved to be an idiot of low grade, and hence unfit for the experiment. But the attempt to instruct him satisfied Itard that it was possible to elevate the mental condition of idiots. The facts he gathered together he communicated to his pupil, the late Edward Seguin, who entered upon the work as a labor of love, and in 1846 published his treatise on the management of idiocy. This treatise placed him forever in the foremost rank of modern psychologists. The work started by him at the Bicêtre, in Paris, has been continued and brought to a higher state of technical perfection by Bourneville. Or, as the fact has been poetically expressed "Bourneville holds aloft the torch earlier lighted by Seguin."

Itard's pupil consulted nature as to the mode by which the physical powers are cultivated and the mind educated in the infant. So did Fröbel; and out of his axiom, "There is nothing in the mind that was not first in the senses," grew a whole system of scientific sense-training with gifts, occupations, songs, and movement games. The same idea Kant

expresses in a more general way: "All our knowledge begins with experience." Idiocy meant to Seguin prolonged infancy—infancy without grace and charm. The infantile fondness of idiots for bright colors was utilized to teach them distinctions of color and form. Their liking for playthings he turned to good account by instructing them in number, form, and size, through the medium of blocks, cups and balls, and other toys. Words came next, and the meanings of words were taught by pictures. Letters had their place later. The eye, the foot, the hand, were educated by means of steps, dumb-bells, and other gymnastic exercises. The refractory organs of speech were moulded and manipulated until they could utter the desired sounds. After strict familiarity with things came ideas, at first concrete, then abstract as higher consciousness was attained. Though long, this process triumphed. Seguin revolutionized all the foregone conclusions concerning idiocy.

From that time the work has gone on steadily, though slowly, in different parts of the world, in France, America, England, Germany, Denmark, Holland, and Switzerland. In the *Progres Medical*, June 24, 1893, Bourneville publishes a most interesting record of some of the work done in Paris, at the Bicêtre, where the treatment is at once medical, hygienic, and pedagogic. The patients are first taught to hold themselves erect, then to walk. Their joints are exercised and their limbs are subjected to friction. Baths and the arts of hydrotherapy aid in physical development; and physical culture is advanced by systematized movements, free gymnastics, fencing, and dancing. For the development of speech and correct pronunciation, methods in vogue in deaf and dumb asylums are utilized. Every device is employed to render number and calculation real and intelligible. Exercises in the training of vision are many. Some of these are carried on out of doors in gardens laid out for the purpose. There are gardens of surfaces, of geometric figures, flower gardens, vegetable gardens, orchards, woods, fields of grain, vineyards, etc. Music occupies an important place. There are songs and movement games, together with instruction in vocal and instrumental music. Care is taken to teach

the children to distinguish different kinds of sounds. The very first lessons are in the care of the person. Object lessons are given upon the manikin, or upon the child himself, in all the complicated movements required for dressing and undressing, and in the many automatic acts that the normal child learns by imitation. The children at the Bicêtre are taught to wash their faces and hands, to lace their shoes, etc. They learn through doing. Technical training for some trade completes this medico pedagogic system of education. There are seven workshops, where the pupils receive instruction in carpentry, in locksmith work, in printing, tailoring, the making of shoes, baskets, brushes, twine, etc. The results of this method are surprising.

Bourneville classifies idiocy as symptomatic of hydrocephalus, microcephalus, arrested development of convolutions, congenital or pathological malformations of the brain, meningitis or meningo-encephalitis, myxœdema, or cerebral tumors. The paper referred to contains a comparative study of the skulls and photographs of the brains of twenty-two idiotic children, of ages varying from two to seventeen years. Their idiocy was dependent upon different conditions, and their death due to a variety of diseases. They were all typical idiots, and belonged to the same class as the twenty-five patients operated upon by Lennelongue. The treatment had been that of the system just described, with results encouraging alike to the physician and to the humanitarian. The author calls attention to the fact that many backward children are moral imbeciles. They are unstable, perverse, impulsive, wayward, and disorderly. They reach a certain stage of development. The moral qualities are in abeyance, though the intellectual faculties have fair possibilities. Moral imbeciles possess as much mind as is consistent with a total absence of character.

From close observation and wide experience in the care and treatment of every class of imbeciles, Bourneville arrives at six very definite conclusions, somewhat at variance with theories that have a certain vogue. The surgical treatment of idiocy, he thinks, rests upon a hypothesis which is not confirmed by pathological anatomy. That premature ossification

of the cranial sutures exists in the different forms of idiocy is denied, a partial synostosis being always an exception. Lesions which cause idiocy are generally profound, extensive, varied, and unlikely to be influenced by craniectomy. The diagnosis of premature ossification and thickness of the skull is not possible with our present means of investigation. The reports of most surgeons show that the results of operations are negative, slight, or doubtful. Serious accidents may follow surgical intervention, as paralysis, convulsions, or death. The medio-pedagogic treatment founded by Seguin, and brought to perfection by the introduction of new processes, applied with care and patience and for a sufficiently long time, permits us almost always to obtain decided improvement, and often enables idiotic children to attain some value and social station.

The reason that more is not accomplished for idiots and backward children, lies with the parents themselves. It is very difficult to persuade them that their children are mentally defective. Too often the physician's statement is not believed, and nothing is done in the way of special training. Thus valuable time is lost. Yet idiocy is by no means an uncommon disorder. According to one estimate, said to be very much within the truth, six persons in every thousand are idiots, or of such imperfect development as to be of little or no service to the community. In view of the facts of the case, it is evident that the public has much to learn concerning its duties to idiots and other backward children. As it has been demonstrated that the great majority of the feeble minded are susceptible to physical and mental improvement, the claim is not unjust that all backward children are entitled to special education and training. Ten to twenty per cent. who are received and trained in institutions become bread-winners; thirty to forty per cent. can help themselves in many ways and are but slightly burdensome to their families; and the remainder always need custodial care. From any point of view, from that of selfishness, of humanity, sentiment, religion, or social economics, there seems to be no definite and satisfactory reason why the feeble-minded should not be trained into relative usefulness and become at least partially self-supporting—*Medical Record.*

**IS THERE ANY HYDROPHOBIA ?**

It would be a boon to medical science, but an inestimably greater boon to humanity, if much more were known than now is known of the actual or fabulous disease to which the name "hydrophobia" has been applied. Two or three times a month sensational articles, with "scare" headlines, are published in the newspapers to the effect that mad dogs have run through the streets, biting people right and left and creating panics throughout entire neighborhoods. Alleged cases of the death of human beings by hydrophobia are reported. The names of physicians who treated the supposed hydrophobia cases are given, with medical opinions as to the causes of death in cases where the person had been lacerated at some time by the teeth of a vicious dog.

There is not an authenticated case of persons bitten by dogs where the dog was kept for the purpose of ascertaining as a matter of fact whether it was diseased or not. A dog which becomes sick at home, with an unusual expression in its eyes, or which runs along the streets snapping at all the objects which it encounters, is killed by the first man who can use a stone, club or pistol for the purpose. If the animal having these or any other symptoms of disease had been caught and had been caged until the nature of its malady could have been investigated, real knowledge on the subject could have been obtained. But this is never done. The dog goes to its death and the mystery of the hydrophobia superstition remains unexplained.

The supposed symptoms of hydrophobia are very similar to those of well-known diseases. Tetanus, producing lock-jaw, causes spasms and convulsions precisely similar to those in supposed cases of hydrophobia. A poisonous dose of strychnine causes similar spasmodic action of the muscles. The noise in the throat of persons supposed to have hydrophobia, which is said to resemble the bark of a dog, is merely a hoarse and explosive cough changed to an unnatural tone by the imperfect action of the muscles of the throat. The supposed repulsive effect of water on the patient is explained in the simplest words. In tetanus and kindred diseases partial or total paralysis affects the throat, and the water is rejected

because it cannot be swallowed. Every symptom of the disease which has been called hydrophobia can be met with an explanation equally simple. Mere hysteria is manifested by symptoms like those attributed to hydrophobia and which accompany lockjaw.

The Pasteur cure for hydrophobia is a delusion. A person was bitten by a dog. The Pasteur fluid was injected in the veins of the patient. The patient did not have hydrophobia. That is the argument. There is no proof that the dog was mad, for it was killed before the fact could be determined. People bitten by Russian wolves, by wild foxes, by polecats, by domestic cats and by vicious dogs were carried by thousands to the Pasteur hospital in Paris. They were treated to the "cure" and hydrophobia did not follow. That is all. There is no sign that the animals biting them had hydrophobia.

The principles of the cure, or rather of prevention by inoculation, are plain. A non-recurrent disease, like smallpox, is subject to the laws of inoculation. It may be communicated in a mild form to the system, and the mild form is a sufficient protection against the return of the disease. But inoculation for diseases which are liable to return again and again is useless. Even if a toothache could be ameliorated by inoculation it would return to other teeth. Rheumatism comes and goes, and inoculation will not prevent its return. If there is such a disease as hydrophobia the system is not protected against its recurrence if the man should be bitten again by a rabid dog. The plan of inoculation to prevent or moderate hydrophobia is a humbug.

Half the deaths supposed to be caused by hydrophobia occur from nervous convulsions of hysterical origin. Many other deaths occur from tetanus in its various forms, which may close the jaws and the respiratory organs, or may produce spasmodic incurvations of a painful or fatal character in any part of the muscular system. Some deaths occur from mysterious or unexplained causes.

In all that is essential and real there is no such thing as hydrophobia—a convulsive dread of water, a paralysis of the organs of deglutition, the torturing muscular spasms and the canine madness known by that name. Hydrophobia is



as much a myth as witchcraft or possession by devils. The interests of science and humanity are served as this knowledge shall be extended.

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**PRESIDENTIAL ADDRESS TO THE NORTHERN  
INDIANA AND SOUTHERN MICHIGAN  
MEDICAL SOCIETY.**

*Gentlemen and Doctors of the Northern Indiana and  
Southern Michigan Medical Society:*

You were kind enough to honor me by electing me as your president. At that time my sympathetic nerves not being under subjection, thanks were not then tendered as would have been becoming and proper. Allow me to render them now, and assure you of my deep gratitude for the honor bestowed.

If the teachings of Bramah and Buddha are true, as now remodeled and taught as Theosophy, and if I am compelled to appear in another form and remain here on earth, then in future years I will show my gratitude to your great, great grand-children, and continue to do so, for this your kindness until I shall be lost in the folds of Karma.

Gentlemen, we have met to congratulate ourselves that we are of use and value to mankind, and we have reason to do so. We also meet to exchange with each other the knowledge that has been ours to acquire. This will not only prove of value to ourselves but to those depending upon us for the preservation of health. With what we thus acquire, gain from study and experience, we are enabled to give to many, more years of life than by any other medical means they would be permitted to share. For it is easy of demonstration that with our methods of rendering aid to the sick, the average death rate does not exceed two per cent., while with our allopathic half-brothers their loss is from four to five per cent in their regular yearly practice. In some of the most virulent invasions of epidemics, our loss never exceeds eight or ten per cent, while theirs extend from thirty to fifty per cent. This we all know, and can realize as true, so why have we not reason to congratulate ourselves. That our school of medicine, with its safe system of treatment, has made rapid progress is easy to comprehend, for when I began to practice

with this system of medical treatment, there was not as many physicians of our school in the whole United States as there is today in a single state, our own not excepted. Then, there were only two colleges where Homœopathy was taught, and only three journals published, and no hospitals where our treatment could be used, and now you will need paper and pencil to number our colleges, hospitals and journals. What a progress in a single life time.

The christian religion did not make as rapid progress in its early years. Nothing has equaled it except the spread of civil and national liberty, as exemplified in the growth of our nation. Mahomed made more converts in less time, but his conversions were made by compulsion. Our influence has gone farther than we are credited with. Our teaching has compelled the abandonment by the dominant school of salivating, bleeding, blistering, and the giving of emetics. Not only that, but it is not customary now for them to give more than one-tenth as much medicine as before we taught them, and they caught on to their absurdity.

It might almost be said that we are at ease in our possessions and feel no deep solicitude for the success of our school and its tenets. Making a slight change in the words, we can say that the same law that guides us will see us safe through. If you leave out the toxical, and primary or drug effect of your medicines, and give it to secure the secondary or tertiary effect, and are guided by the similarity of symptoms good results are certain to ensue, and then you are guided by the natural law that will enable you to restore the lost harmony to the human mechanism. If this is yours to know and follow, you are a homœopath and entitled to full communion with us. If you choose to lose sight of the body and its subjection to natural influences, and seek to treat the spirit that has it in charge, then you transcend the limits of human reason and cease to be of much value to your fellow-men as their mundane assistant and are no longer a law-guided physician, but become a deluded searcher after the link that connects the created with the creator. Psychology has no legitimate relation to rational or comprehensive medical treatment.

With the self-assurance that our knowledge of medicine

and its kindred aids gives us, we can calmly sit and watch the mistakes and afflictions that seem to befall our conceited and semi-benighted co-workers, the allopaths. With an innate consciousness of their deficiency in many respects, they are ready to grasp at anything that may promise to aid them.

Pasteur's protection against canine rabies, was hailed by them as a godsend, and yet time has demonstrated that his treatment was of very little utility and of doubtful value.

Hahnemann, in his *Chronic Diseases*, Vol. I, page 52, says: "Only a few of those who are bit by mad dogs are infected, scarcely one in twelve, often, to my knowledge, only one in thirty; the rest, were they ever so much torn by a mad dog, generally recover with or without treatment."

Brown-Sequard's Elixir of Life was accepted and used in many cases. If it was not swallowed it was injected to regenerate and rejuvenate many an old rake and semi-dement. Life, youth and vigor, was in the hands of many a doctor then to give. 'Tis dead, 'tis dead, and tears have o'er it fell.

Then came Koch, and dread consumption surely then must die, and fearful Lupra hide its horrid head. How grand and pleasing was the glow that o'er the country widely spread, and many a poor consumptive lived on hope, till night sank down upon them with its final gloom, and death was theirs. Fame, medals and wealth was heaped upon the short-lived fraud that lured so many doctors there to get the high-priced, yet hoped for magical means of speedy cure. Professor Vichow could not bear to let the fatal dance go on, and gave the world to know it was only another failure founded on deception. Again for them another star of hope died out.

The next, and still prevalent delusion is the speedy reformation of inebriates, those whose brains have been shriveled or rendered anemic, the walls of whose stomach have been thickened or indurated by the injudicious and imprudent use of liquors. In this, not much sympathy need be wasted for mainly only one class is by it involved, for it is only those who have flittered away their manhood by their own imprudence; so if they are disappointed, not much loss can be felt. It can only aid those who have not lost all individuality and self respect. Perhaps in future years, an infidel can be vaccinated from a christian and a conversion be made. It seems

to be only a logical conclusion if inebriates can be so easily restored to sanity.

There is now dawning a new delusion that like other names, must come and slowly die away. As there is nothing sensational in it, it must slowly live and slowly die. I allude to Isopathy. Already we have on the market medicine prepared from the brain, heart, bones, thyroid gland, and the sexual organs, (a la Sequard). These are heralded and advertised as sure to cure any defects or disease of those specified parts. Later preparations of the kidneys, liver, stomach, lungs, and so on, will be produced. Like the hopeless ancient maiden, it is anything to help. But thanks to our better knowledge and ability to trace effects to cause, we are not so often led astray after vain promises.

Yet, I regret to say that some, not content with a reasonable certainty have sought and accepted an apparent brief road to fame in our schools of medicine. Some have been led to believe that one constricting muscle holds the key to vitality, and that the ready and weary soul will not be permitted to leave its citadel for some future abode, if only that one muscle is put upon the stretch, if it is made to relax its hold by being forcibly relaxed. I will not take your time to attempt any reasons why it is an absurdity, but will say, that I can see no logic in it, except, that any self-respecting, modest person would rebel and awake to life and activity if they were surreptitiously attacked in the rear. Like other delusive promises, time will cast its slowly gathering shadows o'er it, and "Mene Tekel Upharsin" will be seen on the pages of coming medical history.

Gentlemen, my experience with our homœopathically prepared medicines, and given in accordance with our recognized law, has been nearly twice that of physicians generally, and I feel justified in saying that there is no recognized type or form of disease that is not amenable and curable by our properly administered remedies. Entering the arena as a physician at an early day, when the centesimal scale of divisibility was the standard form, the habit of their use has still remained, and the necessity has never arisen to resort to or use the decimals. And I would earnestly ask you to consider the advantages that would come to you and your patrons, if a few

of your early decimals were dropped from your list of medical aids.

Some of our erratic friends are more than half inclined to become psychical doctors, and lose sight of poor humanity with its many physical defects, that was in their province to so readily remedy in a rational and comprehensive manner. One has been led by the delusive idea that it is in his power to alter the conditions of life by the aid of his mysterious application of some of his incomprehensible potencies, and accomplish what the wildest dream of a bedlamite could not conceive, claiming that defects of education can be remedied by a single dose, that can be administered in a dish of soup or in a glass of beer. We must conclude that:

“ When reason dares to seek repose,  
Then fancy wings for flight.”

In conclusion let me say, first be consistent, try to comprehend fully the present condition, and if possible find out the producing cause, remove that if you reasonably suppose it can be done, and generally the effect will subside or disappear.

If you fully understand the situation and condition in any case, *be positive*, and give the assurance that you *will give* the desired aid, and it will come at your bidding. Encouragement and a reasonable, positive assurance, will always prove to be fully twenty-five per cent. in your favor.

Have confidence in yourself, and you can and will inspire it in your patients. It is a great aid; call it faith, if you choose.

G. W. BOWEN.

LIGONIER, IND., October, 1893.

**WHY THE BODY SHOULD BE CULTIVATED.**—The important subject of physical culture is not considered as it ought to be by the majority of men and women, and there is almost absolute ignorance of the make-up of the body on the part of even intelligent people, with little desire for such knowledge, although health, beauty, and success depend largely on the treatment given to the body. Mental acquirements are blindly worshipped, while the essential question of health receives little thought, and hence it is almost impossible to find men in the ordinary walks of active life, at middle age who do not complain of impaired health and want of vital force.

Without a sound body one cannot have a sound mind, and unless proper attention is given to the culture of the body, good health cannot be expected. Plato is said to have called a certain man lame because he exercised the mind while the body was allowed to suffer. This is done to an alarming extent nowadays. Brain-workers, as a rule, exercise no part of the body except the head, and consequently suffer from indigestion, palpitation of the heart, insomnia, and other ills, which if neglected generally prove fatal. Brilliant and successful men are constantly obliged to give up work through the growing malady of nervous prostration. The number of those who succumb to it has increased to an alarming extent of late years, and that of suicides hardly less. Few will question that this is owing to overworking the brain and the neglect of bodily-culture. Vitality becomes impaired and strength consumed by mental demands, which are nowadays raised to a perilous height, and it is only by careful attention to physical development and by judicious bodily exercise that the brain-worker can counteract the mental strain. Women rarely consider the importance of physical culture, yet they need physical training almost more than men do. Thousands of our young women are unfit to become wives or mothers, who might be strong and beautiful if they gave a short time daily to physical development.—*Wilton Tournier, in November Lippincott's.*

# THE MEDICAL ADVANCE.

A HOMŒOPATHIC MAGAZINE.

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VOL. XXX.

DECEMBER, 1893.

No. 12

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## EDITORIALS.

It was thought best to confine the transactions of the International Hahnemannian Association for 1893 in volume XXX of the *MEDICAL ADVANCE*, because a large number of the readers of the *ADVANCE* will wish to have these transactions bound together, and volume XXXI will appear upon entirely different paper and arrangement of its contents.

\* \* \*

THE experiment of arranging the contents of the *MEDICAL ADVANCE* under distinctive departments with consecutive paging has not proven so satisfactory as was desired by your editor. While many readers received it with favor and appreciated its classification, others deplored the complications arising from the incomplete appearance of articles, and the (to them) puzzling interruptions in the paging of the journal. These reasons, with the simple fact of the extra amount of work and care on the part of both the editor and printer, induces us to return to the stereotyped form usually found in other journals.

\* \* \*

THE experience of the past year has been exceedingly valuable in many ways, and the readers of the *MEDICAL ADVANCE* are assured that from the beginning of the year to its close many valuable thoughts and suggestions will be given to the profession through the columns of this journal. Hering Medical College was organized for the purpose of giving a thoroughly practical instruction in the law of cure as

laid down by that master of the healing art, Samuel Hahnemann. The faculty are a unit in their belief that this law is the *safest, surest, and best* way for the healing of the sick; and try to inspire those who listen to their interpretation of these truths with the same enthusiastic determination to be content with nothing but the best.

\* \* \*

AN appreciation of the fact that a large majority of those who would be Homœopathic physicians in the truest sense, have been led from the straight and narrow path which leads to positive knowledge, and have thus gone into the world ignorant of the principles underlying their noble profession, and led through this ignorance to an honest doubt of the law of *similia similibus curantur*. So soon as they let go of the sheet anchor of faith they are compelled to group about in the darkness and gloom of perpetual disappointment.

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MANY letters have been received during the past year asking for the definite instruction which was denied them during their college life, and in response to this demand more space will be given during the coming year to the elaboration of different sections of the Organon as treated by the different professors in Hering Medical College. Dr. Tomhagen is delivering a regular course upon the different temperaments to be found in man, and by a system of comparisons showing how to adapt different remedies to different temperaments, thus enabling the prescriber with greater certainty to secure the simillimum. The lectures of Doctors Allen, Reininger, Sawyer and others will be drawn upon for just this information so much needed and so greatly desired by the more earnest members of the profession.

\* \* \*

THREE articles of the Symposium of Homœopathic Prescribing have already appeared in the columns of the *ADVANCE*. Fifteen numbers remain, so we hope to give one article each month during the year.

\* \* \*

IT is desired that the question of antidotal treatment of drug diseases be given a very careful consideration, and to



that end papers are solicited both for and against this theory, from the readers of the *ADVANCE*, and as soon as sufficient evidence has been received, one issue of the *ADVANCE* will be devoted to its consideration. Those who have tested the theory and found it satisfactory should make an effort to bring before the profession not only the results of their experimentation but also the line of reasoning employed by them in the same. Those against the theory, as bordering upon the domain of Isopathy, will be given an opportunity to define their position. If it be a truth of such universal adaptability as to fulfill the requirements of law, the profession want to know of it; if it be but the fancy of a few enthusiasts, the matter should be sifted to the bottom and rejected.

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YOUR name appears upon the wrapper just as it stands upon our books, giving the name, address, and date to which your subscription is paid. In the future no receipts will be sent for subscriptions other than that upon the wrapper of your journal. If you send any money to this office, and find you are not credited with the same upon your paper, please notify us, and the matter will be investigated at once.

\* \* \*

Enclosed within each copy of this issue is to be found a *RENEWAL BLANK*. The *ADVANCE* will be sent to everyone upon our lists from now until the *MARCH* issue, and *after that date, every name will be stricken from the lists who have not given a definite order to continue.*

IT IS now well known that cholera is a disease of the alimentary canal. Its inciting cause is believed to be a germ taken into that canal through the medium of food and drink. There its presence is protested against by the absorbent vessels, which eliminate from the food the nutriment for the body. The first symptom produced by foreign invasion in the intestines is a diarrhœa, which may precede vomiting from one to three or even four days. If this be true, the bowels must be the seat of disorder, and the most direct method of reaching them by medication must be the best. If the stomach could be emptied of the foul material before the poison has passed further, there might be speedy relief and, indeed, no real

cholera. After it has passed into the intestines, medicine administered through the stomach may be slow in reaching the seat of the disease, and even then can only mingle with the poison, holding out the hope that the one will be neutralized by the other. This hope, in truth, is seldom realized. But if the poison can be removed from below, the course is left clear for nature to recuperate itself. The diarrhœa is an evidence of the great exertion put forth by the organism to rid itself of the death-dealing agency, and probably it would be effectual in the great majority of cases were it not that the nervous forces of the system are exhausted by the terrible strain before the required evacuation of the bowels is completed. A large irrigation of hot water, made soapy preferably by neutral liquid soap, introduced into the colon through a suitable rubber tube, is the simplest, and I am prepared to say further, that it is a more satisfactory way of treating cholera than any other with which I am acquainted. The time to begin the irrigation is at the very earliest possible moment. Save the blood ever single moment of infection by immediate action, even if there is the faintest suspicion of cholera either with or without diarrhœa. The rule, from which there need never be deviation, is to treat the patient by irrigation of the bowels and rinsing of the stomach, without waiting for confirmation of the diagnosis, either with the microscope or by the culture test. The best part of the practice is always to save the patient, even at the expense of fine statistics.

My belief is based upon personal experiences in St. Petersburg of the following surgical measures and medical treatment, viz.: Irrigation of the bowels, *always first* with hot water made soapy with neutral liquid soap or a good castile soap; second, cleansing and rinsing the stomach with hot water and *medicinal peroxide of hydrogen, of Marchand*, continuing till it is well washed; third, food and nursing; fourth, *medicinal peroxide of hydrogen of 4 per cent. strength* given in cupful doses at intervals of two hours during the sickness, till convalescence; fifth, meet the requirements as they come up, as would be done in any other grave disease, using whatever personal experience has taught us to believe is good. The feeding and nursing are the same as would be required by a patient suffering from septicæmia or other prostrating disease.—*Elmer Lee, M. D., Chicago Clinical Review.*

THE  
THEORY AND PRACTICE  
OF  
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**DARIUS D. THORP, PRINTER AND BINDER,  
LANSING, MICH.**

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## PREFACE.

The ordinary reader of the medical journals of the present day picks up his magazine, during leisure moments, and in a superficial manner, enjoys its contents with but little if any assimilation of its contents. There is comparatively nothing retained for future use, simply because he does not know where to find it. Many valuable gems are thus lost every year, and the possessor goes on mourning the loss without being able to help himself.

We seek to supply this imperative demand by bringing together articles upon Theory and Practice, and arranging them so a volume can be collected at the end of each year and bound for constant use in the working library of every busy practitioner.

Valued assistance has been promised from Drs. J. T. Kent, H. C. Allen, J. B. S. King, J. R. Boynton, W. M. Johnson, W. J. Hawkes, E. W. Sawyer, Mary Florence Taft, Frank Kraft, Howard Crutcher, S. Mills Fowler, H. P. Holmes, Chas. H. Taft, J. E. Tremaine, Wm. E. Waddell, L. A. L. Day; and we purpose giving to the profession a medium of such value that they will be glad to have their best thoughts preserved for future reference in its columns.

To insure more careful study of the contents of this volume we have arranged to have the prescription made in each case indicated by a numeral, e. g., Case 1, Nux vom. 45 m. will be represented in the first report as (1) 45, and in a subsequent number will be reported as follows: Case 1, (1) Nux vom. So the reader may insert in the margin opposite the number the prescription made.

Cases will be numbered in consecutive order throughout the year and indexed under the sub-title, also under the name of the remedy.

This arrangement entails an enormous amount of extra work but we will be content if it meets with your approval.

CHICAGO, Jan. 1, '98.

H. W. PIERSON, Editor.





# THEORY AND PRACTICE OF MEDICINE

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## TAKING A CASE.

The Organon is so explicit in the matter and manner of examining a patient and tracing the image of the sickness that I really wonder that any one should have any difficulty in comprehending the subject—or that any one pretending to be a homœopath would proceed without following Hahnemann's directions. And if they do thus proceed without following his instructions, especially in chronic cases, how can they expect to obtain the results, by their careless manner, that followed his careful method of interrogating the patient, and faithfully recording every symptom.

Hahnemann approaches the subject with the carefulness characteristic of the man, and due to the importance of the matter of which he is about to treat; and in Sec. 83 of the Organon presents and describes the qualifications necessary for comprehending the image of the sickness, and then gives explicit directions to the physician, thus qualified, for discovering and tracing out an image of the case before him, in Secs. 84 to 90 inclusive. First, let us notice the qualifications *necessary* before a physician, a homœopathic physician, is warranted in taking the case, or, as Sec. 83 puts it, before he should undertake the examination of a particular case of sickness with the intent of presenting it in its formal state and in its individuality.

This *demand*s—it does not recommend merely, it demands—on the part of the physician: First, an unprejudiced mind; second, a sound understanding; third, attention and fidelity in observing, recording and tracing the image of the sickness.

Hahnemann loves to deal with triangles, and this is a beautiful triangle: Freedom from bias, power to comprehend, and fidelity in performing the task.

Fincke, in his translation, gives us Sec. 83 in this language: “This individualizing *examination of a case of disease* for which I here give only a general instruction, and of which

the examiner of the disease retains only that which is applicable to every given case, demands from the healing artist, nothing but an unprejudiced mind and sound senses, attentive observation and fidelity in drawing the picture of the disease."

There is a difference in the wording, but none in the meaning, and this is one of the important sections of the *Organon*.

The unprejudiced mind is free from bias—free from prejudice—ready to receive and judge, weigh and decide upon fairly, whatever may be brought before the mind in the symptoms, either objective or subjective, without any preconceived ideas, opinion or judgment, regarding any symptom or remedy that may or may not be in any way related to the particular case. How frequently in examinations is it thought inadvertently, perhaps, "this symptom belongs to this remedy;" "this is a key-note to that remedy," and "there is but one remedy that has that symptom," and begin to question in a manner that shall, if possible, corroborate the key-notes and preconceived ideas of the examining physician. Is this not a prejudiced mind? Is it free from bias?

Is it possible that we can prescribe upon a key-note system, by so working the case, by our manner of questioning and altering statements, that we shall make it fit an image we have formed in our own minds that exists only in preconceptions and not in the totality of the symptoms before us, and then prescribing for this image of our own preconceived ideas expect to cure our patient? Do we not give the remedy to the wrong person? Only the one in whom that image existed should certainly receive the medicine, and that one is the physician who preconceived the image. Do not examine patients in such a manner that to do your patient and Homœopathy justice you should take the medicine yourself.

There is probably more in this than one would at first think. The patient's health, comfort and possibly his life may depend upon this very examination, and his health is more to him than all his wealth. Yet, if we had property or money at stake or in dispute, how would we like to take the case before a judge or jury whose minds were, or might be,

prejudiced, or whose minds were already clear upon the verdict. Again, how carefully the witnesses in such cases are examined, how zealously every leading question is avoided or objected to by the attorneys on the opposite side, that no advantage may be taken; and then the close cross-questioning to elicit every fact, and the tact thus displayed frequently wins the case or makes the reputation of the one who can so bring out all the facts, or convince the judge or jury, by the manner in which the facts are brought out, of their truth. Can we aim at less in the examination of a patient whose life and health is in jeopardy? Is health of less value than wealth? What would a man not give in exchange for his life?

The second point in our triangle is, "A sound understanding."

Fincke renders it "sound senses." He has the capacity for examining in every manner all and everything in the case. He can hear, he can see, he can feel, he can smell, he can taste, and, above all, he can *think*. But, I really like better the word "understanding," for in this faculty falls every truth, and all knowledge and what is known best is because of the understanding and the love of truth, and these two, his love and his understanding, makes a man what he is; makes his character, makes him a homœopath, an allopath, or a cross between the two. Then, with the *love* of homœopathy in its purity, and with its truths, its laws and its principles firmly fixed in the understanding, he will be well qualified in this particular to examine the case.

3d. Our third point is attention and fidelity in *observing, recording and tracing* the image of the sickness.

Fidelity would prevent carelessness and call forth the energy and the full capacity of his power, and implies that there is nothing too small or of too little importance to be taken into consideration. That little ache, that little pain, that little pimple, the what, the where and the when, everything must be observed and recorded and play their part in the drawing of the picture, and in the totality of the symptoms recorded trace out the image of the sickness.

Here is the patient; he is sick; what do we want to know? What is the matter? What is the disease? Is he bilious? Has he fever? Has he chills? or has he Bright's disease of

the kidneys? Is this or any of these things what we want to know? It is well enough to know all this, and we should as homœopathicians be able to diagnose a case and name it correctly if possible, for we should examine a case much more thoroughly than the allopaths; but these are only results.

Is this knowledge what we especially first, and now, most need? No, but we do want, "upon plain intelligible principles, to find the *most certain means* of restoring his health in a prompt, mild and permanent manner" (Sec. 2 Org). Have we a remedy for biliousness, or for chills, or for fever, or for Bright's disease? No, but we may find a remedy for *him*, for the sick man, if we go to work according to the plain instruction of Hahnemann. How shall we find this *most certain means* of restoring health? In the reply we find one of those telling triangles, by *observing*, by *recording*, by *tracing* the image. What is to be observed? What in this particular case is to be remedied by this *most certain means*? or what is to be cured in the disease? Is it the chills? Is it the fever? Is it the eruption? Is it the discharge? Is it the tumor? or, is it the excrescence? It is not them nor any of them. These things are not sick nor sickness, nor do they constitute the disease. It is the patient who is sick and his sickness lies within, deeper than any of these; back, behind, beyond; these are but the results, the manifestations of the sickness, of which we *can only* find the image. "The unprejudiced observer perceives in each individual affection nothing but changes of the state of the body and mind that are discoverable by the senses." "Deviation from the former sound state of health; *felt* by the patient, noticed by the individuals around him, or observed by the physician" himself. "The *ensemble* of these available signs *represents* in its full extent the disease itself and constitutes the *true form*, the only form, the mind is capable of conceiving (Org. Sec. 6), and in this totality the qualified physician clearly perceives the curative indication in each particular case. Thus if in a disease we can perceive nothing but the symptoms *then these symptoms alone* must guide the physician in the choice of the remedy (Org. Sec. 7) in finding the most certain means of restoring health to the sick man.

"*This ensemble*, this totality of symptoms *represents* in its

full extent the disease itself—it is *not* the disease—yet “they *constitute* the true and only form of the disease which the mind is capable of conceiving.” Then if these symptoms in their totality constitute the true and only form of the disease, these symptoms are what we want to observe, and faithfully record every one of them, omitting nothing that is peculiar, or that is a “deviating from the former sound state of health,” and this totality will not be complete until it contains all the deviations from health felt by the patient, noticed by the individuals around him, and observed by the physician himself, and when all is faithfully recorded—then in this totality that represents the true and only form of this particular sick man’s sickness we may trace the image, the true image of the internal malady that manifests itself in the symptoms that constitute this particular totality.

## THE CLINIC.

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WHAT IS THE REMEDY?—CASE I.—I recall no case similar to the following in any of my readings, and am at a loss to know how to answer the first inquiry she made upon entering my office, hence send the report to the *ADVANCE*, trusting some of its many readers may solve the question satisfactorily.

Mrs. P., married, no children, perfect picture of robust health, white, native of Ohio, age thirty-five years.

Strong healthy child. Had scarlet fever at four, and diphtheria at seven years of age. With the exception of a chronic throat difficulty, never sick until sixteen years old. As result of heavy lifting menstruation for the first time was brought on, attended with intense cramps lasting almost constantly for two weeks. With the cessation of the pain the flow (which amounted almost to a hemorrhage) stopped. She soon regained her usual health, which continued unimpaired until she was eighteen years old, when there seemed to be a gradual breaking down of the entire system and the general prediction was an early death from "consumption." Was under constant medical attendance for the next three years without any seeming benefit. In fact, for three months preceding May 1878, she grew worse. In May of that year, and five years after the first and *only appearance of her menstruation* see was again "sick" and in almost identically the same way. From that time her recovery was rapid, and in six months' time she weighed 165 pounds.

Has had "quinzy" every spring since, generally followed with an attack of "asthma" lasting but a few days. This has been varied this spring by "la grippe" followed with "pneumonitis." In 1880 she married, (I imagine at the solicitation of her friends and physician) but the union was a failure so far as happiness was concerned, for she found that there not only was an entire absence of sexual desire, but such a repulsion as to almost destroy the love she had for her husband.

Again in May of '83 and early summer of '88 had she a repetition of the experience of '73 and '78. The quincy in early spring followed with asthma and other profound constitutional disturbances, finally terminating in a real uterine hemorrhage lasting about two weeks, and leaving her prostrated for two or three weeks.

The sexual desire is no greater at this period than at any other, if anything, the contrary feeling is intensified. With the exception of these periodical disturbances she has been remarkably free from aches and pains, and can resist the effects of all kinds of epidemics.

Notwithstanding the seeming lack of development of the sexual functions, she has an intense love for children, and they have adopted three babies at different times, and cared for them as though they were their own.

Her friends are anxious about her, but she laughs at their fears, declaring that they are the ones to be pitied and not herself. With this brief statement of her case, permit me to ask you the same question she put to me.

Is there any thing requiring medical attendance? If so, what should be done?

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HAHNEMANNIAN CURES.—The following series of cases is designed to demonstrate the superior results which follow a *strict* adherence to the rules of Homœopathy, as taught by Hahnemann; the chief of which are, (1.) the most similar remedy, selected according to the symptoms of the patient, and not according to pathological theories; (2) the single remedy, not a mixture or alternation of medicines; (3) the minimum dose of the dynamized drug, not crude drugs, or unnecessarily repeated doses. As a result of nearly thirty years' investigation of Homœopathy, I unhesitatingly declare that I have never once found Hahnemann's practical teachings to be erroneous. NO ERRATA.—In order to render these papers as instructive as possible to the neophyte, I shall endeavor to elucidate to the fullest extent the method of selecting the remedy in each case; giving, where necessary, comparisons with other similar medicines; nor shall I hesitate to point out any errors into which I may now see I had fallen, so that others may avoid these pitfalls.

CASE 2.—1885, April 15th. Mr. B., aged 55, consulted me for the following symptoms: In 1856 he had typhoid fever, treated allopathically. Ever since then, if he lies on his left side he has desire for stool; and if he persists a loose stool is the result. A few weeks ago he was in Boston, U. S. A., where he caught cold during cold weather. He has a dry hacking cough on entering the cold air; the cough shakes him. At first there was yellow sweet expectoration, but no sputa now. When on board ship returning to England, had much sweat on head, and the cough was worse when lying on back, better when lying on right side. Feels weak.

His history is as follows:—Never was a strong boy. His father was a healthy man, and died at age of 70; his mother died at age of 49 from over work. Has had five sisters, who have had good health, but one died from the acute effects of catching cold. In 1865 patient had rheumatic fever, from which he made a good recovery under Homœopathy. In 1884 had gastric fever, treated by a local homœopath. He first consulted me on May 28, 1884, for dyspepsia, which was relieved by *Carbo-veg.* cm. (F. C.); at this time he made no mention of the “thirty years’ war” which this troublesome intestinal symptom had waged in his organism.

*Diagnosis of remedy.*—Taking the most peculiar symptom, not as by itself an infallible and exclusive keynote, but as a valuable guide to the totality of the symptoms, I found in Bell’s *Repertory of Diarrhœa*, “aggravations from lying on left side, (1), (2).” Of these two remedies, a reference to Lee’s *Cough Repertory* showed that (2) had all the cough symptoms, except the amelioration from lying on right side (it has aggravation from lying on right or left side); whereas (1) has only the dry, hacking, and shaking cough. ERRATA No. 2.—The *Materia Medica* showed the following symptoms:

2357 “Dry irritating cough, especially when lying on the right side or on the back.”

2372 “Cough caused by cold air, which affects the chest very much.”

3902 “Perspiration only on the head; afterwards in the house, after moving about in the open air,” (compare also 3900, 3901, 3903).

3237 “Weakness” (compare 3228 to 3296).



I prescribed (2) cm. (F. C.), a few pellets dissolved in water and a spoonful of the solution given every four hours for eight days.

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

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

*Diagnosis of remedy.*—"Flow of saliva with headache" belongs to *Epipegus* (viscid saliva), *Hippomanes*, *Indium*, *Kali-bichr.*, *Opium*, *Phosph.*, *Sepia*. ERRATA No. 3.—The *Materia Medica* gave

291 "Violent dull headache, with nausea, eructations, and accumulation of water in the mouth."

298 "Dull pain in whole head, with dizziness, so that he could not hold up head well, and at times could not see well; on turning the head the pain was aggravated, and extended down into the face, somewhat better on leaning it forward, without heat, with accumulation of water in the mouth, and general prostration and sickly look."

As the same remedy was again indicated, I prescribed (2) cm. (F. C.) as before, a spoonful of the solution twice daily for eight days.

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

From this time he remained fairly well in health, having no occasion for my advice, till March 21, 1889, when he consulted me for a general breakdown from overwork, business worries, and heavy pecuniary losses. The desire for stool when lying on left side had lately returned at times, but never so badly as formerly. His stools were now thin in diameter and very long (they had been so at times for some years), soft but difficult to pass, had to squeeze and press abdomen and loins to assist the evacuation. He also had other symp-

toms of dyspepsia, which, not being characteristic of any one remedy, need not be detailed. I prescribed one dose of (2) mm. (Fincké) a still higher potency than the former. This remedy speedily removed the unnatural urging to stool, and the evacuations became more consistent, better formed, and less difficult to pass. His other dyspeptic symptoms also improved. Whether the (2) would have completely cured these other symptoms I am unable to say, as a change in his condition necessitated a prescription of *Nux Vomica*; and later he required *Arsenicum* for an attack of the influenza epidemic.

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

(2) The value of clinical symptoms is also proved. In the *Encyclopædia* I am unable to find the characteristic symptom of this case, either under (1) or (2); neither is the equally characteristic of "stool narrow, dry, long, difficult to expel, very like a dog's stool," to be found therein. They are, at present, merely clinical symptoms. Such symptoms are often absolutely indispensable to fill up the gaps in our *Materia Medica*, till further provings produce them as pathogenic symptoms. But it is necessary that they be used with caution. It does not follow because a symptom disappears under the action of a remedy, that it has been cured by the direct homœopathic action thereof. It is conceivable that a remedy may, without being homœopathic to all the symptoms of the case, be so far homœopathic as to remove a large number of them under the law of similars; and that then, the chain of symptoms being broken, a few remaining links may drop off spontaneously, the organism being now sufficiently relieved for the *vis medicatrix naturæ* to complete the work. Hence clinical, far more than pathogenic, symptoms, require frequent verifications, under diverse circum-

stances, before they can be safely resorted to as guides in the selection of the *simillimum*.

(3) The uselessness of pathology, *as a guide in the selection of the most similar remedy*, is also evidenced by this case. What pathologist could declare with certainty the exact nature of the intestinal lesion which must have existed in this patient? And if he could, how could he distinguish pathologically the difference between (1) and (2), which have both cured this symptom? The true "method of Hahnemann" is that of the selection of the remedy by symptom-similarity; and to accomplish this satisfactorily, we must habitually use the Repertory and the Materia Medica, consulting them in the presence of our patients, and, if need be, questioning them from the symptoms recorded therein. Our Materia Medica is too vast to be carried in the head of any of us, even were he a Bönninghausen, a Hering, or a Wilson. Fortunately for the rising generation of homœopathic physicians, their work in this direction is being greatly simplified by the publication of Dr. E. J. Lee's *Repertory of Characteristics*,\* which is without exception the best in arrangement and execution that I have ever seen in any language.

(4) Though the repetition of the dose did no perceptible harm in this case, yet further experience has convinced me that single doses would have been sufficient. After a comparative series of investigations on this subject, extending over many years, I have arrived at the conclusion that as a rule single doses of the highest potencies are preferable, especially in chronic cases.

E. W. BERRIDGE, M. D.

25 Regency Sq., Brighton, Eng.

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\* This work may be obtained direct from the author, 1123 Spruce street, Philadelphia, Pa., U. S. A.

CASE 3.—TWO CASES OF NEURALGIA.—March 10, 1890, saw Mrs. Mc A., aet. 60, spare, nervous, dark haired, suffering severely with the following symptoms:

1. Has had *sharp* throbbing pain at emergence of right supraorbital nerve, for two days, is now extending to same nerve on left side.

2. Intense aching in eyeballs, conjunctival injection, photophobia and profuse lachrymation.

3. Pain increases and decreases with the sun; at height of attack (noon) she groans and is very restless.

4. Pain is < by *cold* and < by *warm* applications.

5. Had this pain thirteen years ago, but an attack of grippe seems to have brought it back again.

(1) prescribed; in fifteen minutes she felt a sensible relief and by the next day was well, since which there has been no return. C. M. B.

4. May 16, '90. Mr. E. S., aet 22, called at office; blonde, phlegmatic temperament, giving the following history of his symptoms.

1. *Dull* throbbing pain in right supraorbital notch.

2. Subject to chronic nasal catarrh.

3. Pain increases and decreases with the sun.

4. Pain < by *stopping* and violent exertion, > washing in *cold water*.

For this condition he received (1) in the 3x and in one day was well, and so remains to date.

CASE 5.—FACIAL NEURALGIA.—Mr. Chas. P——, a tailor, came to see me at the dispensary, having suffered for a long time from facial neuralgia. Had been treated by several old school doctors, but each one of them, after treating him for some time with remedies and liniments, with hardly any relief, told him that he would have to be operated on to have the diseased nerve cut out, as it was the only way he could be cured. This was to him always the signal to try another doctor, as he did not relish the idea of an operation. He had been so long unable to work, and spent all his savings for doctors and drugs, that he was now compelled to try the free dispensary. The pain was entirely on the left side of the face and neck. It would come and shoot through the face like lightning, especially so in the house, if he tried to sew on the machine, or if the children made any noise. The only relief he could get was by walking slowly around, especially in the open air.

He could only sleep after applying cloths wet with cold

water to the left side of the head and face; when these got warm the pains would awaken him, but on applying them cold he could go to sleep again. The relief from cold, open air and slow motion decided me to give him (1), cm. but all in vain. I then assured him that he must be mistaken about his symptoms, for if correct I thought he ought to be cured, but he persisted that he had given his symptoms correctly and continued: "If I only touch my nose or cheek ever so lightly with my finger thus," (suiting the action to the word) "I can bring on that pain;" and the expression of his face and his groans showed that he had been more than successful. He was still worse from any noise indoors, heat, lying on left side of face, from eating, when food touched the lips, gums or teeth, and better from fresh open air, walking slowly, from cold in general. Stool daily, but almost black; urine, dark yellow. I now gave him (2) 200 to take one morning and evening. After three days he returned, saying: "I have had no more neuralgia after taking the second powder, and have slept well every night since, without the cold cloths. You are the *thirteenth* doctor who has treated me for this, but the first and only one who cured me."

BROOKLYN, November 25, 1892.

F. H. LUTZE.

CASE 6.—HEADACHES.—May 21, '91, was called to see Mrs. B., aet about fifty; she says one of her headaches is coming on and wants relief, giving the following symptoms of previous attacks: For several days before headache, has sour stomach, constipation, drowsiness, thirst, and dropping of a clear viscid mucous into throat from nose; recurring every ten days or two weeks, less frequent when bowels are regular; attack begins with a *dull slow* throbbing in *vertex*, which shortly *extends* to *nape* and cervical spine; during this she also has wandering pains in head. At height of attack she vomits bitter and sour with a sinking sensation in whole body, followed by cramping in muscles everywhere and unconsciousness; inclinations to draw head backwards; body becomes rigid; has always been treated with hypodermics of morphia which is very distasteful to her. She received (1) 200; in four hours reported that she was gradually getting worse and going into one of her regular attacks; I now

changed (1) 3x and in one hour there was improvement, by the next day the symptoms had disappeared. She now received (1) 200, four powders, one night and morning followed by Sac. lac., up to date there has been no return.

[It seems apparent that the seeming aggravation was due to the simillimum, and the repetition in a lower potency had nothing to do with the cure. The third prescription should have been omitted.—ED.]

CASE 7.—TROUBLESOME COUGH.—Dec. 4, 1889, Mrs. A. C. F. brought her daughter to our office for a cough, that was not only very annoying during its hour of aggravation, but caused much anxiety on the part of the mother. The past three winters the child had coughed and thus far nothing had given relief. Physicians in Cincinnati and also in our own city had been consulted without obtaining much relief.

Strychnia, after about two weeks' trial in repeated doses, would suppress it for a time. The case was a difficult one to get at, for the patient would not offer anything to help us, and it was only from the observations of the mother and direct questions (which are generally unsatisfactory), that the following symptoms were received:

Incessant cough, worse at night, very little cough during the day. In the evening hoarseness. Aggravation of cough from 9 P. M. to 1 A. M.

Cough would begin about 9 P. M. and be incessant until 1 A. M., then an interval of rest followed by another paroxysm from 3 to 4 A. M. Cough was accompanied with gagging, retching and sometimes vomiting.

Cough dry, spasmodic, and occasionally a dislodgment of a small quantity of tenacious mucous.

(1) cm. at once; Sac lac. morning, noon and night.

Dec. 8th, reported the morning paroxysm was relieved, otherwise about the same.

Examining the case again we drew out the following symptoms: Worse from lying down, better from sitting up; talking aggravates cough.

(2) cm. dissolved in eight teaspoonfuls of water. Dose, one teaspoonful every hour during paroxysm for three doses.

The first dose cured the whole trouble. She did not cough

again after the first dose. The other two doses were not taken, we advised not to repeat the remedy if there was marked improvement after the first dose. W. H. BAKER.

TERRE HAUTE, IND.

CASE 8.—CHRONIC DYSPEPSIA.—November 11, '91. Mrs. G. W—, aged 43 Short, slender, black hair and eyes, terse in all her answers, irritable.

Has been troubled with this dyspeptic trouble for eight years.

“Pain in stomach, extends to left side about the waist line.” “Dull aching,” “not severe but aggravating;” “does not seem to be caused by food,” “comes on about half hour after eating, at times not for several hours after,” “lasts about an hour.”

Feels well when free from pain; but has a dull, aching pain between the shoulders.

Tired all the time; “can get up no ambition.”

“No appetite, has eaten a few crackers a day for the last few weeks, and did not want them.”

Bowels constipated—never move except after an enema.

(1) 45 m. 1 powder dry on the tongue, and plenty of placebo.

November 24. “Was quite a little worse for three or four days after taking the medicine, but am somewhat better now.”

“I have a sensation as if something drawing from the region of the navel toward the pubes.”

“A sensation as if a weight was suspended there.”

“Bowels still constipated, but I use no more enemas according to your directions.”

“Feel better all over.” *Placebo.*

December 1. “My health is very much better.” No pain for the last few days. “The weight or pressure is fast disappearing.” Appetite as good as it ever has been. Bowels some better. *Placebo.*

January 1. Wrote me—“*I am cured*—feel as well as I ever did in my life—in the past I have had to take pints of medicine before I obtained any relief, and then only for a short time.”

Has had no return of “dyspepsia” up to date.

HYDE PARK, CHICAGO.

J. E. TREMAINE.

**CASE 9.—FISTULA—SURGICAL CASE.**—The following are not reported on account of anything new or startling, but to show the better way in which to treat such cases.

Our allopathic friends (?) and also our scientific (?) homœopathic (?) brethren ever affirm that they cannot be successfully managed without some sort of operative procedure and the use of topical or local measures, neither of which was used in these cases:

**Case.**—Mr. W. H. P., aged 38, for years a bookkeeper and accountant, now driving an express wagon, applied Sept. 26, 1892, for relief from disease of rectum and anus. He says he “has a small boil (?) near the anus, very sore and painful at times, which will break and discharge blood and matter, about three times in two days. After the discharge there is relief from the pain, but the soreness remains. In a few hours will become painful again, which gradually increases until another discharge occurs, and so continues, now better, now worse, and has done so for about two years.”

Examination reveals a complete rectal fistula, the internal opening of which was found to be about three-fourths of an inch above the anal opening.

Had piles about three months ago, protruding at stool, bleeding, painful, always itching about the anus; scratching or rubbing causes burning. Piles were cured (?) with *sarsaparilla* internally and local treatment of some sort.

Family history is good. Patient has always enjoyed good health. Had small-pox when a child, losing one eye from pustule forming in it. He now wears an artificial eye without discomfort. Patient rather thin and has an unhappy, worried or anxious look; feels depressed, discouraged, weighed down, and tired feeling. Cannot elicit any really characteristic or peculiar symptoms.

℞ (1) 55 m., dose s. l. q. s. for a week.

Oct. 1st. Reports general improvement. Burning after scratching increased, especially in the cleft of the nates (got so bad was obliged to wear a cloth and change frequently on account of moisture). Fistula seems to discharge on alternate days and less painful.

℞ S. l. q. s. for a week.

Oct. 6th. Reports improvement in every way. More



cheerful and hopeful; stronger, no more tired feeling. Discharge from fistula yesterday, the first for several days, and diminished in quantity.

℞ S. l. q. s. for one week.

Each subsequent report more and more satisfactory, until Nov. 10th, was discharged cured.

Dec. 9, '92, he was interviewed; a very different man, cheerful, confident, fleshy and strong, and said: "All I want now is a job."

S. M. F.

CHICAGO.

CASE 10.—RHEUMATISM.—Miss A. D., of Westchester, a suburb of New York, 17 years old, had suffered from rheumatism for eight years, the last four of which she had been almost constantly confined to the bed, especially during the warm summer months.

Every bone (?) in her body ached, she could not bear to be touched nor have any one go near her; the cause they thought was cold and dampness.

Pains sharp, throbbing and burning, worse from dampness, touch, at night, noise, heat of summer; better lying on the back, and in the cold and open air.

Restless sleep, awakens at 3 to 4 A. M., starts on falling asleep, dreams of death and fire.

Headache in forehead and temples, hot flashes, pimples near the edge of the hair.

Nosebleed, sensitive to odors, taste bitter, dark circles around the eyes; yellow coating on tongue; respiration short, sore feeling in chest on taking a long breath, oppression of chest; weight in stomach, but an empty feeling at 10 A. M., yet a full feeling after eating a little.

Very thirsty, drinks large quantities, but water makes her sick.

Since the patient had been treated so long with improper, injurious drugs, and as I was not able to see her personally, I made an analysis of these symptoms, with the aid of Lippe's & Bönninghausen's Repertories, and found 26 of them under each: (1), (2), and (3), but finding on further inquiry that the patient had never yet menstruated, I decided to send her (3) 200.

When the family received the small powders and found upon examination, that they had neither taste nor smell, they concluded there would be no use trying them as there could not possibly be any good in such small and tasteless powders; so they put them away and continued to use some more of Griffith's Rheumatic Cure, for two months. About that time two patients of mine called on the family, and with all their persuasive powers induced them to let the patient try the powders I sent, and behold, in less than two weeks, she felt so wonderfully improved, that she thought herself to be well, and came to my office to get some more of the powders in case there was a relapse. The menses appeared in due time.

In March of the following year she seemed to have a relapse, the arms and hands being mostly affected; pains worse at night, hindering sleep; worse from a noise, jar, stooping, better lying down and in the open air, and letting the arms hang down beside the bed; amenorrhœa. Pain in right shoulder, worse coughing and breathing.

A few powders of (4) soon restored her to health and she remains well to date. A coexisting right lateral curvature of the spine, of which I knew nothing at the time of treatment, having seen her but once, was cured simultaneously, as the mother told me a week ago, so that she now walks perfectly straight.

Seven old school doctors had declared this patient incurable and two so called patent remedies, after long continued trial, had signally failed, nor was the patient's faith in the wee, little tasteless powders or in Homœopathy a factor in the cure, that is evident.

And yet, a comparatively few doses of the indicated remedy restored her to perfect health. L.

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CASE 11.—RHEUMATISM.—Mrs. J. B., aged 35 years, in February, 1891, had 'grippe; confined to her bed four weeks. A few days after, the left lower extremity began to be painful; rapidly grew worse; became swollen to twice its normal size. The whole leg from ankle to foot involved; turned black or mottled black and blue, as if it had been beaten; worse between ankle and knee. After that time until the present there has been a history of continued pain, suffering

and sickness, generally called by the "twenty different doctors" who had treated her at different times, "rheumatism," "sciatica," etc.

All of this time—twenty months—she has been confined to her room, much of the time to her bed and chair, and not able to move about without the aid of crutches. When first seen by me the leg was considerably swollen. There were four large, flat, superficial ulcers, a number of smaller ones, and many vesicular spots scattered about, which, as the patient said, "is the way the sores begin." There were also several dark spots resembling ecchymoses. In the center of the large ulcer was a slough the size of a silver dime of black necrotic tissue. On the edges of other ulcers were many spots of various sizes of same character.

A horrible fetor from the leg was characteristic. Symptoms were "pain as if beaten."

"Great fear of being hurt," dread of one coming near for fear of injury." If one starts towards her, across the room, she cringes from fear, puts up hands and pushes a chair in front to keep from being touched. She sits up nights to guard her leg. There may have been other symptoms, but these, with the appearance of the leg, were enough to indicate the remedy.

℞ (1) ℞m. was given, 1 dose S. l. q. s.

Nov. 12. A very decided improvement in every way.

℞ S. l. four times a day.

Nov. 16. Mr. B. reports: Mrs. B. has had no stool for three days. Began menstruating on the 13th. For two days' constant urging to urinate, burning, smarting and cutting pains in urethra and bladder. Urine is passed in drops with much *terusmus*.

℞ (2) 200 sol. every half hour until better.

Nov. 19th. (2) relieved the urinary difficulty after the first dose. The gangrenous spots have all disappeared, the whole leg much improved in appearance. Granulations have sprung up and are too luxuriant, over-lapping the surrounding surface.

Obstinately constipated, the partially expelled stool will recede; must be dug out; very sensitive to cold; wants head wrapped up in shawl; always wants her head covered when

in a cold place. Formerly was very much troubled with stinking, sweaty feet:

R. (3) 50m., one dose, s. l. grs.

Nov. 26. Only two small sores remain; others all healed. A great change for the better. Natural stool last night; the first time for months.

Dec. 10. Discharged cured. My predecessor in this case is reported to have said: "It can't be cured until all that unhealthy tissue is cut away." S. MILLS FOWLER, M. D.

3269 COTTAGE GROVE AVE., CHICAGO.

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CASE 12.—INTERMITTENT FEVER.—Mr. S., of Newtown, L. I., had suffered from fever and ague for the past eight years, during which time he had been almost continually under the care of an old school doctor, who had given him large, and, as the attacks returned, increasing doses of Quinine, Fowler's solution, etc., but the attacks still returned with renewed vigor and increased violence. That the attacks commenced in the stomach, and the nails turned blue, were all the symptoms he could give me.

Gave Nux vom. 200, and urged him to watch for more symptoms, and explained to him the necessity of them and how to observe them. He returned in a few days feeling much better; but during the following two or three weeks I gave him Natrum mur. 200 and Pulsatilla 200 mainly with a view to antidote the quinine as each remedy seemed indicated; but he remained more or less in *statu quo*. At the end of nearly four weeks of treatment he had a severe attack of chill, fever and sweat worse than ever before, but very like the paroxysms he used to have when he first began to be sick, and now he gave me the following symptoms:

Type anticipating; chill begins in hands and feet, nails turn blue; tearing headache, interrupted jerky breathing.

Delirium.—Contracting pains in the stomach.

Visible contractions of abdomen above the navel.

Tongue white with triangular red tip.

Tearing in joints and throughout the whole body.

Stools pasty, black; cannot sleep from restlessness; cannot drink water.

Better after perspiring, when riding, from motion.

Worse during storms or from wet weather, during rest, before twelve at night, and also at 3 or 4 A. M., when he must rise, unable to lie any longer.

He received several powders of (1), and directions to take one mornings and evenings till four were taken, then to wait; but as the paroxysms still appeared, though later—postponing—and milder, he took them all; and he seemed to be well for two weeks, when a relapse occurred. On questioning him, I then discovered that his sleeping apartment was always damp, the walls often being covered with drops of water; and then gave him a number of powders of (2) 200 with instructions to take one on the appearance of the slightest symptoms of the malaria, and to change his bedroom for a dryer one. He had to take but a few powders, when he continued steadily to improve and is now as he says, his former self again, in fact feels better than he has done for ten years, and he shows it, having gained in flesh, and by the ruddy glow of health in his face. L.

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CASE 13.—INTERMITTENT FEVER.—Sept. 12, 1890, was called to see M. R. He had been sick the preceding five days with chills and fever. Had received treatment from one of our old school brethren without any relief. I found the following symptoms:

Chill begins in shoulders and extends to legs. Time of chill irregular. Thirst during chill, not during fever. Thirst for small quantities and often. Headache during chill, none during fever. Desire for stool, unable to defecate.

Sweat on face and chest after fever.

R Nux vom. 200-3 every three hours, followed by Sac. lac. in water I believe this remedy was a mistake for it was an Ignatia case, and that remedy does not follow Nux well.

My reason for giving Nux was based mostly on the drugging, an idea which becomes almost a hobby and is ridden to death.

The following day, Sept. 13th, he felt some better.

R Sac. lac. in water.

Sept. 14th. His condition is about the same as when I first saw him. No improvement that I could discover.

R Ignatia cm. 1 at once, dry, on tongue; followed by Sac. lac. in water.

Sept. 15th. Much better in every way. Sac. lac.

Sept. 16th, Still improving; no chill or fever since taking Ignatia; with the exception of a perspiration on chest, face and back during the night before, he had no further trouble, and was up and about the next day, feeling better than he had for weeks.

W. H. BAKER.

TERRE HAUTE, IND.

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#### DISCUSSION.

Dr. W. R. Bentley: The gentleman spoke of giving Nux. as an antidote for the preceding bad treatment. I would like to know if he thinks that the Ignatia in high potency would have worked so nicely if the Nux had not been given.

Dr. C. S. Fahnestock: The cases reported in this paper are certainly admirable ones; both the prescriptions and the effects were good. In all cases of nervous or functional trouble, such as cough, pain and so on, the results attained by homœopathic prescriptions are generally as rapid and complete as in the cases reported, whether the potency is high or low.

In regard to Nux antidoting previous drugging, I do not believe it. It is a medicine that both produces and cures certain specific symptoms, symptoms of its own, peculiar to itself, and hence the claim that it can be antidotal to all drugs is absurd. I believe it to be bad practice to prescribe Nux simply because the patient has been dosing himself or been dosed before coming to us. But if you find the symptoms for Nux present, then all right, give it.

Previous drugging does not interfere with the action of homœopathic medicines.

I use tobacco freely in the crude form, yet a high potency will act on me as well as on another. I have patients who are opium consumers, yet Hyosciamus in the 10th dilution will cure them of their maladies if it is indicated. Most of us use coffee in the crude form and although it is said to be antidotal to many poisonous drugs, it does not prevent the potentized remedy from acting on us. Natrum Sulphuricum and Natrum Muriaticum are constituents of many foods, but they act all right, when indicated. I think it is time to drop the

idea that previous drugging interferes with our medicines or that Nux is an antidote to such treatment.

INDIANA INSTITUTE.

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CASE 14.—PEMPHIGUS FOLIACEUS.—July 17, 1892. J. E. D., age 19, light hair, brown eyes, works in elevator.

Two weeks ago had a blister come on the flexor surface of his right forearm, a few days later another one appeared. These were treated locally with Iodine by an allopath. These soon disappeared, but a few days ago other blisters commenced to appear on his forehead. They started as small irregular shaped blisters, without inflammation, just under the outer layer of the skin. These are partially filled with a sticky, slightly yellowish fluid leaving the covering in a flabby condition. As soon as a blister is formed it commences to spread until it is an inch or less across; but usually before it is this large, the covering breaks, disclosing a red raw surface and a scab forms in the center. This comes off in a day or two leaving a red but healed surface. Some of the blisters are healing in the center and spreading at their edges at the same time. Today there are five places on the forehead. The largest is an inch across and partly healed in the center. The smallest is a blister about a quarter of an inch in its largest dimensions. There is no pain except a stinging when touched. He has used no applications except vaseline, to keep the flies off.

I tried for an hour to get other symptoms, either of the eruption or of his general health, but could not succeed. He told me that several years ago his maternal grandmother had an eruption similar to his, all over her body, and it was several months before it could be "healed up." His mother's mind is affected; was in the insane asylum for a few years.

My diagnosis was given as *Pemphigus Foliaceus*, a very rare disease, and also a very difficult one to cure. Although I thought that he could be cured by proper homœopathic treatment, yet I was somewhat nervous, as he wanted to be cured "right away," for he intended to go to Piasqua in about ten days for a vacation. From what pathology tells me about this disease, I would not have been surprised at the

end of ten days to have found him "completely skinned," instead of being at a watering place having a good time.

I did not know what to prescribe, so I told the patient to call next day at noon. I now took down my "Hering's Guiding Symptoms" and searched from Vol. 1 to Vol. 10, and wrote down every symptom that contained the word blister or scab. After a careful comparison of all the symptoms of the different remedies, I decided (1) to be the most similar to the case. This is what (1) has: 11. Constantly repeating eruption of blisters, secreting a *foul-smelling*, gluey matter, forming crusts and healing from center. Pemphigus.

That tallies exactly with the case, except the patient said there was scarcely no odor to the secretion.

I may say right here by way of parenthesis, that without the Guiding Symptoms, I could never have cured this case. Neither Cowperthwaite, Lippe, nor Hering's Condensed contain this symptom; while Burt's Physiological Materia Medica does not even contain the remedy!

July 18. Prescribed four powders of (1) to be taken two hours apart, followed it with Sac. lac. By this time there are several new blisters.

July 23. Only two small blisters have appeared since the 18th. They did not get larger. The others are getting well. Gave one powder of (1) and Sac. lac., thinking that this would end the whole matter, I congratulated myself upon my good prescribing.

July 25. Horror of horrors! The patient presented himself at my office with his face almost one solid mass of sores and blisters. There were about three dozen places on his face and some on his neck. They were in all stages of development from minute blisters up to raw sores an inch across. After recovering my astonishment and getting my mind in working order, I began to reason this way: The first prescription was all right and was during its work; but the one dose of the one given five days later, instead of hastening the cure, only antidoted and destroyed the action of the 200. It merely took down the bars and let the disease come forth in all its fury as it were. I did not dare to give the 200 again because it might not make any impression



while the patient was under the powerful aggravation of the m.; I did not dare to give the cm., because we might have had another aggravation. I did not want to give Sac. lac. because if the m. had simply antidoted the 200, then the patient was without any medical influence and Sac. would do no good. I finally concluded to give the patient eight powders of the m. to be taken every two hours, and to report in the morning.

July 26. Only one or two new blisters have appeared since yesterday. The others are getting well rapidly. Sac. lac.

July 28. All healed up and redness about all gone. Is going to get shaved today and start on his vacation trip. In ten days sure enough, wants more medicine. Sac. lac.

No more blisters have appeared since.

As what potency, how to give it, and when to repeat, are about the only questions that genuine homœopaths are still in doubt of, I thought that I would report this case, not that rules or laws may be derived from it; but that it may go in as evidence and play its part in the final decision that will be rendered after a while in these much discussed questions. As I am a recent graduate I will not express any opinion that I may have upon the question of dosage or repetition.

It is my opinion now that if no higher potency had been given than the 200, the case would have been cured nicely. But then our hindsight is a good deal better than our foresight.

I may have possibly been mistaken in my diagnosis (and probably was in a good many other cases); but when I select a remedy under the law as laid down by Hahnemann, a cure is the result, except in incurable cases. You may call this case by any name you like, typhoid fever, pneumonia, jim jams, or a broken leg, but it would not change the remedy. When you err in diagnosis and prescribe Hahnemannianly you cure; when your diagnosis is accurate and your prescription is wrong you don't cure, therefore the prescription is the more important.

Below will be found the remedies and their symptoms that produce blisters. These fifty-seven remedies are taken from

the Guiding Symptoms. Printed in this form it may save some doctor many weary hours of search.

**AILANTHUS GLAND.**

Large bullæ filled with a claret colored serum.

**AMMONIUM CARB.**

I. Violent itching; after scratching, burning blisters appear.

**AMMONIUM MUR.**

Blisters on various parts, with tension, burning and formation of scurf.

**AMMONIACUM.**

After itching, little blisters like rash in typhus, but containing a yellow fluid; afternoon, violent fever with swelling of face, more like a red rash.

**ANACARDIUM ORIENTALE.**

Blisters discharging a yellowish transparent liquid, hardening to a crust in open air.

I. Covered all over with blisters from size of a pinhead up to a pea. Pemphigus.

I. Skin burns her very much. Pemphigus.

I. Scarlet redness over whole body. Pemphigus.

**ANTHRACINUM.**

Excoriated surface dries and mummifies, but new blisters form all around.

I. Blisters on palm of hand.

I. Black or blue blisters. Pustula maligna.

II. Black blisters, fatal in twenty-four to forty-eight hours.

I. Large black blisters on inside of thigh.

Sometimes blisters looking more like furuncles; a puslike collection under the epidermis, which loosens and discloses decomposed matter.

I. After having taken homœopathic medicine for malignant ulcers, suddenly the greatness malaise, and a black blister formed below knee with swelling all around and feverish shaking chill through whole body.

**ANTIMONIUM CRUD.**

I. Eruptions like boils and blisters.

ANTIMONIUM TART.

Blisters filled with serum and erysipelatous tension of skin.

ARMORACEA SATIVA.

The skin is reddened and irritated, sometimes blisters are formed.

ARSENICUM ALB.

Dark blisters on fingers or toes, burning like fire, spreading, having dark edges.

ARSENICUM HYDROGENISATUM.

A vesicator put on pit of stomach made a blister filled with dark red blood.

ARUM MACULATUM.

Redness and erosions of skin, also blisters.

ASTERIAS RUBENS.

Eruption of small blisters on thighs and legs, itching on ankles, changing to small burning ulcers, spreading but remaining superficial.

BUFONES.

Large yellow blisters, like pemphigus, mostly on palms of hands and soles of feet; burning.

CAMPHORA.

I. Blood blisters; erysipelas; gangrene; hard spots.

CALCAREA CARB.

I. Blisters that have raw spots or are converted into ulcers, especially on elbow, on upper and forearm; accompanied by bloated, florid and scaly appearance of face, and scabby condition of feet.

CANTHARIDES.

Large, burning, painful blisters on an erysipelatous base.  
II. Burns before blisters form and when they have formed.

CAUSTICUM.

II. Subacute and chronic eruptions, similar to blisters from burns.

CHLORALUM.

General desquamation in round patches like blisters, from

which serum had been absorbed, leaving the skin beneath of a purple and, in some places, yellowish color.

## CINCHONA OFF.

Pemphigus.

## CISTUS CANADENSIS.

Furuncles which commence with a number of small blisters.

## CLEMATIS ERECTA.

Skin inflamed, red, burning eruption of blisters, which burn and form ulcers.

## CROTALUS HORRIDUS.

Blisters and livid spots on body.

Small blisters around eyes.

Pemphigus; with low typhoid conditions, and when contained fluid assumes a dark or sanguineous character or gangrene threatens.

## CROTAN FIG.

Erysipelas of face; œdematous indented yellow and large water blisters on chin.

## DULCAMARA.

I. Vesicular eruption, large as a pea, containing yellow, transparent fluid and on a red, inflamed base, covering whole body, except face. Pemphigus.

## EUPHOBIMUM.

II. Erysipelas bullosa.

## GAMBOGIA.

II. Itching blisters on both hands, first pale, then red.

## HYDROCOTYLE ASIATICA.

I. Pemphigus benignus.

## JUGLANS CINEREA.

Pemphigus.

## KALI BICH.

I. Blisters bull of serum on sole of right foot.

## KATI MUR.

I. Blisters arising from burns.

I. Little blisters on skin filled with lymph. Intermittent.

# THE CLINIC.

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## PEMPHIGUS FOLIACEUS.

### KALI PHOS.

II. Pemphigus maligus.

### KREOSOTUM.

II. Eruption of nodosities and blisters like bug bites.

### LACHESIS.

I. Bluish black swelling; dark blue blisters.

II. Eruption of yellow or purplish blisters.

II. Bullae dark from bloody serum within. Pemphigus.

II. Gangrenous blisters.

### MAGNESIA CARBONICA.

I. Spreading blisters.

### MERCURIUS.

II. Phagadenic blisters.

### MERCURIUS COR.

II. Blisters on arms and abdomen.

### NATRUM MUR.

II. Herpes circinatus; pemphigus, blisters standing up on burning spots; with clear watery contents, watery blebs.

I. Rupia, blisters, not pustules.

### NATRUM SULPH.

I. Pemphigus, watery vesicles or blebs over body, wheals containing a yellow, watery, not glutinous, secretion.

II. Yellow scales after breaking of vesicles or blisters.

II. Blisters here and there.

### PETROLEUM.

Welts and blisters, with raw feeling.

### PHOSPHORUS.

II. Pemphigus; painful, hard blisters, full to bursting, not itching.

### PSORINUM.

I. Pemphigus.

The first thing I noticed when I stepped  
 out of the car was a sharp, cold wind.  
 It felt like a giant hand was reaching  
 out to grab me. I pulled my coat  
 tighter around me and shivered.  
 The snow was falling in thick, heavy  
 clouds, and the ground was already  
 covered in a soft, white blanket.  
 I looked up at the sky, wondering  
 how long it would last. The trees  
 were bare, their branches reaching  
 out like skeletal fingers against the  
 white background. The air was so  
 still, so quiet, that I could hear  
 my own breath. It felt like I was  
 in a different world, one where  
 everything was slowed down and  
 softened. I took a deep breath, the  
 cold air filling my lungs. It was  
 invigorating, in a way. I had never  
 experienced anything like this before.  
 The snow was falling so fast, it  
 was like a curtain of white. I  
 closed my eyes for a moment, letting  
 the flakes touch my face. They were  
 so light, so delicate. It was like  
 being kissed by a million tiny angels.  
 I opened my eyes and looked around.  
 The world was completely transformed.  
 The buildings were now like white  
 sculptures, and the streets were  
 silent. I had never seen a city like  
 this before. It was beautiful, but  
 also a little scary. I had never  
 been in a snowstorm before, and  
 it felt like I was in a new, unknown  
 world. I took a few more steps,

feeling the snow under my feet. It  
 was like walking on a cloud. I  
 looked back at the car, wondering  
 how long it would take to get  
 home. The snow was falling so  
 fast, it was hard to see. I  
 took a deep breath, the cold air  
 filling my lungs. It was invigorating,  
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 world. I took a few more steps,

SARSAPARILLA.

I. *Pemphigus squamosus*.

SECALE CORNUTUM.

I. Bloody blisters on extremities, becoming gangrenous.

SEPIA.

II. Numerous bullæ on face near mouth, on wrists and back of hands; two largest were on wrists, symmetrical in position and size; smaller blebs on arms and below knees; considerable itching and irritation of dermis beneath vesicles; bullæ on wrists were as large as a hen's egg. *Pemphigus*.

SILICEA.

I. Small blisters.

STRAMONIUM.

Eruption of small blisters on left leg near calf; spreading over whole leg; blisters very painful, with much heat and redness, and oozing a hot, sharp, acrid fluid.

SUL. ACID.

I. Distressing itching and tingling of skin: urticaria; pemphigus; pruritus vulvæ.

SYPHILIMUM.

II. Syphilitic bullæ discharging freely on cheeks, under chin, on back of shoulders, on scalp and other parts of body. Infantile syphilis.

I. *Pemphigus* looks like a pock, often confluent, and persistently reappears.

TEREBINTHINA.

Erysipelas bullosa, here and there yellow vesicles with large red areola turning bluish black; tendency to gangrene.

THUJA.

II. Epidermis on one-third of body and almost half of back raised as if by an enormous blister; serous fluid has escaped and is still flowing through small openings in epidermis; great fever; indescribable restlessness; child could obtain no ease in

## PTELEA TRIFOLIATA.

White blisters on a red base on right ear, discharging a watery fluid; later desquamation or pus and scabs form; boils.

## RANUNCULUS BULBOSUS.

II. Pemphigus, large blisters form, burst and leave raw surfaces; in children, blisters of two, three or four inches in diameter; restlessness; prostration.

II. Constantly repeating eruption of blisters, secreting a foul smelling, gluey matter, forming crusts and healing from center. Pemphigus.

## RANUNCULUS SCELERATUS.

II. Blisters which leave a raw surface with acrid discharges.

II. The body of an infant about three months old was covered all over with pemphigus; continual thirst; very frequent, weak and intermittent pulse; trembling with anxious features; Ars. 4 caused improvement for four days, blisters decreased; here and there ulcers formed on part covered by blisters, discharging a yellowish fluid; Ran. scel. 3 heated them up.

## RHUS TOX.

A burning eruption of small blisters, filled with water, with redness of skin of whole body, except on scalp, palms of hands and soles of feet.

I. Pemphigus, each bullæ with a red areola.

Large blisters containing a yellowish liquid, with swelling of arm; blisters were ruptured carelessly and the liquid flowed over whole arm, after which a very large number of vesicles appeared, so that after eight days the whole forearm seemed to be one mass of blisters; anointing with olive oil seemed to have no effect upon the complaint; soon the upper arm and then the right arm and other parts of the body became affected; whole trouble lasted four weeks.

Some small pimples coalescing into blisters the size of a split pea, filled with yellow fluid, with intense itching at night after 12 P. M.; the only relief he can get is to rub it with something rough until the blisters are open.



SARSAPARILLA.

I. *Pemphigus squamosus.*

SECALE CORNUTUM.

I. Bloody blisters on extremities, becoming gangrenous.

SEPIA.

II. Numerous bullæ on face near mouth, on wrists and back of hands; two largest were on wrists, symmetrical in position and size; smaller blebs on arms and below knees; considerable itching and irritation of dermis beneath vesicles; bullæ on wrists were as large as a hen's egg. *Pemphigus.*

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I. *Pemphigus* looks like a pock, often confluent, and persistently reappears.

TEREBINTHINA.

Erysipelas bullosa, here and there yellow vesicles with large red areola turning bluish black; tendency to gangrene.

THUJA.

II. Epidermis on one-third of body and almost half of back raised as if by an enormous blister; serous fluid has escaped and is still flowing through small openings in epidermis; great fever; indescribable restlessness; child could obtain no ease in

any position and was utterly sleepless. Pemphigus. Pemphigus especially when painful.

## ZINCUM.

Clear water blisters or suppurated pimples on upper lip.

JERSEYVILLE, Ill.

CLINTON ENOS, M. D.

## COMMENTS ON JANUARY CASES.

CASE 1.—The irregular menstrual effort with an annual return of Quinzy and Asthma in the springtime, or at change of seasons calls very loudly for Psorinum. It is the only remedy we have ever found that in cases like this will cure the patient and so correct the Psoric Diathesis, as to entirely eradicate the tendency to Suppurative Tonsilitus.

Give Psorinum and await developements.

Dr. Voss of Rochester, suggested Berberies.

CASE 2.—Dr. Berridge has made sufficient comments upon this case, so we will give the prescriptions indicated.

Prescription (1) Arnica. Prescription (2) Phosphorus.

CASE 3.—In case 3, indication number four, correct typographical error to read, "Pain is aggravated by cold and relieved by warm applications."

Prescription (1) Sanguinaria.

CASE 4.—Prescription (1) Kali bi.

CASE 5.—Prescription (1) Pulsatilla; prescription (2) China.

[In case 5, we have a text from which a valuable sermon might be preached. Evidently we have before us a spare, poorly nourished subject. If the case had been fully reported, we would have undoubtedly found that during all these years he had been treated almost invariably with quinine, upon the supposition that he was suffering from Malaria. When the fact undoubtedly is, that the suffering was due to the action of quinine in suppressing the real trouble. Hence, the marked effect of China in this case.

There is so much on this subject of suppression of diseases, that we will refrain from more extended comments at this

time, and promise the readers of THE MEDICAL ADVANCE an article from one of the most successful prescribers in this country.—ED.] We believe more permanent and more satisfactory results would have been obtained by the use of China Sulph., high, than in the use of China.

CASE 6.—Prescription (1) Kali bich.

CASE 7.—Prescription (1) Kali Carb.; prescription (2) Hyoscyamus.

CASE 8.—Prescription (1) Nux vom.

CASE 9.—Prescription (1) Sulphur.

CASE 10.—Prescription (1) Natrum mur.; prescription (2) Sulphur; prescription (3) Pulsatilla; prescription (4) Silicea.

CASE 11.—Prescription (1) Arnica; prescription (2) Cantharides; prescription (3) Silicea.

CASE 12.—Prescription (1) Rhus tox.; prescription (2) Rhus tox.

CASE 14.—Prescription (1) Ranunculus Bulb.

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CASE 15.—BARBERS' ITCH.—*Tricophytisis barbæ*, or what is commonly called barbers' itch is due to the development of a fungus. It is contracted from the use of contaminated utensils at barber shops. It is confined to adult males, appearing on the bearded portions of the face and neck.

The fungus being deposited on the face, makes its way to the bottom of the hair follicle. It here makes its impression on the system. As the wasp by sting and the snake by bite sets up a disturbance in man, so this enemy makes its impression in a smaller but similar way. If the forces, organs and tissues should not be in a state of harmony, or in other words, if there should be a disturbance of the vital force, and this disturbance be such that there is not sufficient resistance to overcome this new enemy to life, the fungus lives, the vital force you might say is conquered. Nature, attempting to rid herself of this invader, sets up inflammation at the place of inoculation, but this proves a good breeding ground for the parasite, and it thrives.

As the fungus grows just so does the disturbance to the vital force increase and we see by the peculiar symptoms the reflected image of this disturbance.

If this fungus was deposited on the face of one in perfect health it would have no more effect than a dose of placebo; no more could this fungus grow on healthy tissue than could the thrush fungus grow on the mucous membrane of a healthy child, or could any parasite, from the tape worm to the smallest germ that exists, live in a healthy body.

Shall we then treat this disease as a so called homœopath says: "The cardinal point to be remembered is *kill the parasite*. This is best done by epilation and the use of parasitocides. Mercuric bichloride solution is one of the most useful." Shall we do this and tear down nature's flag of distress? We will admit by so doing if successful you will prevent the parasite from doing more harm, but what about the harm already done, the disturbance set up by the parasite before you killed him? Shall we leave this to smoulder away to appear again in some other form? Can we discharge such patients cured? You may say we can correct this after we have destroyed the fungus. How? By what law, and how will you know when it is corrected? You have torn down the dial that marks the cure. There is but one way to *cure* this disease, as there is but one way to cure any disease. To prescribe the one drug, in the minimum dose, that covers the totality of the peculiar symptoms. By so doing you not only relieve the disturbance set up by this poison, but the disturbance previously existing in the body. The fungus can not live on healthy tissue, therefore it dies. You are then positive your patient is cured.

To make this more practical I will cite a case. On the 7th of August, of this year, E. R., a traveling man, aged 21, came to me for treatment. The right side of his face was covered with this fungus. There were three patches, one about the middle of right cheek, another down on right side of neck and the third just right of chin. He contracted the trouble some two or three weeks previous in an Ohio town. The eruption appeared about a week or ten days previous to my first seeing him. He had been to an allopath who prescribed a local application, but on taking this home, his mother being somewhat acquainted with the ideas of pure Homœopathy, asked him not to use it. Consequently the case came into my hands. It was a typical case. The peculiar symptoms called

for sulphur. I gave him one dose of the cm. potency on his first visit. By the 9th of August it had ceased spreading, by the 11th of Aug. it was scaling off, by the 13th his face was free from the eruption. He reported again the 17th of Aug. and there was absolutely no sign of the disease. The cure was made inside of one week with the single remedy and with the single dose.

Hahnemann tells us in Sec. 2 of the Org.: "The highest aim of healing is the speedy, gentle and permanent restitution of health, or alleviation and obliteration of disease in its entire extent in the shortest, most reliable and safest manner, according to clearly intelligible reasons."

Then it is not the daubing on of allopathic or pseudo homœopathic local applications to deceive the poor patient, who a few months or years hence wakens to the realization of the fact that he is the victim of an incurable organic disease.

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CASE 16.—Mrs. W., aged 55, married, white, weight 150 pounds, cheerful disposition. Family history not good. Father died of "milk sickness," mother troubled with "tet-ter" a great deal.

"Have two daughters. Both have urinary trouble with pains worse at night; most frequent at night. Brick dust sediment in the urine, aggravated by excessive heat. Flabby condition of muscles in both daughters.

"A poor, scrawny thing.

"Subject to 'hives' until within the last few years.

"Have suffered a great deal from headache, both nervous and bilious.

"Pain worse in the forehead. Stooping makes it worse. Feels like it would burst. Sometimes feels as though a heavy brick fell forward in the brain while stooping.

"Want to be in the dark with the eyes closed.

"Want to be perfectly quiet.

"Worse when lying down. Can not lie down.

"Worse all the time during menstruation.

"Heat relieves some times.

"Tight bandages help some.

"Hands and feet cold with the headache.

"Never had much headache until after I had fever and ague. Took a great deal of quinine. Took iron all my life. Took Warner's kidney medicine for backache and kidney trouble.

"Hands always crack in cold weather.

"Had a 'ringworm' on the face.

"Frequent attacks of sore eyes. Heavy cold or too much sewing aggravates trouble with the eyes.

"Subject to sore throat. Affects right side. Blisters in the throat. Hurts very much to swallow. Enlargement of left parotid gland.

"Irregular in menstruation for last ten or twelve years. Sometimes lasts two weeks, sometimes through the whole month.

"Profuse. Seemed almost as if there would be a pint. Sometimes it would come with a gush. Then slacks up a little but would not entirely quit for all the time.

"Very dark red. Clotted almost as large as a hen's egg.

"Made me very weak and tired.

"Always worse after sleep. Worse in the morning than at night.

"Hands burning and feet cold.

"Breasts always sore during the menstrual period. Had leucorrhea for the last fourteen years with the menstrual flow. Stringy, irritating, very offensive. Scalding and kept me sore. Yellow and mattery. Odor very offensive. Troubled with itching during this time.

"Had 'runrounds,' felons and in-growing toe nails. Troubled with corns and bunions. Sharp stinging pains, worse before stormy weather.

"Had rheumatism in left shoulder three or four years ago. Aggravated by exercise.

"Three years ago next February noticed a lump under the left arm-pit just after having La grippe. One year later pricking and stinging pains were felt in the left breast.

"Worse at night and in stormy weather.

"Six months from that time left breast began to swell, with a sensation of soreness and stinging. The swelling continued until the hardness was intense.

“It was of a dark purple color as though it had been bruised but never was injured in any way to my knowledge. The surface was rough and stood out in ridges.

“The small blood vessels were very well marked.

“There were little lumps all over the breast and from them came a sticky substance almost like glue.

“It was very offensive and smelled like musk.

“There were little blue lumps (Lymphatic glands) over the stomach, from which came the same sticky substance.

“The right breast commenced to swell about one year ago and soon was in the same condition as the left.

“Last July there was a crack below the left nipple. From this came a thick, gluey substance, smelling like musk.

“There was intense itching all over the breasts.”

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CASE 17.—MALARIA SUPPRESSED.—FACIAL NEURALGIA.—Capt. W., aet. 56. Tall, spare, dark hair, nervous temp.

Suffered from facial neuralgia for 28 years.

Sharp, shooting pain, beginning at angle of jaw and extending up over eye, along superior and inferior maxillary. Seeming deep in the bony structures.

Aggravated by slightest touch.

Aggravated by thinking and talking about it.

Aggravated by cold.

Aggravated in damp weather.

Aggravated by mental exertion or excitement.

Relieved by heat.

Relieved by hard pressure. \*

Relieved by lying down.

Very nervous.

Has frequent pains in different parts of the body, possessing same characteristics as the “neuralgia.”

Frequent headaches.

Takes cold easily.

Very despondent, gloomy forebodings of the future.

Fears he will lose his mind.

Fears he will become insane.

Suspicious of his best friends.

Very forgetful.

Imagines every one knows he is becoming an imbecile.

Cannot read for any length of time. Makes eyes watery, causes head to ache or become tired and starts up the pain in face.

His history is that of an old soldier exposed to "malaria" and the vicissitudes of camp life, irregular eating, etc., etc.

Had old fashioned chills and fever and ate quinine, etc., by the teaspoonfull.

Received all manner of treatment for the pain with only temporary relief, finally settling back upon the old and faithful friend (?) quinine.

Every part of his body gave evidence of suppression of symptoms by the daily use of quinine and upon deductions laid down in the Organon that we should treat the last condition first and proceed backward in the regular order, I commenced with his present condition, and will report the case from month to month until he is either cured or leaves me for someone else.

December 10, 1892, he received one dose of (1) cm. dry on his tongue and s. l. every two hours.

No improvement was noticed for three days. Neither was there much of an aggravation until the night of the 13th, when he awoke feeling very cold. Thinking the fire had gone out he started to get some more clothes for his bed but when getting out of bed became so cold he put his clothes on even to his overcoat and went out to find a good fire. After becoming thoroughly heated and putting more clothes on his bed he again retired only to shake worse than ever. He then realized that he was having the hardest chill he had known since he was in the army.

The next morning he reported his condition and said he must have some quinine or whisky. I told him I could not give him either but explained the reason for this experience and gave him some more s. l.



# THEORY AND PRACTICE OF MEDICINE.

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## THE TOTALITY OF SYMPTOMS.\*

WM. M. JOHNSON, M. D., CHICAGO.

Frequently we hear the totality of symptoms spoken of in a manner that convinces us that, to the speaker, it is a very vague phrase, having little meaning, or at least the idea does not seem to be grasped that homœopathics would imply by the use of these words.

While we would not have one infer that it is the most important, yet we know of no subject more useful, or of greater consequence to the homœopathician, than to comprehend fully the totality of symptoms, in all its bearings in the art of healing.

To use the terms that represent the principles of Homœopathy too loosely, or too vaguely, will inevitably lead to a misunderstanding of those principles and to a sort of practice that we would not care to call homœopathic; to uncertainty in prescribing; to doubt, and to confusion, but to the true homœopathician the *totality of symptoms* is one of the "*plain, intelligible principles,*" running all through the net work, and permeating the entire body of homœopathics. It is what he wants to know in any and every case of sickness for which he would find "*the most certain means* of restoring health in a prompt, mild and pleasant manner." (Org. Sec. 2.)

It is in the *totality of symptoms* he must trace the image of the disease presented to him for cure. It is also in the totality of symptoms produced upon the healthy organism in provings that we must find the *sphere*, the *genius*, the *image* of the remedy with which to heal the sick

Finally the totality of symptoms, the result of what has been going on within the organism, is all that we can know of sickness or of medicines, and is our only sure guide in healing.

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\*This lecture delivered at Hering College.

Our purpose in this paper is not so much to present the subject "totality of symptoms" in its *fullness*, as it is to awaken an interest in more exact methods and bring to the attention of those interested in Homœopathy the necessity of taking, and recording the totality of symptoms in each individual case, and to counteract, as far as possible, the evils resulting from a *careless habit* in key-note prescribing, mathematical calculating and other short-cut methods sometimes called homœopathic and believed by many to be the true mode of procedure.

In the totality of symptoms we have every change of state of body and mind that we can discover, that we have observed or that has been reported to us. Every deviation from this condition of health has been considered and recorded. Is there any symptom or symptoms that may be omitted from the totality without destroying the totality? Would it be proper to say, "There may be other symptoms but these are enough to indicate the remedy"? How may we know just when to stop the patient's story? when to say "that's enough, we know what to give?" How do we know what change in the picture one single symptom may make? or how from a mass of confusion, *order* may come, the symptoms arranging themselves, as it were, around one new symptom that seemed to come out, as if by accident or magic, and form the nucleus around which all becomes orderly. "Is not that which manifests itself in disease by symptoms, identified with the change itself, which has taken place in the human economy, and which it is impossible to discover without their aid?" (Org. Sec. 6), without the aid of these very symptoms?

"Do not the symptoms of disease, which are sensibly cognizable, represent to the physician the disease itself?"

"He can neither see the spiritual essence, the *vital power which produces* the disease, nor yet the *disease itself*, he may but simply perceive and learn its *morbid effects*." (Org.)

Then all that he sees or that he, in any manner, observes of disease are results, manifestations, symptoms, each of which is but a part of the great whole, the *totality*, that represents the disease in its full extent, and in the only form the mind is capable of conceiving.

If this is so, if this is the true and only conception we may, or can, have of the disease, can we have a *full conception* of

the sickness with only a few key-notes, or without the *totality* of symptoms.

What folly it must be to attempt to cure the entire sickness, by taking into consideration *only* one or a part of the symptoms.

Would not the sickness—the internal malady—still remain? and the same cause remaining would it not reproduce the symptom, or produce other symptoms equally as troublesome or even worse, than those we have attempted to remove? Can we by suppressing a part of the result, or a symptom, expect to remove the cause, the disease *per se*?

If this is true, if symptoms are but *results*, external manifestations of the disease is it possible to have a local disease? Is not that which is called “local disease” an external manifestation, a symptom or symptoms of the internal disturbance a *result* of the disease itself? Then how could the removal of the external results cure or right the internal wrong? or how can we know the peculiarities of the internal sickness by only one or two symptoms, or trace the *image* of the *whole* in a very few of its *parts*?

“The physician who engages in a search after the hidden springs of the internal economy, will hourly be deceived; but the homœopathist who with due attention, seizes upon the faithful image of the *entire group* of symptoms, possesses himself of a guide that may be depended upon.” (Rau loc. cit. p. 103.)

“The totality of the symptoms, *this image of the immediate essence of the malady* reflected *externally*, ought to be the principal or *sole object* by which the malady could make known (to us) the medicine it stands in need of, the only agent to determine the choice of the remedy that would be most appropriate.” (Org. Sec. 7.)

“From this incontrovertible truth, that beyond the totality of symptoms there is nothing discoverable in diseases by which they could make known the nature of the medicines they stand in need of, we ought naturally to conclude that there can be *no other indication* whatever, than the *ensemble* of the symptoms in each individual case to guide us in the choice of a remedy.” (Org. Sec. 18.)

The *indicated remedy* is another term in homœopathics.

sometimes too loosely used and in consequence may be misleading. Indicated remedies are not always given upon proper indications, for a remedy can be indicated only by the *totality of symptoms*. "If in a disease we can perceive nothing but the symptoms, then these symptoms *alone must guide* the physician in the choice of a remedy. (Org. sec. 7.)"

But could not a remedy be properly indicated by a key-note? or if you please several key-notes or characteristics,—yes! if the key-note is the *totality of the symptoms* and presents the "image of the immediate essence of the malady reflected externally," (Org. sec. 7.) but if they are not the *totality* they may not *indicate* the proper remedy.

This key-note prescribing without *due regard* to the *totality of symptoms* and still less regard for a knowledge of Materia Medica, is now, and has been, the bane of Homœopathy, and has led to more mischief and has made more mongrels than any other one thing we can think of. It is a lazy man's method, and is not *the most certain means* spoken of in Org. sec. 2 and more fully in Org. sec. 7 and other sections—it is a short cut—cross lots—to save labor, to save knowing. The master of homœopathics will make his own key-notes, for the case he has in hand—will always find his *key* in the *image* he traces in the *totality of symptoms*. e. g. "*Drinks little and often.*" May mean *Arsenic* or it may mean *China*, or in this particular case may have very little significance. Shall we then throw out the key-notes?

No, certainly not. The *totality* could not be complete without them, but prescribe the remedy indicated by the image of the internal malady reflected externally in the *totality of symptoms*. (Org. Sec. 7.)

Another error is in the manner of using, or rather of mis-using repertories. At best they can be but *finger boards*, guides, pointing the way to the remedies, among which we may find the *simillimum*, or the nearest similar, but repertories were never made to take the place of the *Materia Medica pura*.

Who shall say that in the present case a certain remedy that may happen to count up a few more than another shall in consequence be the one to be chosen? There are many things to be taken into consideration in the choice of a remedy, *the*

*sphere of its action*, the *genius*, or *manner of acting* and the entire *image* of its nature as traced in the symptoms produced in proving. As we trace the *image* of the sick man's sickness in the *totality* of his symptoms, so, too, do we trace the *image* that is its *similar* in the *totality of the symptoms* recorded in provings, that the remedy produced upon the healthy organism and in no other manner can we prescribe with the *certainty* "that a cure may necessarily follow." (Org. Sec. 3.)

If then this is the only way to make a scientific prescription, and the *totality of symptoms* is all we can possibly know of sickness (Org. Sec. 6) and if the *totality* of symptoms produced by it in proving is all we may know of a medicine, then the *totality of symptoms* becomes one of the most important factors in homœopathics, and the full record of the *totality of symptoms* is our only sure guide in the choice of a remedy, and the record of provings is the only source from which we may select our remedies, then the repertories should only guide us to the provings in which we may find and trace the *image* for which we are searching; but without a certain knowledge of *Materia Medica* obtained from proper provings there is no system of addition or mathematical calculation in the use of repertories that can lead us aright to the choice of a remedy. Those who use these methods successfully are generally men who understand well their *Materia Medica*; but for one who does not know the *Materia Medica*, to try to prescribe by the mode of *adding* the highest numbers in the repertories, failure and discouragement must be the result,—better to follow the plain path that Hahnemann trod, though a longer one, apparently, than to take one of these short cuts to failure and disappointment. It takes a master to handle safely these labor saving machines, but a *tyro* will succeed every time if he but faithfully follows and implicitly obeys Hahnemann's plain directions which he will find laid down, and repeated over and over again in the *Organon* (and being convinced that this is the best course for the beginner, as well as for some older ones), among the first questions he may ask when he begins to think upon the subject will be: "What are symptoms? What is the *totality*? How is the physician to proceed" in discovering and tracing out this *image* of the

disease? Hahnemann's answers to these questions and his directions to the qualified physician will be found in the *Organon*, Secs. 84 and following, and is something similar to the following, to wit:

"The patient *details* his sufferings, the persons about him relate what he has complained of, how he has behaved and all they have noticed in him.

"The physician sees, hears, and observes with his other senses, whatever there is changed, or extraordinary in the patient.

"He writes all this down, in the very words which the patient or the persons around him, made use of" together with what he has himself observed.

What is to be written down? The patients detail of suffering, what the friends have noticed, and what the physician himself has observed, that are symptoms, or "deviations from the former's sound state of health," "whatsoever is changed or extraordinary in the patient."

This record is to be, if possible, a *totality of symptoms*, to contain all the *symptoms*, and nothing but the symptoms. The *truth*, the *whole truth*, and *nothing but the truth* would be a good motto, and this *true record* of the case, can reflect *only the true image* of the sickness of the sick man who is being examined.

How are we to get the totality?

"He permits them to *continue speaking* to the end *without interruption*"—except to check useless digression. "He exhorts them to speak slowly that he may take down whatever he deems necessary."

A symptom may be repeated several times, or may be expressed in different words, or come up in a different form, or even in disguise, as it were, and here, and in similar cases, the physician may exercise his discretion in taking down *what he deems necessary*.

The form of the record or the arrangement may be of some importance. The record should not be a confused mass of words or of symptoms, but should present to the *mind's eye* a picture—an image of the sickness.

"With each new circumstance or symptom begin a line,"

“that the symptoms may *all* be written down separately, and stand one beneath the other.”

“By this method the symptoms may be added to, and what at first was given vaguely may be recorded more accurately.” It is well to leave a margin on the left of the paper about an inch in width, in which place the date, the remedy given, the potency, the placebo, or whatever we may want to see at a glance in regard to visits, treatment, or directions. We prefer linen paper of light weight, 8x10½ inches, and fasten the sheets together with margin fasteners, and preserve the records in a letter file properly indexed.

“When the patient and those about him have finished, the physician asks for more precise information with regard to each individual symptom,” and makes the addition in a manner that shall complete as far as possible each individual symptom. The sensation or *what* is felt by the patient, the locality or spot, or *where* the part is affected, the particular time or *when* the sensation or symptoms occurred, or *when* it is better or worse, or its relation to other events or circumstances, as before, during or after, or the particular character or peculiarity of the sensations or symptoms, or *how* it is, or *what* aggravates or relieves it. We want to know *what* the trouble is, *where* it is, *when* it is, and *how* it is. We want to know *how* every organ is performing its functions, how he eats, drinks, sleeps, awakes, lies, sits, stands, walks, what he does and how does it, and *when*; in fine we want to know every thing we can find out about the patient; these with all the limitations, locations, peculiarities and modalities, we may have a complete image of each individual symptom and in the totality, a picture of the whole sickness, a complete image of the *sick man*. “Thus the physician causes *all* the indications given at first, to be described more closely, without appearing by his manner of questioning, to dictate the answer, or to place the patient in such a position that he can reply by yes, or no to his question.”

A leading question or one that can be answered *only* by yes or no, should not be asked if it *can* possibly be avoided. We love to see a case *unfold* as it were, to have the symptoms come forth spontaneously, and when, thus we get the picture, we feel that we are dealing with *facts* and are stand-

ing firmly upon a rock, and when we choose the remedy from such a stand-point we may *know* that a cure *must necessarily* follow. Such is the certainty to which *homœopathics* invite us.

But when we ask leading questions, or such as may be answered *only* by yes or no, or when the questions asked may indicate the answers wanted. (Why should we want any particular answer?) The result is always unsatisfactory, and we lose, to a great extent, the element of certainty, and doubts come to us and we can almost hear the conscientious physician say—"I wonder if this *is* a true picture of my patients condition. Have I lead my patient to, or have I placed him in a position to deny or affirm what is false, or what is only half true? or quite different from what has really occurred? or have I tempted him, by my manner of questioning, to gratify or try to please me by his answer?" If so, "an unfaithful description of his disease would then result and consequently an inappropriate choice of the curative remedy." (Org. sec. 87.)

"If in this *spontaneous* narrative no mention is made of several parts or functions of the body or of the state of the mind of the patient, the physician may *then* ask if there is not something to be said in regard to this or that particular part or function or relative to the disposition or state of mind, taking care to confine himself to general terms "and avoid leading questions, that the patient may answer positively regarding these points." "If for any cause the symptoms are withheld from the physician he must use his "*tact*" and prudence in arriving at a knowledge of whatever may be concealed."

It may all appear very easy or a very simple task to properly take the *totality of symptoms* in accordance with the plain directions of the Organon, as we find these precepts set forth in Sec. 84 and a few following sections. As a matter of fact, I found one of the easiest and pleasantest tasks in watching *masters of homœopathics*, as they examined, questioned and treated patients with all sorts of diseases, sicknesses and complaints. How easily they did it! The *image* just *unfolded*, came forth, apparently, of its own accord. It all looked very simple. They asked a very few questions but the *patient*



*told the story*,—the symptoms were recorded, the remedy was given—and the patient—got well!

But when we come to do the work ourselves it is quite a different affair. The questions, in spite of us, get all tangled up—and some way the questions suggest the answers, and before we are aware of what we are doing the patient begins to answer yes, or no, and we get the patient about as badly mixed as we are ourselves and we begin to wonder what question we want to ask next, and we forget it is the patient who is to tell the simple story, and he will do so if we but give him half a chance.

But after all, what seemed so difficult at first, will soon become plain and easy. It takes a little *patience*, some *tact* and much experience, but perseverance will overcome all difficulties in homœopathics.

“If it be then true that we are to rely more particularly upon the patient’s own language in describing his sufferings, and prefer the expressions *he* makes use of to portray them, (because his words are almost always changed in passing through the mouths of those who are about him), it is no less so that in all diseases, and more especially in those of a chronic character, the physician must be possessed of an uncommon share of circumspection and tact, a knowledge of the human heart, prudence and patience, to be enabled to form to himself a *true and complete image of the disease* in all its details. (Org. sec. 98). It is always safe to follow Hahnemann; it is never safe to oppose him.

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POTENCY.—I wish to say that it is my honest conviction that medicines act best in high potency, and I have no doubt but a strict adherence to the rules and principles of Hahnemann’s Organon is the correct thing in practice. Eighteen years ago I began with crude drugs. I investigated Homœopathy and became a convert to its truth. I began in the 2x and 3x, but found too many provings, and it took me years to get the key. It consists in the great triune, simillimum, potency, repetition. Take your case correctly and be sure of the right stuff; then clear the way for your remedy, and one dose is all you need to demonstrate the power of highly attenuated material. Success will follow you, and you need to fear naught.

I. W. PARKHILL.

EAST LIVERPOOL, OHIO.

**ORGANON—DISCUSSION OF §§161-164, BY DR. J. T. KENT  
AT MEETING OF NEW YORK CENTRAL MED-  
ICAL SOCIETY, SEPT. 15, 1892.**

Meeting called to order at 2:20 P. M.

Reading of the Organon (Stratton) 161-164 inclusive by Dr. Toby.

§ 161: "When I fix the so called homœopathic aggravation (or rather the primitive action of the homœopathic remedy, which appears in a slight degree to increase the symptoms of the natural disease) to the first hour or the first few hours, this delay applies to acute affections that have recently intervened.\* But when the remedies whose action lasts for a long time have to combat a disease of some duration, or one of very long standing, and consequently the dose ought to continue its action several days successively, then we may see, during the first six, eight or ten days, from time to time, some of those apparent aggravations of the original malady which last during one or several hours, while the general amendment develops itself sensibly in the intervals. When these few days are once passed, the amelioration produced by the primitive effects of the remedy continues, without interruption, for some days longer."

§ 162: "The number of medicines whose pure and precise action is known being moderate (200), it sometimes happens, that only a part of the symptoms of the disease that is to be cured are to be found among those of the most homœopathic remedy, and, consequently, this imperfect remedy is obliged to be employed for want of another that is less so."

§ 163: "In this case, a perfect cure, free from all inconvenience on the part of the remedy employed, ought not to be expected. During its use some symptoms are seen to appear that were not observed before in the disease; these are accessory symptoms resulting from a medicine that is not perfectly homœopathic with the existing case. This does not,

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\* Although the effects of remedies whose action is of the longest duration rapidly disappear in acute diseases, they last a considerable time in chronic affections (arising from psora); and thence it occurs that anti-psoric remedies do not often produce this slight homœopathic aggravation of the symptoms during the first hours, but bring it on later and at different periods during the first eight or ten days.

however, prevent the remedy from annihilating a great part of the evil—that is to say, the morbid symptoms which resemble those of the medicinal disease, and thence arises a tolerable commencement towards a cure.”

§ 164: “The small number of homœopathic symptoms in a well-selected homœopathic remedy never injures the cure when it is in a great measure composed of the extraordinary symptoms which particularly distinguish and characterize the disease; the cure then follows without further inconvenience to the patient.

Dr. Kent: Mr. President and Gentlemen: We of today occupy a different position from that of Hahnemann, in the early discovery of Homœopathic Therapeutics. We have a larger number of proven remedies, and a variety of potencies that Hahnemann did not yet know, and if it should be said that because of the increased number of remedies, and because of the higher potencies, we deviate from the teachings of the great Master, we are able to show that the deviation is in the direction that he pointed out, and that in which he started us. If you will turn to the 279th section of the *Organon*, you will see that we exactly carry out the teaching of Hahnemann.

§ 279: “It has been fully proved by pure experiments that when a disease does not evidently depend upon the impaired state of an important organ, even though it were of a chronic nature, and complicated, and due care has been taken to remove from the patient all foreign medicinal influence, the dose of the homœopathic remedy can never be sufficiently small so as to be inferior to the power of the natural disease which it can, at least, partially extinguish and cure, provided it be capable of producing only a small increase of symptoms immediately after it is administered (157-160).”

Now this relates to the subject of aggravations, and as a last proposition of the *Organon*, it is final and conclusive.

There was a time when Hahnemann thought he had established the fact that the 30th was the highest potency from which we could hope to obtain curative action. He had proved the 30th to be efficacious by careful and repeated experiment, yet he did not close his eyes to possibilities, and as carefully repeated the experiments through the higher

potencies, and found that so long as he could demonstrate the perfect homœopathicity of the remedy, so much the greater and more wonderful the power and the result. We, following in his footsteps, experimentally, are to-day able to reach much higher potencies with still greater results. We will read § 280.

§ 280: "This incontrovertible axiom, founded upon experience, will serve as a rule by which the doses of all homœopathic medicines, without exception, are to be attenuated to such a degree that after being introduced into the body they shall merely produce an almost insensible aggravation of the disease. It is of little import whether the attenuation goes so far as to appear almost impossible to ordinary physicians whose minds feed on no other ideas but what are gross and material. All their arguments and vain assertions will be of little avail when opposed to the dictates of unerring experience."

Hahnemann had written this in the light of repeated experiment. Is it not a wonder that he could see, and could tell a truth that should be eternal?

Before we start upon prognostications after the administration of the well-selected remedy, we must review somewhat 3.

3: When the physician clearly perceives the curative indication in each particular case of disease—when he is acquainted with the therapeutic effect of the medicines individually—

The teaching of this paragraph is that the physician should know his business. He shall know diseases in general, and in particular; he shall know remedies in general and particular. There is no other way of reasoning correctly upon any subject, except from generals to particulars. The translations of this paragraph do not fully set forth the deeper meaning to the English reader, as does the original to the German mind. It is not to complain of the translations, but to present more fully than the translations can, the order of the physician's knowledge as he uses it in proceeding from the universals to the particulars. In substance we would think as follows:

"If the physician perceives what it is in the universals of disease farther, if he perceives what it is in the particulars as they exist in each individual case of sickness to be healed; if

the physician perceives what it is in the universals of medicines, further, what it is in the particulars as they exist in each medicine that cures, then he sees the nature of disease." To illustrate,—if we have an epidemic of cholera, which we have never seen, have heard but little, have not before had to cope with, we shall carefully record every symptom belonging to the first thirty cases or so, and there collectively considered, is the disease cholera, and all the symptoms pertaining thereto. We have gone through an epidemic of la grippe. We group all the symptoms in all our cases, and we have a picture of the disease. When we study each individual case, we have the disease in the particulars. We study the remedies in the same way. We take Belladonna and with forty provers, we collect the symptoms, and we learn to know Belladonna when we see it, as we had before learned to know cholera.

The third proposition in this paragraph is the application of the remedy according to the law of cure—without knowing that which pertains to the first two propositions, we are not prepared to apply the third intelligently. To return to 161-164.

Many physicians will tell you that they have never seen an aggravation after the administration of the remedy. There are several reasons for this. We have no sharp aggravations after the administration of the lower potencies, we are not liable to have an aggravation from the application of a remedy that is only palliative, and not deep enough to cure. A want of knowledge of the action of the remedy applied, and of the action of the sickness manifested, a lack of knowledge of the subject of the prescription, would effectually bar the observation of such phenomena. A careless prescription and a want of observation in the physician in another common reason.

Remedies cure only by their ability to effect certain changes in the organism; if they are not deep enough to effect these changes, we shall have neither aggravation nor cure. We have to study to arrive at the point of a disease manifested in a particular patient, as we have to study to learn the group or symptoms indicated among those expressed by the remedy as a whole.

By prognostications after the administration of the properly

selected remedy, we mean that certain and repeated experiences of its action, have led to an interpretation of its relation to sickness. Where the symptoms are aggravated, we have learned to look upon it as a good indication, but we may have an aggravation of both the symptoms and condition of the patient. In acute disease an aggravation may come within a few minutes; even as soon as medicine has touched the tongue. In a chronic disease such action would mean superficial action. Where the aggravation is long with final decline of the patient under the clearly indicated remedy, we have an incurable case. We give the remedy, the next day we find the symptoms worse, we are pleased, but if it has been a suspicious case, we should postpone our hilarity. When the aggravation of symptoms continues a long time, our patient is growing weak, profuse sweats coming on with other indications of deeper depression, we know the case is to be fatal; hence the necessity for lower potencies, and a place where they may be employed with great advantage to the patient. It is possible to bolster up, and palliate with well-selected remedies, but we shall not cure. Changing symptoms constitute a sign of the action of the remedy.

The second proposition is the long aggravation, and final slow improvement. This is the condition the youthful prescriber is most likely to spoil. He is sure to prescribe for the aggravation. The condition comes in feeble, weakly patients, with feeble vitality. A repetition of the dose in such cases before sufficient time has elapsed will kill the patient. One blow and he is gone. When the carefully selected homœopathic remedy meets this slow reaction of the vital force, when it extends over many months, look out. The patient is sensitive to medicines. When, after a long period, you must repeat, don't go higher in potency; repeat the same, and when at last it refuses to act, you can go higher. You will find that the repetition of the same potency will cause a shorter reaction each time, until you have need to change to the higher potency.

The third proposition is a violent aggravation, lasting but a comparatively short time, with quick relief. This is the very highest and happiest homœopathic prescribing, and gives to both patient and practitioner the greatest satisfaction. When

we see short and strong aggravations, these are the best that can happen. When the patient says, "all the symptoms were worse for a day or two, and then they were better," both may rejoice.

The fourth proposition covers those cases in which the quantity and quality of the remedy administered is in exact proportion to the quantity and quality of the sick making force; when the exact similitum is reached in potency as well as remedy, then do we have a cure without aggravations.

The fifth proposition concerns those cases in which we find an amelioration immediately upon the administration of the remedy followed soon by an aggravation. Look out it is a failure, and always incurable. Of course there are cases of amelioration under the improperly applied remedies, but those are not the cases under discussion. Under cases of improperly applied remedies, people of strong vitality will throw off the bad effects of the remedy; the improper evolution of symptoms was due to a want of similarity, the remedy was not sufficiently similar to cure. These cases are also easy to spoil, but with the properly selected remedy, and the foregoing sequence, we have an incurable case. These cases are puzzling. In many cases it is a difficult problem to measure symptoms, and it needs a nicety of discrimination to determine whether the result of such a prescription is an incurable condition, or a want of similarity in the remedy. Puzzling patients should be fed sugar for some time, that the physician may be able to correctly read the signs.

The sixth proposition is too short an amelioration, especially after an anti-psoric. There may or may not have been an aggravation. There may have been a perfect, sharp aggravation, followed by amelioration for a short time only. If it comes after an aggravation it is probably incurable. If after the remedy, only a short amelioration follows, it is incurable. To illustrate—administer a dose of Sulphur, observe but slight aggravation, and a short amelioration; say at the end of two weeks the patient grows worse, and returns to the same condition for which you prescribed. You repeat the same potency, no aggravation, you go higher, get a slight action, you may be sure of the incurability of the case. If the need for repetition of an anti-psoric, returns

within the month, shake the head; if the remedy holds a month it is more satisfactory.

In the seventh proposition we find full time of amelioration of symptoms, without improvement in the patient. This relates to old age, with weak, enfeebled vitality, in which there is slow action. Soon another group of symptoms will appear, there is again a long amelioration, the patient is not improved; the doctor thinks that a careful selection of remedies will take him through—yet at the end of two years it is found that the case has progressed steadily downward. In these cases, careful selection of remedies will keep them alive and in comparative comfort for years, but they cannot be cured.

In the eighth proposition the patient proves every remedy without being cured of the disease. They apparently “take” the remedy as a child “takes” measles, or scarlet fever. They are sensitives, they prove everything with which they come in contact; hence, they prove Rhus; have rose-colds, prove golden-rod or turpentine if they venture to approach within hailing distance of these substances. Give these patients a remedy and they prove it, and but very few remedies will prove curative in such cases. They are difficult cases for the inexperienced to treat. Healthy persons are benefited by homœopathic aggravations and by homœopathic provings. This also depends upon the proper selection of the person. Improperly selected subjects for proving have been made life long sufferers. See the sufferings of Mrs. Rubini, of Naples, in the proving of *Cactusgrand.* and *Thuja* provers.

In the tenth proposition new symptoms appear—this is a doubtful situation. Now and then an apparently new symptom comes up, drug symptoms crop out. In proportion as there are few or many new symptoms, may we look upon it as favorable or unfavorable? Under these circumstances never repeat the dose, or you will unfailingly end with an unfavorable prognosis.

The eleventh proposition is an aggravation with the return of old symptoms. When old symptoms appear you may wait; you need study no more; you have the remedy. When the aggravation is passed there will be slow but sure reaction. No matter how long you wait don't prescribe; you



will spoil, and render it incurable, and nothing gained. You mix things in such a case by repetition.

In the twelfth proposition the symptoms take a wrong direction. These are incurables. They are old people. Suppose a case of ulcer upon the lower extremities. There are no symptoms to be found except in the ulcer. The pre-historic symptoms are lost, give the appropriate remedy covering the symptoms of the ulcer, and forthwith it begins to heal. The patient is too old, has too feeble a vitality to bear the reaction. If the remedy was not of sufficient similarity to the pre-historic symptoms of which the ulcer was the result. I have seen an off-hand prescription of Lachesis for the symptoms of an ulcer upon the leg, heal, and be followed by a hemorrhage of the uterus. The symptoms took the wrong direction. The reason was that Lachesis only related to the ulcer, and not to the whole disease, not to the patient. Rheumatism may be prescribed for, and lesions of the heart appear with laborious action, prostration, breathlessness, etc.

Too much cannot be said upon the danger of selecting remedies upon external symptoms only, without knowing the internal nature and symptoms of the disease. In skin troubles, do not fail to take the pre-historic symptoms. This reminds us of the fallacy of prescribing upon the fragmentary provings of drugs, upon new drugs hastily and partly proved. Lazy practitioners do this, with a probable theory that they might help the patient. There is no paragraph in the *Organon* that does not say, "take every symptom" of the patient, and the § 3 directs us to know *all* pertaining to the disease, and *all* pertaining to the remedy, and then apply the law of cure. This shows the necessity of keeping careful records of the cases. If these are all attended to in your families, you have the families fast and firm as your friends. They will swear by you, and no one can do for them what you can do, and a trial or so proves it to them quickly.

The President:—Dr. Kent's most excellent paper is now open for discussion.

Dr. Dever:—It is too good to discuss. There is nothing left to be said. When a thing is said as well as it can be, there is no need of some one else rising to try and say the same thing in other words. In the matter of the spoiling of

cases, we have much to contend with. We often have cases that are spoiled when we get them, they have already been prescribed for, and the case is many times so mixed that you do not know whether you can work your way out of it or not.

Again reason for few cures, lies in the too frequent prescription. Doctor says that each repetition of the dose antidotes the preceeding one, and so on, making cure impossible.

Dr. Martin had seen in a recent case, the effects of a superficial prescription. It was a case of transparent, scaly eruption covering the body of a small child, of a few months old. One dose of Syphilimum 40 m (Swan), and the babe was perfectly clean in a month. Had seen child before prescribing.

Dr. Kent:—The remedy may have corresponded with the internal disease.

Dr. Brewster thinks it would do this society good to listen to such a talk every few days. That it has been a treat indeed. He has come to the conclusion that he knows very little of Homœopathy. It has been the trial of his life to cure old chronic cases, and it is because he had failed to find the whole history of the case. Recalls a case of a man about to die, examined him superficially, gave him a dose of Ars. high, with amelioration for several days, then rapid failure. He had always believed that Ars. had hastened the end.

Dr. Gwynn questions much that statement, and desires to know what proof Dr. Brewster had that Ars. killed, or that the patient would not have died as soon in any case, or that he would not have died five days sooner.

Dr. Brewster:—The suffering was  $>$  but the patient failed.

Dr. Gwynn had always been taught that when amelioration was followed by frequent dropping back, the patient would die, and sees no reason to attribute the death of Dr. Brewsters' patient to Ars.

After discussion by several members, Dr. Chase cited a case of ulcer of the leg, which after prescription began to heal, but the symptoms took the wrong direction.

Dr. Breesee cited a case of ulcer upon the leg of a diabetic patient, that a prescription of Ars. had  $<$ , but had restored an eruption upon the forehead, and the patient was better.

Then both began to heal after < . A change of physicians was followed by death from apoplexia.

Dr. Martin moved, Dr. Grant seconded, that this society tender a hearty vote of thanks to Dr. Kent for his very able address. Carried.

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**MIASMS—INTRODUCTION TO CHRONIC DISEASES.\***

WM. M. JOHNSON, CHICAGO.

Any ordinary homœopathic physician will find but little trouble in curing acute morbid conditions, and it is generally thought that chronic diseases are but continuations of acute maladies. This is the mistake usually made by the ordinary physician. By reading the following and investigating closely Hahnemann's principles of chronic diseases, particularly the miasms, you will find a greater difference than what is usually understood as the difference between acute and chronic troubles. In the following remarks you will find principles involved that are scattered throughout Hahnemann's writings, and by following closely his directions, we hope to be better able to treat chronic diseases.

1. All miasms accompanied by cutaneous eruptions, observe the same course from their very origin.
2. All miasms *first* attack the *whole* organism internally before the vicarious affection manifests itself upon the *skin*.
3. All miasmatic diseases which form *local affections* upon the skin *are* internal diseases, the last result of which is, *the local cutaneous affection*.
4. In acute diseases the local symptoms, together with local disease (acute), leave the system as soon as they have run their regular course.
5. In chronic diseases, however, the local manifestation may be removed or may disappear of itself, without the internal *disease* leaving the organism either in *part* or *entirely* or the internal disease may even increase in time unless *properly cured*.
6. Physicians have overlooked *this* important *fact*. They have not suspected, or have not noticed that the "local disease," this local manifestation was a secondary matter, a vicarious symptom of the real internal disease. They have often denied the existence of the internal disease and by removing

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\* Lecture delivered at Hering College.

the bubo, the cauliflower excrescence, and the eruption by local applications have brought misery upon mankind—thinking they were curing.

7. Hahnemann says: “In considering the formation of the *three chronic maladies* as well as that of the *acute miasmatic diseases* three cardinal points ought to be noticed:

1. The period *when* infection took place;
2. The period when the *whole organism* began to be tainted with the miasmatic poisons *until it became a complete* internal disease.
3. The manifestation of the external symptoms by means of which *nature* indicates the complete development of the miasmatic disease in the *internal organism*.

1. In regard to the period when infection took place—Hahnemann says, “*My opinion is that the miasmatic affection in acute as well as in chronic diseases, takes place in a moment, provided this moment is favorable to the contagious influence.*”

2. Then he gives several examples. Vaccination—infection takes place at the moment when the morbid matter introduced under the skin is brought in *contact with the exposed nerve*. The *whole nervous system* becomes *infected in a moment*. \* After this all the washing, burning or cauterizing will not annihilate the disease; even amputation would not arrest its *progress in the internal organism*. \* \* \*

3. Small pox, measles, scarletina, *will run through their course* with the fever peculiar to each form of infection, and the cutaneous *eruption* will break out a few days after the internal disease shall have completed its development.

This gives rise to several questions, e. g., can any *miasmatic infection by the skin* exhibit external symptoms (or an eruption), before the internal disease has become completely developed? Why do three or four days elapse after vaccination before *inflammation*; and why the fever but to show that the disease is pervading the *whole organism*?

Or, why do ten or twelve days usually elapse after infection before fever comes on and small-pox breaks out upon the skin—what has the vital force been doing during this time with the contagious miasm which was introduced from without—was it necessary that the miasm should affect the whole

organism before nature could *kindle the fire* and bring the eruption out upon the skin?

Hahnemann gives us many examples, but these will suffice for our present purpose—but from the course which these miasms pursue we may see that *after infection* the internal disease must first have become fully developed in the organism before their peculiar eruption can come out upon *the skin*.

All these miasmatic diseases run their peculiar course about two or three weeks, then a *crisis* ensues, and the fever and eruption subsides, after this period if there is sufficient vitality recovery results.

And here comes a very important question which I quote from Hahnemann: “*Have those acute semi-vital miasms the peculiar nature of becoming extinct in the organism, after having affected the vital powers at the moment of the infection, each in its peculiar manner, and having spread through the system like a parasitical growth, establishing each its peculiar fever and leaving upon the skin an eruption which is, in its turn, capable of communicating the disease?*”

Are not the *chronic miasms*, on the contrary, continued by the peculiar contagious eruptions which they leave behind, itch vesicle, chancre, cauliflower excrescence, whereas the acute miasms become extinct of themselves?

The chronic miasms are semi-vital morbid miasms of a parasitical nature which can only be neutralized or annihilated by a remedy producing analogous effects and more powerful—it is by the anti-miasmatics alone that the patient can be freed from the effects of the chronic miasms.

The mode of contagion which nature follows in the *chronic miasmatic diseases* [and the formation of the *internal disease* previous to the external symptoms appearing upon the skin and *indicating* the completion of the internal malady]—is the SAME as in the *acute forms of the disease*, but after the *internal disease* is completed—there is a remarkable difference between it (the mode) and the acute diseases, that the chronic miasms continue in the organism, and even develops *itself* from year to year, unless it is extinguished or thoroughly cured by *art*.

To show this more fully it is only necessary to mention the miasms of *chancre*, of *sycosis* or *psora*.

The infection most probably takes place by contact under *favorable conditions*. If the poison has taken effect the whole system is at once tainted and immediately the formation of the internal disease begins.

Those parts where the infection has taken place or where the poison was introduced, show nothing unnatural, exhibit nothing abnormal, no traces either of inflammation or corrosion: all washing of the parts is useless, from all appearance the parts remain healthy. The internal organism *only* is affected by the *infection* (which generally takes place in a moment). The internal organism endeavors to assimilate the miasm and becomes thoroughly tainted with the disease.

This complete adaptation of the organism to the miasmatic poison *or virus* after infection has taken place seems to be the first object of the vital force, and not until the internal disease is completely developed does the local symptoms or the external manifestations appear, such as eruptions, pustules, chancre, discharge or exudation, which Hahnemann designates the substitutes for the internal disease, each in its own peculiar way performing a vicarious function, and each having the power of communicating to others the same miasm that produced *it*, which is the internal disease.

If the internal disease is cured by means of the proper internal *remedy* the external vicarious substitutes will also be cured, and the patient recovers.

But if these local manifestations be removed by some local application, as is still done by allopaths, in many cases the miasm or internal disease remains, and unless cured by the internal remedy, gets worse to the end of life.

The ailments that follow this suppression, whether acute or chronic, are as various as the peculiarities of individuals, and as different as the manner in which they are affected by external influences. This suppression is not really repelling the disease into the organism. The external manifestation is not the disease *per se*.

It is the substitute, vicarious; it is the fruit, the seed as it were; the culmination. It is true that each one may have the power of communicating to another the same *miasm* that produced it, which is the internal disease, and thereby reproduce itself, as a grain of wheat or other grain in proper soil, and with proper conditions may grow and reproduce itself.

# THEORY AND PRACTICE OF MEDICINE

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## ENDOCARDITIS.\*

S. MILLS FOWLER, M. D., CHICAGO.

“This is an inflammation of the lining membrane of the heart, and is usually confined to the valves, so that the term is practically synonymous with *valvular endocarditis*.

“There are two forms of this disease, *acute* and *chronic*.

“*Pathologically* the *acute form* is characterized by the presence of granulations or vegetations, with loss of continuity or substance in the valve tissue. The *chronic form* consists in a slow sclerotic change, resulting in thickening, puckering and deformity. We find also described a simple or benign, and a malignant or ulcerative varieties, which, however, represent only difference in the degree of intensity of the same process.

“*Simple Endocarditis* is characterized by the presence on the valves or in the valve-chambers of minute vegetations, with an irregular and fissured surface, giving them a sort of warty appearance. Often these little cauliflower-like excrescences are attached by very narrow pedicles.”

This description reminds us of conditions having a like appearance in other parts of the body, and reveals to the Hahnemannian not only the possibility but a strong probability of a near relationship between endocarditis and those other or that other disease.

We have already seen—in a former lecture—that pericarditis is usually a sequel of acute inflammatory rheumatism.

Now, I shall relate certain conclusions at which I have arrived in my study and observations of heart lesions.

Gonorrhœa—when violently suppressed by purely local measures, or any of those methods not homœopathic, is exceedingly prone to manifest itself in what we recognize as *gonorrhœal rheumatism*. It is also recognized as the miasm or

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\* Largely quoted from Osler's new work.

constitutional base on which is developed the "fig" or gonorrhœal wart, condylomata, cauliflower excrescences, etc., which shows conclusively the relationship existing between them. In view of these *facts*, I feel warranted in putting forth the following declaration as a *principle in the pathology of diseases of the heart*.

*Inflammatory rheumatism*, which is characterized by pain and swelling, exudation, whether it be articular, muscular or whatever form of tissue is involved, when treated by local applications for relief of the painfulness and local suffering, undergoes metastasis to the pericardium, inducing pericarditis with effusion, as was delineated in a former lecture. *Gonorrhœa*, on the other hand, when treated similarly, will undergo metastasis, and involve internal tissues and organs in a form of chronic rheumatism, or to the endocardium, inducing endocarditis with its development of warty excrescences, etc. I have never heard of this explanation of the relationship of endocarditis and now give it publicity so far as I know for the first time, and hope that you will all remember it, and by your observations in the future disprove or verify it. I believe that in the history of many cases, especially of chronic endocarditis, there is somewhere the history, also of a forcibly suppressed disease, which, in turn, somewhere in its history can be found a surface development of warts or watery excrescences, and that these as we all believe are related to gonorrhœa either inherited or acquired.

I have had a patient under observation for years. He has never had gonorrhœa in its primary form, *i. e.* specific urethritis. As a boy had numerous warts on his hands of all shapes and sizes. Also had itch suppressed. As a young man, once had intercourse with a woman of whom others contracted gonorrhœa, before and after. Years after "fig-warts" developed. These were removed and about that time began to notice symptoms of heart disease. Lately he has come under my professional care. Remedies selected upon the totality have greatly improved the heart symptoms, so that at last examination there was no abnormal sounds or symptoms, but there has appeared upon the surface spots of dry eruption, having a warty appearance, showing great



activity in endothelial cell proliferation; under treatment these excrescences are slowly going away.

“ These vegetations, whatever their shape, are always found associated with the disease known and described as endocarditis; and it is rare indeed, if ever there is any swelling or infiltration of the endocardium in their neighborhood; and although small capillary vessels do exist at the edges of the valves, redness, indicative of distention of the vessels is not present. The changes in the process consists of the proliferation of the subendothelial connective-tissue elements, similar to the process concerned in the development of the epidermal and epithelial excrescences or vegetations; and this I regard as another evidence of their near relationship.

“ Further changes in the vegetation may be either in the direction of increased proliferation of the connective-tissue elements of the valves, forming an area of necrosis (the same or similar to the processes observed in other parts of the body characterized by exfoliative phenomena), and thus the production of the condition which, on account of its greater intensity we speak of as malignant or ulcerative endocarditis; or, as is more usual, healing occurs, and the evidences of the disease disappears. The vegetations, when healing occurs, may be absorbed, leaving only a small valvular thickening of the valve; or, a third possibility may result, viz.: the vegetations may be detached, and dislocated and transferred to other parts by the blood-current, and there may thus be developed symptoms of embolism.”

The patient before referred to has at times complained of symptoms that I could account for in no other way, though there have been no positive evidences of abscess formation.

“*Endocarditis* is much more common on the left side of the heart, and almost always involves valvular endocardium. The mitral valve is more frequently the seat of the disease than the aortic. On the mitral valve, the growths are on the auricular surface, a little back from the edge: so also on the aortic they are on the ventricular surface.”

Why these growths select the surface upon which the blood-current flows—for their development—has never been satisfactorily explained. It goes to prove one thing, however, and that is, that they are not the result of a germ or micro-

cosm, implanted by being transmitted by “the invasion of the blood by certain micro-organisms.”

“*Etiology.* Simple endocarditis does not constitute a disease of itself, but is invariably associated with some other affection;” and I affirm, as my own conviction, that except for the use of methods of suppression, by local applications to relieve pain, or *cure* (?) some external affection, we would *never have it as a complication.* Even the use heat dry or moist, or cold, is reprehensible in rheumatic affections, to say nothing of the medicated lotions, dressing, etc., used in gonorrhœa, syphilis, and other outward manifestations of the more serious constitutional maladies. Let me give you a little allopathic reasoning on this subject, in speaking of the etiology of endocarditis. “Possibly it is nothing in the disease itself, but simply an altered state of the fluid media—a reduction perhaps of the lethal influences which they normally exert—permitting the invasion of the blood by certain micro-organisms,” which is responsible for the cardiac complications of diseases, which otherwise are not of a serious character or fatal tendency. No! but your nefarious methods of treatment. This everlasting twaddle about micro-organisms, micrococci, bacteria, microbes, etc., etc., as the causes of diseases, “give me a pain. (Excuse the slang). “Tonsillites, which in some forms is regarded as a rheumatic affection, is frequently complicated with endocardites. Especially is diphtheria and scarlet fever prone to it also.” Who has not seen or heard of sudden deaths from “heart-failure,” in patients convalescing from these diseases? Not in those, however, who had been treated homœopathically; therefore the inference is but just and fair, that the *treatment* had more to do with the “heart-failure” than the disease. This tendency to “heart-failure” has become more common, since the use of the “*coal tar derivatives,*” anti-febrine, anti-pyrine, anti-kamnia, etc., etc., have come so much into vogue. “In pneumonia, both simple and malignant endocarditis is not an uncommon complication.” Also in phthisis. In chorea, warty excrescences or vegetations are found on the valves of a large majority of fatal cases.

*Symptoms.* As with pericarditis, so with this affection—there is paucity of symptoms calling attention to disease of the heart. In a majority of cases there is no indication what-

ever of cardiac mischief, they being discovered by accident or at the autopsy. There are certain times and conditions, however, that you must watch carefully. In a case of rheumatism for instance, the symptoms to excite suspicion would be increased rapidity of the heart's action, perhaps some irregularity, and an increase of fever without aggravation of but possibly amelioration of the rheumatic pains. Palpitation may be a prominent feature of the complication, and very likely the first to attract your attention.

"*The diagnosis* of endocarditis rests upon physical signs which are notoriously uncertain." The presence of a murmur at one or another of the cardiac areas, in a case of fever, is often regarded as evidence of the existence of endocarditis. This mistake has arisen from the fact that the "*bruit de souffle* or bellows-murmur is common to endocarditis; but it is also heard frequently in other affections which have nothing else in common."

This feature of uncertainty, makes a study of the heart-sounds, and acquirement of a knowledge of their relative significance all the more essential, because of the fact that serious heart lesions may be overlooked, and grave consequences be the result.

*Malignant endocarditis*, or acute endocarditis of a malignant character. Eminent allopathic authorities claim that this "is met with as a primary disease of the lining membrane of the heart or its valves." The same author who is responsible for the above quotation says on a preceding page, "Simple endocarditis does not constitute a disease of itself, but is invariably associated with some other affection."

One who carefully and conscientiously studies this affection, cannot come to other than the conclusion that it is a secondary affection, and may be related to any of the diseases liable to metastasis, and which Hahnemannians recognize as having one or more of the "*chronic miasms*" as a base or pre-disposing cause, as well as being secondary, as they admit to "acute rheumatism, pneumonia and in various specific fevers; or as an associated condition in septic processes." It is also described as "ulcerative, infectious or diphtheretic endocarditis, but malignant seems the term most appropriate to characterize the essential clinical features of the disease."

*Etiology.* From the allopathic or scientific (?) standpoint, "the existence of primary endocarditis has been questioned; yet there are numerous instances on record in which persons previously in good health, without any history of affections with which endocarditis is usually associated, have been suddenly attacked with symptoms similar to typhus or typhoid, without any of the physical or other signs of those diseases, but in which, after death no lesions were found except those of malignant endocarditis." -

Homœopaths do not coincide with the idea of "primary endocarditis," either simple, malignant, acute or chronic. It is always a secondary affection, and if in a given case the primary disease with which it is related or associated is not recognized, it is the fault of the inquirer in not prosecuting a sufficiently thorough search, or the patient in concealing a portion of his clinical history willfully or ignorantly. It may date back a generation or more, but the "*causa primi*" is somewhere in the past. "Rheumatism, with which simple endocarditis is usually associated is seldom complicated with the malignant form;" that is, acute inflammatory rheumatism. I regard this as another evidence of the truth of the theory before stated, viz.: "That endocarditis is nearly related to another form of disease in which morbid growths are a prominent and common concomitant, and that the fact is, the granulations and vegetations of endocarditis are a product of the '*Sycosis*' morbidic miasm of Hahnemann."

"Of all the acute diseases liable to be complicated with severe *malignant endocarditis*, pneumonia probably heads the list; indeed, the endocarditis which occurs in pneumonia seems to be of an unusually malignant type.

"*Malignant endocarditis* may complicate erysipelas, septicæmia, puerperal fever and gonorrhœa. It is rare in tuberculosis, typhoid fever, and diphtheria." I am sure that this author has made a mistake, and that "*gonorrhœa*" and "*diphtheria*" in this quotation should be transposed. For we know that malignant endocarditis, or some sort of heart complication often proves rapidly fatal in diphtheria patients who often are seemingly fairly convalescent, while in a majority of cases of *chronic endocarditis*, there is a history of gonorrhœa, or some disease nearly related thereto, and dependent for its presence on the same "chronic miasm."

MORBID ANATOMY.—“The lesions of *malignant endocarditis* may be either granular or vegetative, ulcerative or suppurative, and these different forms may occur either alone, or in combination.” In the same way do we also have exhibitions of the chronic miasms: sometimes the symptoms of one of them predominating, sometimes another, and then again so intermingled that it is impossible to decide which one of the three is most conspicuous. “With vegetations, there is distinct necrosis and loss of endocardial substance; more frequently there is ulceration, either superficial or deep, involving only the endocardium, or leading to perforation of the valve, of the septum, or even of the heart itself. In the suppurative form the deeper tissues of the valve appear first affected and small abscesses are found at the bases of the vegetations. The vegetations may present a remarkable greenish-gray or greenish-yellow color, and when of long standing (and sometimes in cases which from the clinical history appear to be tolerably recent), may be crusted with lime salts.”

These different pathological states as here described from our reasoning as before stated, are dependent for their variations on the different forms or the original or primary diseases with which they are related. Vegetations are characteristic of, and related to the “sycotic” miasm, and has gonorrhœa for its initial or primary manifestation. Ulcerations are also characteristic of the syphilitic miasm, and has the chancre for its primary form. So likewise is suppuration characteristic of the psoric miasm and has scabies as its initial stage. As these miasms are seldom found singly, but are to a greater or less extent combined, so we may get a combination of their sequelæ in the heart lesions of endocarditis. The vegetations will be associated with vegetative processes, the ulcerations with ulcerative and the suppuration with suppurative in other parts of the body. In the endocarditis of septic processes, we have the local lesion in the form of an acute necrosis, a suppurating wound, a puerperal fever, etc., which may be dependent on traumatism for an *exciting* cause, but invariably some chronic miasms will be found to operate as a predisposing element.

“There are other pathological changes which are due to embolism that constitute a most striking feature of malignant

endocarditis, but it is remarkable that in some instances, even with suppurative and ulcerative character there may be no trace of embolic processes.

Arguing from this, then as a rule, embolism must be resultant from the vegetative form of endocarditis.

“The infarcts, on which embolism depends, may be few in number, only one or two perhaps, in the spleen and kidney, or they may exist in hundreds throughout the various parts of the body. They are most common in the spleen and kidneys, though they may be numerous in the brain, and in many cases are very abundant in the intestines. In right sided endocarditis there may be infarcts in the lungs. In many cases there are innumerable miliary abscesses.

“*Symptoms.* It is impossible to give a clinical picture of malignant endocarditis that will at all times be recognized. Arising as it does, in the course of some other disease, and *always as a complication of it* (italics mine), there may be observed an aggravation of the intensity or a change in the character of the original malady. About the only symptom that can be regarded as characteristic, is a sudden change in the character of the pulse, it becoming irregular and weak, with a marked failure of general strength of the patient.

“Embolic processes may give rise to special symptoms, such as delirium, coma, or paralysis from involvement of the brain or its meninges; pain in the sides and local inflammation from infarction of the spleen or liver; bloody urine from implication of the kidneys; impaired vision from retinal hemorrhage; suppuration and even gangrene in various parts from the distribution of emboli. “Two special types of the disease have been recognized; the *septic* and the *typhoid*. In some the cardiac symptoms are prominent, while in others the main symptoms may be those of acute affection of the cerebro-spinal system.

“The *septic type* is usually met with in connection with external wounds, the puerperal process, or acute necrosis (gangrene). There are rigors, sweats, irregular fevers, and all of the signs of septic infection. The heart symptoms may be completely masked by the general condition, and attention only called to them on the occurrence of embolism.

“The *typhoid type* is by far the most common, and is char-

acterized by irregular temperature, early prostration, delirium, somnolence, coma, diarrhœa, sweating of the most drenching character, petechial and other rashes, and sometimes parotitis. The heart symptoms may be overlooked and in some instances examination has failed to detect murmur, and afterwards an autopsy revealed the endocardial character of the disease.

“Under the *cardiac group* may be considered those cases in which patients with chronic valvular disease are attacked with fever which present symptoms of a pyæmic and typhoid character, which may run a most acute course. In others the process is less intense, and the course more chronic.

“There are cases in which it is difficult to decide whether the endocarditis is malignant or simple. For instance, a patient is under treatment for aortic valvular disease, and begins to have irregular fever with restlessness and cardiac distress; embolic phenomena may develop sudden hemiplegia, pain in spleen, bloody urine or perhaps peripheral embolism. There may be delirium, and the case run a rapid and fatal course; but in other instances of a similar character the fever subsides and the patient recovers.”

This is allopathic authority; it amounts to the simple proposition: “If the patient recovers it was a case of simple endocarditis; whereas on the other hand, if the case proves to be a fatal one, it is not at all difficult to find evidences of its having been of the malignant variety.” We know that most if not all of their cases are seriously complicated by their nefarious drugging methods, and that they would—*all of them*—live longer and happier if left to the “expectant” treatment entirely. Digitalis is doubtless responsible for a majority of their fatalities; or at least for precipitating the un-hoped-for event, as administered by them, especially in the cardiac group.

“In what may be termed the *cerebral group* of cases the clinical picture may simulate a basilar or cerebro-spinal meningitis. There may be acute delirium, or the patient may be unconscious. The fever may be remittent or high and continued. Rashes may render the similarity strong to typhoid or cerebro-spinal fevers. It may simulate hæmorrhagic small-

pox, erysipelas, etc. The heart symptoms may be overlooked unless careful examination is made.

“The course of the disease is varied, depending largely on the nature of the primary trouble.

*Diagnosis.* As already stated, to determine accurately or even approximately the character of heart lesion is no easy matter, especially in the earlier stages; but later, it is not difficult, particularly when symptoms of embolism develop. Typhoid fever is frequently diagnosed in those cases not connected with puerperal fever, or bone-disease (necrosis or caries), but when we remember that in typhoid fever we may have infarctions and embolic complications it removes the certainty of the decision. The most reliable data are: Endocarditis is sudden in its development, and the fever is erratic-irregular, and the pain in the region of the heart. Dyspnœa is, in a majority of heart lesions, an early feature.

Under old school methods *malignant endocarditis* is usually fatal.

Under homœopathic management—and by this we mean the application of the “*Law of Similars*”—we *never have these complications*. And it is only as they come to us from the hands of the “regular” (?) that they are of interest in our studies.

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## INTRODUCTION TO SYCOSIS—ITS IMPORTANCE AS A MIASM.

WM. M. JOHNSON, M. D., CHICAGO.

“By their fruits ye shall know them.”

This truth is universal, and applies as well in medicine as in morals. It implies that there is something to be known. Something we do not know; something we desire to know, and this is the only way it may be known.

It also implies that this unknown something produces fruits, results, or manifestations, and that these fruits or manifestations are already known to us, or may easily be known or understood by us, or, at least, they are not among the hidden things, the mysteries, or the unknown. It also implies that this something is peculiar, as well as unknown, and that this peculiarity is manifested in fruits, in what is done, in what is pro-



duced, and through the manifestations and results we may know the producer, the actor, the doer.

These fruits, results, or manifestations, are not the particular things we desire to know, only in so far as the peculiarities manifested in them shall lead us to the unknown. It implies that this knowledge is not superficial; that there is an underlying law; "That a thing is what it is, because, or in consequence of an inherent force, quality or peculiarity, by which, or through which, it is, what it is. That this quality is constant, that with the same conditions it will invariably produce the same results, fruits or manifestations.

"It also implies that these fruits, results, are secondary and not primary; that they are external manifestations of the internal, the effect of the cause.

"That this is a universal law appears in this fact, that everything has its own peculiarity (no two things are alike), and we know it by what it does, or by the manner of its behavior." "The great energies of nature are known to us only by their effects." (Paley.)

Each individual manifests its own properties in its own fruits and results, and the peculiarities appear in the things produced or done. It also implies that we shall know the fruits, the results, the manifestations, and in knowing these, shall know the unknown; from the effect, shall know the cause. "Do men gather grapes of thorns, or figs of thistles?"

Were we to say, this is the *key* to the science of medicine, and to all science as well, we might not be saying too much, for by results, we know all that we know, and without manifestations we can know nothing—the things seen are but the results of the unseen, the unknown. If we could but realize this great truth and enter at once into the interior of nature, our minds might comprehend realities that now elude our grasp.

Now it is of the fruits the manifestations of Sycosis that we desire to learn something, that we may know thereby something of the *nature* of Sycosis, for it is no exception to the *law* universal, and by its results its manifestations, *only* can Sycosis become known, and as it is only known by its *fruits*, the name "Sycosis" is usually given to these results, figwarts, cauliflower excrescences, notwithstanding Sycosis

is the miasm, that produces the manifestations, the figworts, the excrescences, and consequently cannot be both the cause and the effect at the same time.

That the fruits or results of Sycosis may reproduce themselves, in their own peculiar manner, in another organism, on similar soil, appears to be supported by so many facts, that it is not frequently disputed, but the relationship of cause and effect should be so permanently fixed in our minds, that the conception of Sycosis as a miasm, the knowledge of its results as manifestations and its great importance as a factor in chronic diseases, may be clear and definite.

In our investigation we have not been able to find very much written upon this subject. Not many have written upon Sycosis, and what we have been able to find is very indefinite, both in regard to the miasm and its results. Hahnemann considered it the least of the three chronic miasms, and his views, though probably clearer than others we have been able to find, are scattered through his works, and it requires much labor to collect them, and it is with some difficulty that we clearly get his ideas. It is generally supposed, however, that there is some relation between Sycosis and gonorrhœa, and that symptoms of Sycosis follow after the gonorrhœal discharge is suppressed by injections or other abortive measures calculated to arrest it, without curing the internal disease, of which the discharge is but the result; the external manifestation.

Conversely, it is not an uncommon result for the homœopathic remedy to reproduce the suppressed gonorrhœal discharge, after the patient had apparently been cured many years. So frequently does this occur in the practice of the true homœopathic physician, that he seldom hesitates, when he sees the proper image of Sycosis, to inform his patient that he may expect a return of his old friend, the gonorrhœal discharge, and it is truly his friend, and must remain his constant companion until the internal disease is perfectly and permanently cured.

Sycosis and gonorrhœa are, however, two different things. Not every case of gonorrhœa will produce figworts, cauliflower excrescences, or any of the manifestations of Sycosis, and again Sycosis may occur, or be found in patients who

never had gonorrhœa, nor are figworts and cauliflower excrescences the only manifestations of Sycosis, and it is believed by some that chancroid and mucous tubercles are Sycoitic, and Noeggerath defines latent gonorrhœa (in which we may detect an allusion to our subject), to be "That state of a person who has had gonorrhœa in which, while there are none of the signs of ordinary gonorrhœa, an *infectious principle still lurks in the genital passages*, so that the person is capable of infecting one of the opposite sex, and is subject to attacks of the various sequelæ of gonorrhœa." (Foster's Dict.) (Italics mine.) If figworts and cauliflower excrescences were the only manifestations of Sycosis, even with the concomitants that are usually attributed to this miasm, it might still retain the inferior position it was given in Hahnemann's time, but when we take into consideration the views of scientific medicine, so called, admitting to a surprising extent the incurability of gonorrhœa, *but their methods*, that in either its chronic form, or in its latent form there remains an infectious principle to which almost all gynec diseases may be traced; and that these diseases frequently culminate in conditions which can be *palliated* by them only with the knife or other surgical means. The great number of cases infected by this miasmatic poison, the disastrous results of the infection, and that the *victims* are in a majority of cases innocent women, wives that should be mothers, mothers that should reproduce the health, the strength, and the virtue of the next generation. Mutilated, unsexed, sacrificed by the ignorance of a profession that cannot cure, then this miasm Sycosis rises from the inferior to the *most important* of all miasms and of all sicknesses. Others have seen the shadow and stand wondering, and helpless save with the knife and after that has done its best, or worst, and has crowned surgery with its boasted laurels, they start back appalled recoiling at the spectre that rises up to meet them in the multitude of mutilated women. But Homœopathy is not helpless nor does she need the knife nor will she suffer surgery to ruin what her science can cure. Noeggerath has seen the shadow clearer, probably, than any of his cotemporaries and while many are dissenting, some are thinking. They admit the facts, but see only the results, which *they* call disease.

Not dreaming that the disease *per se* lies beyond their ken in Sycosis. Prof. Noeggerath's theory implies:

1. "That nearly all individuals who have at a more or less remote period contracted gonorrhœa, and have *apparently* been cured, are capable of imparting *infection to the female*. Thus men who have at some time had the disease, according to Noeggerath, *infect their wives* in a majority of instances."

2. "That this *infectiousness* on the part of the male, is in many instances latent, but may possibly *become perceptible* by the occurrence of urethritis of a greater or less degree of severity as a consequence of sexual intercourse."

3. "That, as a consequence of this *latent condition* of gonorrhœa in the male, there occurs a similarly *latent infection* of the wives of those thus affected."

4. "That the majority of women who marry men, who have at one time or another had gonorrhœa, become, sooner or later, the subjects of *uterine and pelvic inflammations*."

There is something very striking in these views, especially if we take into consideration the large proportion of women—particularly in large cities—who have *pelvic troubles* of various kinds.

"It is certainly peculiar that matrimony should entail upon the female so many, varied, severe and annoying difficulties of the sexual organs." (Gon. in Women, Lydston.)

Then after noticing this "shadow," they try to account for it all by "faulty hygiene, improper habits and modes of living," and hint at "an attendant *hereditary transmission* of physical defects," taking "in consideration sexual excesses," and say these "explain these troubles to a certain extent," also "add to these factors that of deliberate and vicious interference with nature's processes in the performance of abortions, and we have a series of all sufficient causes for gynec diseases." It must be remembered, however, that the disproportion in the frequency of occurrence of gynec disease in city-bred and in country women, is greater than could be reasonably explained by these various factors. "Add the elements of prostitution, and illicit intercourse, the opportunities for which are greater in cities with their attendant facilities for the generation and transmission of infection and the explanatory chain is complete." (Lydston.)

This is the argument and the manner of disposing of Noeggerath's views by one of his peers (Lydston), and shows that neither of them has seen the substance (Hahnemann's Sycosis), only the shadow,—only the results, the unknown, the disease *per se*. The cause for which they seek is still hidden in mystery—but to continue with our friends and results.

“Strange as it may appear, the more carefully we study pelvic diseases in women, the narrower their etiological field becomes, and the more *frequently* they are found to be *dependent* upon gonorrhœa.”

“Thus when freed from pathological and anatomical errors, pelvic inflammations are found to be dependent in the *majority* of cases, *if not all*, upon tubal disease, and tubal disease is *unquestionably almost always* due to gonorrhœal infection.” (Lydston.)

“With regard to the frequency of gonorrhœa. Noeggerath said: “I did not know how we stood in New York, until I questioned the husband of every woman who came under treatment, but I believe we may apply here the dictum of Ricord that 800 men in 1,000 have had gonorrhœa.” He goes further and says: “I believe that I do not exaggerate when I say *that gonorrhœa in 90 per cent* of the cases, *remains uncured*. Of every hundred women who have married men, formerly affected by gonorrhœa, *hardly ten* remain well, the others (the 90) are afflicted by some of the ailments I have attempted to describe in Morbid Results of *Latent gonorrhœa* in the female.”

Lydston says: “Making due allowance for exaggerations or the part of converts to the doctrine of Noeggerath, it *must still* be admitted that the poison of gonorrhœa may produce any or all of a series of disastrous results in the female pelvic organs.”

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#### ALTERNATION.\*

BY PROF. A. R. MORGAN.

There can be no sound nor logical defense for the pernicious habit of alternation; not that the sick do not sometimes get well under alternation, but because there is a better way; because alternation is empirical, unsound and not in accordance with the philosophy of Homœopathy. Physicians

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\* Chironian.

may honestly differ as to precisely what constitutes the minimum dose, but the subject of alternation is not an open question. Our knowledge of the action of drugs is obtained by testing their influences upon the healthy body:

Our whole pathogenetic edifice has been built from separate provings of single drugs, and it is impossible to determine from these provings what effects might follow the test of drugs given in alternation, therefore we have no reliable data to guide us in administering medicines in alternation, nor indeed can have until different drugs have been proved in alternation, a contingency which will never arise if we comprehend rightly the genius of Homœopathy.

The fact appears to the thoughtful observer, when he comes to analyze motives for alternation, that they grow either out of a limited acquaintance with actual drug provings, as found recorded in our *Materia Medica*, or from indolence upon the part of the prescriber who shirks the necessary labor or analysis and comparison inseparable from proper individualization. Alternation seems, therefore, to be a convenient refuge for the ignorant, indolent, heedless or reckless practitioner, who has neither the time, ability nor inclination to study his cases and make a sharp and genuine homœopathic prescription.

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[From Hahnemann's "Lesser Writings," page 694.]

"This improved healing art, *i. e.* the homœopathic, draws not its knowledge from those *impure sources of the Materia Medica hitherto in use*, pursues not that antiquated, dreamy, false path we have pointed out, but follows the way consonant with nature. It administers *no* medicines to combat the diseases of mankind *before* testing their pure effects; that is, observing what changes they can produce in the health of a healthy man—this is pure *Materia Medica*."

"This doctrine of the pure effects of medicines promises no delusive, fabulous remedies for *names* of diseases, imagines no general therapeutic virtues of drugs, but unostentatiously possesses the elements of cure for diseases accurately known (that is, investigated in all their symptoms); and he who will take the trouble to choose the remedy for a disease by the rule of the most perfect similarity, will ever find it a pure, inexhaustible source whence he may derive the means for saving the lives of his fellow-men."

COTHEN, JAN., 1825.

SAMUEL HAHNEMANN.

**PROCEEDINGS OF ORGANON AND MATERIA MEDICA  
SOCIETY OF PHILADELPHIA.**

The regular meeting of the Organon and Materia Medica Society, of Philadelphia, was held on Jan. 3, 1893.

Dr. Medley read paragraph 74 of the Organon.

Dr. Kent remarked: This paragraph opens a great and broad field for success and discouragement: success when you find the remedy that unravels the condition. Discouragement when that is impossible. The whole practice of medicine has aimed at hushing the cry of nature—at driving something back, at suppressing the manifestations of nature. It seems that the object has been to aim at the bystanders rather than at the patient, as when morphine is given to stop the cry of the people.

There are two kinds of cases which are difficult for the homœopathic physician to unravel—one in which there is not enough vitality in the patient to throw out the disease; the other in which the symptoms have been suppressed by an ignorant doctor. One buried city after another is uncovered, as if we were excavating a city of the old world, when we give a remedy that brings things into order, an old state of affairs comes back—e. g., paroxysms of chills and fever, which have been suppressed by large doses of quinine. If the disease had been cured it could not come back.

Insanity, temporary or permanent, may be caused by such suppression. We cannot tell how many buried cities there may be. We do not begin the curing of the patient until we have revealed the nature of the primitive sickness. Hahnemann says that the greatest trials of the physician are in managing such cases.

A patient says: Dr. So-and-so relieved him speedily of one disease after another, and still he kept getting worse. The physician seemed to be skillful at first, but the patient has lost confidence in him. If patients have not lost confidence in the old school there is not much use in taking them. They still have a lingering hope that the old school might do better, and after an aggravation they go back. Then the last state of that patient is worse than the first. Nature will not stand too much tampering with. Patients become

inured to quinine as to tobacco. After the system is partly turned into order, they are more sensitive—the use of the old drug is like a profanation. The vital force seems to be crushed, the economy distorted. Chronic miasms distorted by the use of crude drugs are the worst cases. The worst possible turmoil is that created by a poor homœopath—a man who does not wait, but who hits at every symptom by a remedy. Better follow an allopath than such a man. The symptoms that come from pure homœopathic treatment are always in order—they always tell the truth. When infants are raised under pure Homœopathy the constitution is improved and kept in order. The acute diseases speak out in the brightest way for a remedy. Things grow better and prescribing easier as we go on. As such children grow up they never have masked cases. There is a sort of divine order and harmony in them. They are beautiful to prescribe for. By contrast we see the horrors of confusion in the cases that have been improperly treated.

A paper by Dr. Nash on the *Examination of the Materia Medica* was read by Dr. Thacher, and a discussion followed.

Dr. Thacher was asked whether an acute disease in a patient who had a chronic disease should be treated as if the chronic disease did not exist.

Dr. Kent remarked that an acute disease suppresses a chronic disease during the time that it lasts; then if the new disease is not homœopathic to the original disease that one returns. When it is similar to the original disease it cures it.

Dr. Ironside mentioned an illustrative case of Eczema, in which the itching of the skin and all the cutting and burning subsided during a typhoid fever, and came on again as the child recovered from the typhoid.

Dr. Thacher explained that he referred to such cases as that of a child who came to the clinic with a very hard cold, and in which sulphur was indicated for the chronic condition.

Dr. Kent:—Such a case should have been given something for the cold. If the patient has been under sulphur for a time, the case is different, and it is best, if possible, to avoid interfering with the chronic remedy. But if the patient first presents himself with an acute disease, prescribe for the acute condition. The remedy for the chronic condition will always be complementary to the acute.



■ In dysmenorrhœa, if the chronic remedy is given during the attack there will be unnecessary suffering. Give nothing during the attack, and the chronic remedy at the close of the attack. The close of an attack is a fortuitous time for the administration of a chronic remedy. Psora is most lively, most active, at that time. The acute illness makes the psora express itself in signs and symptoms.

Dr. Medley:—In cases of advanced consumption, could the patient be in great danger with menstruation continuing?

Dr. Kent:—Incurable changes may occur in the lungs before menstruation ceases.

Dr. Ironside:—What are we to expect in cases of asthma under homœopathic treatment?

Dr. Kent:—There are many grades, many kinds of asthma. It is not a disease. It is often attended with emphysema. Homœopathy does much good for the cases of periodical asthma, but not much for the cases that are always wheezing.

The meeting then adjourned.

MARY A. JOHNSON, Secretary.

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#### **MAGNETIC OR PSYCHOLOGICAL INFLUENCE IN COMMUNICATING DISEASE—ILLUSTRATED.\***

It is not necessary to theorize or debate the subject of the possibility of mind acting upon mind, for it is now a pretty generally acknowledged fact.

It is not necessary, either in considering the subject of this paper to decide the conducting medium whether it be the atmosphere or what some would claim the "Psychic Ether;" or to speculate whether there may or may not be communication magnetic throughout the universe consisting of currents prejudicial or beneficial to humanity.

It is claimed the smallest pebble deposited in the ocean is capable of causing wave motion extending to every shore. It is also claimed that injury experienced by any animated organization affects not only all immediately related animation, but that the entire universe suffers in consequence.

The question of the possible truth in the antiquated idea of "Demoniacal Possession" might suggest itself contemplation while dealing with my subject. Whether there is such a

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\* Read before the Canadian Institute of Homœopathy.

thing possible or not as evil or morbid influences, having their source in the realm of animation beyond the view of mortal vision, and showing effects in the conduct of some of our insane, and our other patients too, I should hope, and do know, full well, it is possible to offer something more promising of benefit in treating such than the flagellatious, purgatives, etc., etc., that were resorted to, which commonly destroyed the person afflicted ere the demon departed.

Without further preliminary remarks, I wish to call the attention of the Institute to what, to me, seems very striking and suggestive coincidence, and by means of which illustration is afforded of what I claim to be a fact, viz: That *diseases are communicated by means of magnetic or psychic influence.*

A reverend gentleman, who is an intimate friend of mine, and who is very observing, especially concerning matters of disease, not only through his ministerial duties, but also through the study he has given to medicine, wrote me at my request, what he could recall, in reference to what he had made mention of some months previous, and this is his account as accurately as he could furnish.

“Now, as to the twins,—I will give you what I can remember: They were separated at the age of six months, one coming with us to the New World, and the other remaining in Ireland, till they were fifteen years of age. We remarked, that when one had a *cold, whooping cough, measles,* and such things, the other had the same, though there were no means of communicating disease. Since they have grown up they have become more dissimilar, nor does the same thing hold now regarding disease. Martha is teaching in Manitoba, and at present, too, I fear, in incipient pulmonary consumption; while Margaret is nursing in New York city, and is strong and healthy. In most of their peculiarities they are still alike; though they were more alike in childhood. Of course, having chosen different professions would make a great difference. From the time they were infants till they were twenty years of age, they seemed to be exactly similar, so that not even members of our own family could be sure of them apart. While they were mere children they had those children’s diseases at the same time.”

At the last meeting of the Institute I mentioned their case

to the late Dr. Oliphant, and he said he too had knowledge of such a case, and it is just possible that other members of the Institute can recall examples of similar coincidences. I think magnetic connection or psychological influence may serve as an explanation why certain members of a family so frequently become affected at the same time, while others, whose nervous systems or susceptibilities may not be so closely or sympathetically connected, escape contagion. I think it is Dr. Kent who insists upon the homœopathic treatment of the patients first affected as the best protection to others who may be exposed to disease. I believe the fears entertained by many, that a dog who bites a person, and years after may suffer from hydrophobia (though at the time of biting was free from disease), may cause hydrophobia in the person bitten, are well founded. Such dog should be killed, the law of this country making ample provision for the same.

From the consideration given the subject, and although quite cognizant of the fact that one, or even two swallows do not make a summer, still I contend that several reliable examples in the same individuals, are sufficient data upon which to base at least, a suggestion. It would seem not unreasonable to assume the phenomena to be governed by something more than mere coincidence. Although reliable cases of actual communication of the same diseases, such as I have given above, may be very rare, yet instances are not wanting of sympathetic feelings of pain or discomfort experienced by one person, miles distant from another, who may have been overtaken with illness or death.

For an example, Hudson Tuttle, in his work on "Psychic Science," quotes a case from the "Journal of the Society for Psychical Research," of one Rev. J. M. Wilson, who states:

"I was at Cambridge at the end of my second term in full health, boating, football playing, and the like, and by no means subject to hallucinations or morbid fancies. One evening I felt very ill, trembling with no apparent cause; nor did it seem to me at the time to be a physical illness, or chill of any kind. I was frightened; I was totally unable to overcome it. I remember a struggle with myself, resolving that I would go on with my mathematics, but it was in vain. I became convinced that I was dying. I went down to the

room of a friend, who was on the same staircase. He exclaimed at me before I spoke. He pulled out a whiskey bottle and backgammon board, but I could not face it. We sat over the fire, and he brought someone else to look at me. Toward eleven, after some three hours, I got better, went to bed, and, after a time, to sleep, and next morning was quite well. In the afternoon came a letter stating that my twin brother had died the evening before, in Linconshire."

Not only does this example illustrate the magnetic connection between individuals as a possible truth, but suggests the special sympathy commonly existing between twins.

The mother's consciousness of her infant in trouble, while she is absent from home, likewise is in support of the contention of magnetic (taken in its broadest sense) connection between individuals, and how the physiological influence one may exert upon another may even serve to communicate or transfer a disease from which one may be suffering.

I do not consider a comprehension of the Od., or Odylie force of Reichenback, or of the idea of "suggestion" to which the Swedish Bjormstrom would seem inclined to ascribe every phenomenon in nature, necessary to a practical understanding of the facts above related, and their bearing upon the susceptibility of the individual, and the confirmation of the dynamic theory of disease, which is appreciated by every disciple of Hahnemann, the founder of scientific medicine. I am persuaded that many of the examples, at least, of the so-called germ communications, may be fairly explained upon the basis of that subtle something, we choose to denominate—magnetic influence.

LONDON, Canada.

C. E. JARVIS.

[We hope to secure for the readers of *THE MEDICAL ADVANCE* several papers upon this and kindred subjects by writers of recognized authority in psychic research.—ED.]

#### SELECTIONS FROM ORGANON.

The physician's highest and only calling is to restore health to the sick, which is called healing. § 1 Organon.

The highest aim of healing is the speedy, gentle and permanent restitution of health, or alleviation and obliteration of disease in its entire extent, in the shortest, most reliable, and

safest manner, according to clearly intelligible reasons. § 2.

It is as impossible to conceive as to demonstrate by human experience 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. § 8.

It is unquestionably true that, besides the totality of symptoms, it is impossible to discover any other manifestation by which diseases could express their need of relief. Hence it undeniably follows that the totality of symptoms observed in each individual case of disease, can be the only indication to guide us in the selection of a remedy. § 18.

It is only through Homœopathy that Providence has vouchsafed to us the means of curing natural diseases; but not those chronic external and internal lesions and deformities, wantonly forced upon the human organism by unskillful and pernicious medicines.

Nevertheless, if proper measures are directed against the chronic miasm, perhaps lurking in the system, the vital force might still be made to undo much of the mischief, provided it had not been maddened by treatment to such an extent as to prevent it from being undisturbed for a sufficient number of years, required for the accomplishment of the enormous task. The art of healing is not, and never will be perfected so far as to enable us to rectify the countless ill effects so often observable after allopathic treatment of the sick. § 76.

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### REPERTORIES.

As a fitting sequel to the discussions on the use and value of Repertories I send the following extract from the writings of the Master, and found on pages 152-153 of Hempel's translation of *Chronic diseases*, published by Radde in 1845.

“The first duty of the homœopathic physician who appreciates the dignity of his character and the value of human life, is to inquire into the whole condition of the patient, the cause of the disease as far as the patient remembers it, his mode of life, the nature of his mind, the tone and character of his sentiments, his physical constitution, and especially the symptoms

of his disease. This inquiry is made according to the rules laid down in the Organon. This being done, the physician then tries to discover the true homœopathic remedy. He may avail himself of the existing Repertories with a view of becoming approximatively acquainted with the true remedy. But, inasmuch as those Repertories only contain general indications, it is necessary that the remedies which the physician finds indicated in those works, should be afterwards carefully studied out *in the Materia Medica*. A physician who is not willing to take this trouble, but who contents himself with the general indications, dispatches one patient after the other, deserves not the name of a true homœopathist. He is a mere quack, changing his remedies every moment, until the poor patient loses his temper and is obliged to leave this homicidal dabbler. It is by such levity as this that true Homœopathy is injured."

The Master speaks in no uncertain tones, therefore no comment is necessary.

FEBRUARY 13, 1893.

NEMO.

## THE CLINIC.

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CASE 18.—Had been diagnosed as trouble from a corn. Was called to see Mrs. C. February 13, 1890. A spare, light-complexioned woman, aet. 70, who had enjoyed good health until a few weeks before.

Commenced with a burning pain in the little toe of the left foot. When I saw her the pain was very severe, the skin of the toe cracked and a blue black, with a mottled appearance of the sole of the foot. The middle toe soon became a blue black. The skin sloughed on the small toe.

Sulph. mm. was at first given as it was indicated, and the pain somewhat relieved. Following which Carbo. veg. 85m. was given, with decided benefit. In the course of the spring the ulceration healed, and Carbo. veg. held the disease in check until the following winter, when the right foot became painful and discolored, a spot large as a fifty-cent piece sloughing on the ankle.

She would waken in the night with fearful pain, and the disease having gone from left to right Lachesis 200 was chosen. The foot and ankle became blue black in places, and spots occurred, which were very tender and looked as if there would be a breaking down of the tissue in other spots. Lachesis promptly controlled the pain, and the slough healed in a month or two.

When the disease affected the right foot worse Lach. was called for, and when the left foot troubled more, Carbo. veg. helped.

The indicated remedy had to be given once a day until improvement ensued, then discontinued as long as she felt better.

Twice I got an aggravation so that the remedy "drove her wild." Improvement would follow on discontinuing the remedy.

Last June I moved from Port Alleghany, her home, to Olean, twenty six miles distant, and saw her only occasionally.

In the fall she became much worse, lost flesh rapidly, suffered excruciating pain, and a large spot sloughed above her right ankle.

She was using anodynes to control the pain when I saw her in December. The sloughing was moist. The pain was then an intense burning. She would sleep into an aggravation, and her right foot being worse, I gave her Lach. 200 once a day. She took five powders when she could not take any more as "they made her wild."

The pain was soon under control. The ulcer healed and she is about the house again.

Two daughters came from Iowa to see their mother for the last time, to find her improving. They made a like visit nearly three years ago. She now wants to go home with them.

During the three years she has had three or four powders of Sulph. mm. when it was indicated. After Sulph. one dose had been given the Lach. or Carbo. veg. as called for would be more decisive in their action.

She has continually taken sl. with more or less regularity.

CASE 19.—C. B., a young German, engaged as a clerk in a wholesale hardware store, having charge of the band iron and bar iron department, where there was much heavy lifting.

December 31, 1892, he presented the following symptoms:

Aching in occiput, extending to forehead, < right side,  
< walking.

Headache, dull.

Vertigo on rising from stooping.

Eyes lame on moving them.

Cough with headache.

Cough on coming into a warm room from cold air.

Rumbling in bowels.

Constipation\*—pills of various kinds.

Lameness in lumbar region, > rest and continued motion,  
< beginning to move and at night.

Restless sleep.

Sore all over, cross and irritable, tired and weak.

\*Constipation and rumbling being chronic required anti-peptic treatment, to which it yielded. The others were acute symptoms from cold and strains?



He was promptly cured of acute symptoms by what remedy?

FREDERICK HOOKER.

SYRACUSE, N. Y.

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CASE 20.—Chronic Blepharitis. A baker who had been troubled two or three years, and oculists had failed to cure.

Several remedies were given. Silicea cured an excessive perspiration of the feet, but eyes were no better. A few months after he informed me they had a baby, and he was getting well using mother's milk on his eyes. A short time after that he told me that relief was only temporary. I got of Dr. Swan's Lac Humanum dmm., and gave the man one dose. Improvement followed, the inflammation leaving, the thickened lids becoming normal and eye lashes grew on the once bare edges. Saw him a year after and the cure was complete.

Another case of chronic blepharitis was cured by the same remedy, but the inflammation returned and the remedy had to be repeated three times.

Eczema Syphilitica dmm. has cured two cases of eczema of the face of years standing, and others of recent origin.

The remedy has to be repeated once a day until improvement follows, when it is discontinued, and the patient kept on sl. until improvement ceases, when it is again repeated until improvement.

One case of chronic blepharitis was cured with Eczema Syph. dmm.

Have found Dr. Swan's Medorrhinum dmm. (one dose) a valuable remedy for chronic rheumatism in the middle aged.

F. E. W.

(Statements made in case 20 are misleading to those who do not look beneath the surface and should be guarded against. The doctor evidently means that the totality of the symptoms in each case pointed to a remedy whose sphere of action coincided with the remedy given and it would be well that each case reported in this department illustrate as far as possible the grounds upon which the prescription was made.

It would be profitable to carefully investigate the principles which underlie the giving of a highly potentized material

manifestation of a disturbance of the vital force in a given case of sickness. We will gladly give place for the experiments.—ED.)

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CASE 21.—Eczema Capitis. This case is not reported because it contains anything new, but as evidence in the potency question.

Miss S. Aet. 27; dancing teacher; came to me in June of '90 for eczema capitis of two years' standing. She also complained of burning in stomach and in region of kidneys, burning pain on urinating, constipation of several years' standing, stool large, hard and dry, pain in hip joints and painful menstruation. She also presented the following symptoms: Scalp covered with crusts which itched and burned; burning worse on scratching. Great desire for salt and tomatoes. Gave nat. m. 6x three times a day with partial relief of all the symptoms except the eczema. Then gave nat. m. 30x three times a day. But there not being much change soon I drifted into other remedies and she into other hands.

Twice during the next two years I was called in on account of acute conjunctivitis, and I found both attacks resulted from the use of astringent local applications to the scalp.

In September '92 she again came under my care for the eczema. She presented much the same symptoms she had before with the addition of prolapsis uteri, which threatened to compel her to cease her teaching. I then gave her nat. m. cc. one powder, with marked improvement for about three weeks, when everything came to a standstill. I then gave her one dose of nat. m. cm. with the result that in a week the scalp was apparently well and most of the scabs were off, and in three weeks her other symptoms had disappeared, including the prolapsis uteri, notwithstanding it was her busy season.

In curing the sick, not only the remedy but the potency is important. The best plan in chronic diseases is to begin low and go up. I would not advise going from the cc. to the cm., but in this case I had no intermediate potencies at hand, so used what I had.

H. A. ATWOOD.

## A LESSON.

CASE 22. Feb. 13th I was called to see a little child, aged seven months. The following is taken from the record made at the time of my several visits. Bessie A. was taken sick on Christmas day. An Allopath was called in who pronounced it a case of inflammation of the bowels. A few days later the diagnosis was changed to lung fever. Later it was again revised, and named Intermittent Fever. The last and final conclusion was Typhoid Fever. It looks to me more like Cerebral involvement of some kind.

Before it was taken sick in the first place, an intense Erythema existed all along the sulcus, between the thighs and buttocks, the surfaces being quite raw where the skin was folded upon itself. She vomited the milk soon after nursing, it coming with a forcible gush and partially curded. The mother thinks it was from over-loading the stomach, as her supply is bountiful. Stools, for the most part have been very dark, rather thin, and horribly offensive. Odor of carrion. Of late, there has been much perspiration about the head and neck, wetting the hair and pillow. One marked peculiarity, feet very sensitive to contact; she cries when the feet are touched, even to lift the clothes from them. Abdomen bloated, tympanitic. Stools are now more natural; yellowish, containing pieces of curded milk, and not particularly offensive. Eyes wide open, bright, with quick snapping lids, so characteristic of cerebral or meningeal complications. The bloated abdomen, however, rather cancels the question of meningeal involvement. Fever is persistent, but aggravated from noon to evening, and again after midnight. Temp. now 103 F.

℞ Psor 42m one dose, Plac. Sol. every two hours

Feb. 14th, A. M. Seems brighter and better in every way. Think that possibly my doubtful prognosis of yesterday was premature. Still notice the peculiar snapping of the eye lids.

℞ Plac. Sol. every two hours.

Feb. 15th, A. M. Has not been so well. Is not so well as yesterday. Throws her head back (Opisthotonos), and rolls it from side to side. Quick winking of the eye-lids.

Temp. in the night went up to 104. It is now 103. Persistently worse in the afternoon and again after midnight.

℞ Bell, 200 one dose. Plac. Sol. every two hours.

Feb. 15th, P. M. Fever less, but more fretful. Constant crying and whining, with the mouth open and lips drawn across the teeth, and corrugated brow as if in great pain.

℞ Same as in the morning.

Feb. 15th, evening. Return of the profuse perspiration of the head and neck. Abdomen bloated, particularly at the pit of the stomach. Feet cold, wet and clammy. No teeth. Stools white and yellow mixed like partially cooked eggs chopped up together.

℞ Calc. 85m, one dose.

Feb. 16th, A. M. More quiet. Pulse 135. Temp. 97 3-5. Respirations about 50. Very pale. More distention of the abdomen and greater tympanitis. Stools yellow, turn green after standing. Nostrils expanded. Fan-like motion of the alii nasi. Urin scanty and high colored, and stains the diapers reddish yellow. The aggravation now seems to come in the evening, towards night, till eight or nine o'clock.

℞ Lycopodium 43m. one dose.

Feb. 16th, P. M. Very fretful. Bowels moved several times since yesterday. Stools green, curded. Pains in abdomen like colic. Borborygmus. Passes much gas by the rectum.

℞ Cham. 200, one dose. Plac. as before. Relief in a few minutes.

Feb. 17th, A. M. Pale, cold, and clammy. Pulseless at the wrist. Hands and feet cold and clammy. Cold extremities to elbows and knees. Respirations, a few are quick and catchy, and then suspended; about 90 to the minute. Abdomen more distended and tympanitic. Constantly crying, a thin, little weak moan. Bluish pale around the mouth and in front of the ears. Eyes wide open and staring, with the lids snapping, like impending convulsions. Vomits yellow, or greenish yellow fluid, like milk stained with bile. A few small curds, and almost immediately after nursing. Cries when moved or touched. Seems really in a collapse and

dying. These constant relapses, that nothing seems to check, show that the similitum has not been found.

℞ Sulphur 55m Sol. every  $\frac{1}{4}$  hour.

I asked for counsel, which was granted, and Prof. H. C. Allen telephoned for. He responded in about three hours.

After the third dose of sulphur, reaction was manifest, and medicine suspended. While waiting I reviewed the case and with repertory looked up the remedy, and decided that Ars. was next in order.

Prof. Allen came, and after looking over the case, without knowledge of my decision, selected Arsenicum as the indicated remedy.

We prepared it in solution, in the cm. potency, gave one dose, and left the house. In just seventeen minutes from that one dose, the baby straightened back and died. I shall never forget the *lesson*. May it be a warning to others. *Never repeat or change the remedy so long as there is any improvement.*

The inclosed case most forcibly reminded me of the injunction there expressed. I am impressed with the idea, that had the rule been adhered to, this baby, although a hopeless case, might have been saved for hours, if not for days. And if for days, why not for months and years? Surely, if it had been unburdened of the weight of allopathic drugs, the prospects would have been far better. As my experiences multiply, I am more and more convinced that the remedies we use are exceedingly dangerous ones, which in the hands of the unskillful are capable of doing untold mischief.

3289 Cottage Grove Ave., Feb. 22nd. S. MILLS FOWLER, M. D.

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PRESCRIPTIONS FOR FEBRUARY: No remedy has been given in case 16. Two or three have been suggested. In case 17 Chin. Sulph. is gradually making a new man of the sufferer. He has had but one dose given, Dec. 10, and continues faithfully taking his medicine.

Hereafter prescriptions will usually be given with the case reported, the readers of THE ADVANCE having so voted.

GLANDERS—Permit me to make a few suggestions regarding the cure of glanders, the article on which subject, in No. 1, Vol. XXIX, page 23, of the *MEDICAL ADVANCE*, drew my attention toward the case there mentioned. Not wishing to occupy much of your time or space, I simply suggest, that in successfully treating glanders, use preferably, Aconitum 3, in alternation with Kreosotum 3, as a specific. Either Baptisia, Belladonna or Cyclamen, can be used instead of Aconitum, according to the febrile indications, which are generally overlooked, with failure as the necessary result. Asafœtida is the proper prophylactic. Glanderinum and Tuberculinum, both high, are suggested to practitioners with high potencies, in alternation with the proper febrifuge. I hold, that without alternation with an indicated febrifuge glanders cannot be cured. D. ALBERT HILLER, M. D.

SAN FRANCISCO.

[Although we publish Dr. Hiller's communication, we must dissent from the principles he advocates as unsound, unscientific and unhomœopathic. We cannot have "a specific" for glanders or any other disease. As Baptisia, Belladonna, Cyclamen and Aconite may be used interchangeably "according to the febrile indications," Creosote would appear to be the specific. But if used in alternation with other remedies, no one can tell what cures or which cures. This kind of work is not true Homœopathy. Our remedies are proven singly on the healthy and to fill the requirements of the law must be given singly to the sick, whether man or beast.—ED.]

## THE CLINIC.

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CASE 23.—CICUTA. 1882, March 12. Mr. W., aged 65, had had much worry in April, 1881. This, with exposure to cold east winds, brought on jaundice. He then consulted a homœopathic physician, who diagnosed prostratic disease, and gave him low potencies in alternation, but without any good result. He then consulted another homœopathic physician, who prescribed a mixture of Strychnia and two other remedies in appreciable doses. No benefit following, he resorted to allopathy.

On November 5, 1881, the jaundice having subsided, a new and more serious train of symptoms set in. Involuntary jerking of feet came on, worse in right foot, disturbing sleep; this increased to absolute plunging of the right leg, to such an extent that the inguinal glands became swollen and painful; subsequently there supervened a rotatory motion of the body, chiefly during sleep. His allopathic physician declared it must end in paralysis. Again he resorted to homœopathic treatment, and once consulted the late Dr. David Wilson, but only obtained temporary relief.

On March 12, 1882, I visited him and found him in the following condition: Much worse, more jerking of right leg, with a return of the plunging thereof, which for a time had ceased. Lateral shaking of the body, chiefly during sleep, but also at times when sitting up during night. The jerking of the right leg was chiefly lateral, but was also in other directions; sometimes the left leg jerked laterally. Standing stopped all the jerking at once. All along the convulsive movements have been worse at night whether sitting or lying. The jerking of leg was relieved by rubbing spine. Tender spot in middle of dorsal vertebræ. The jerking commences during sleep, increasing till it wakes him; it now comes on also at times when sitting. The jerking of the leg is relieved by drawing up the leg.

This was undoubtedly a very difficult, as well as a very serious case. The fact that so acute an observer and so accu-

rate a prescriber as my valued friend and colleague Dr. Wilson had failed to find a *simillimum*, augured ill for the result; nor could I discover any medicine recorded in the Repertories as having either produced or cured such symptoms as the patient manifested. However, in Allen's *Symptom Register* (p. 932), I found the following:

Rolling in bed—*Arsen.*, *Merc.-Cor.*, *Stram.*

Rolling in bed in sleep—*Thuja*.

Rolling as if faint—*Naja*.

Rolling as if faint, when walking—*Naja*.

Rolling on ground—*Cicuta*, *Tarent*.

Rolling from side to side—*Natr.-C.*

Rolling as if weak on walking—*Naja*.

On reference to the *Materia Medica* I found the following symptoms:

*Arsenic.* 2312.—“While rolling about in bed he screams, ‘I am suffocating!’ throws off the covering, opens his mouth wide, as if to draw breath, and remains fixed in this condition for several seconds.” 2344. “Rolling about in bed.”

*Merc.-Cor.* 930.—“He rolled so incessantly from side to side that it was difficult to distinguish pulsation, even at heart.”

*Stramonium* 1413.—“Constant motion of all the body; the muscles were in constant movement as if the boy had chorea; the features were constantly changing, at times laughing, at times expressing astonishment—the lips moved as if endeavoring to speak, sometimes puckered as in whistling; the mouth was frequently opened and snapped together; the tongue was often run rapidly out of the mouth and licked about the cheeks; the whole head thrown backwards and forwards; *the spine and whole body affected by spasmodic twisting*; the upper and lower extremities in constant movement, not jerking; anxiety and restlessness; the hands were frequently carried to the face, rubbing the nose and mouth, pulling at the lips, groping about, fingering the bed-cover, scratching the face or throat; at times the arm suddenly sank down relaxed for a moment, the whole body seemed exhausted, then the muscular spasms would begin anew.”

*Thuja* 3165.—“Slept very uneasily; rolled constantly about in bed, and moaned.”



*Naja* 456, 489.—“Rolled about as if very faint and weak when walking.”

*Cicuta* 472.—“Falls to the earth and rolls about.”

*Tarentula* 758.—“On the way home suddenly fell to the ground, as if struck by apoplexy, followed by shortness of breath, blackness of face, hands, and other extremities, etc. The patient revived as he heard music, began to sigh, moved first his feet, then his hands, and the rest of the body, and soon after, on being raised to his feet, danced vigorously, with sighs so deep as almost to frighten the bystanders. *He rolled upon the ground* and kicked vigorously.”

*Natrum-Carb.*—This symptom I cannot find in the *Encyclopædia*; it may be a misprint, of which there are many in the *Symptom Register*.

It will be seen that under “Rolling” many symptoms are associated which have only a verbal similarity. On comparing these with the “rotatory motions of the body” which had appeared at an early stage of the disease, one by one the remedies were eliminated till the *simillimum* was reached.

*Arsenicum* was rejected on account of the absence of the suffocation of symptom 2312; while 2344 described merely a restless movement.

*Merc.-Cor.*—This symptom is from a case of acute poisoning, and I interpreted the rolling to be from the severe pains produced.

*Thuja.*—This symptom is merely one of extreme restlessness.

*Naja.*—These symptoms are expressions of weakness, and not of convulsion.

There remained now *Cicuta*, *Stramonium*, and *Tarentula*.

*Stramonium.*—This very complex symptom is not convulsive in its character, but choreic; only one detail of it corresponded to the patient's symptoms.

*Tarentula.*—This symptom was excluded by the absence in the patient of the apoplectic symptoms, and of the relief from music.

There remained, therefore, only *Cicuta*, which in addition to the symptoms already quoted, has produced also—384. “Frequent involuntary jerking of lower limbs;” 343. “The limbs were tossed about hither and thither;” 344.

“He tossed his limbs, now to one, now to the other side;”  
345. “Spasmodic distortion of the limbs, throwing himself to the distance of two feet.”

I prescribed *Cicuta Virosa* 1m (Jenichen), a few pellets dissolved in water and a spoonful of the solution given every two hours.

March 13th.—He says the medicine acted splendidly, and had done him “incomparably more good” than any other. He fell asleep soon after the first dose at 12:20 p. m., slept much during afternoon, and fairly so during night; it has been the best sleep for a long time, with very little jerking, only one slight plunge, and no shaking of body. The medicine was now prescribed every three hours, and subsequently repeated at various intervals as the symptoms indicated.

On March 17th the symptoms had nearly gone, and on March 24th had ceased; and he said this was the best night he had had since his illness. The medicine had to be again repeated on a recurrence of the symptoms; but on April 9th they finally ceased, and were *not* followed by paralysis as the allopathic physician had foretold.

*Comments.*—(1) There can be no doubt that this case was attended with great danger, and that, if not treated scientifically, *i. e.*, homœopathically, it would have ended either in paralysis, as the allopath predicted, or in death from exhaustion. But the *simillimum* in high potency is able to overcome even the most acute diseases, so long as neither the vital force is too low to allow of a reaction, nor the vital organs organically injured beyond possibility of repair; and even in these cases the *simillimum* will give the greatest amount of relief that is possible.

(2) It will be noticed that one of the first symptoms of improvement was improved sleep. This is *always* a sign of improvement; and I have often noticed this change for the better before any other improvement was acknowledged.

(3) Attention may be called to the immediate relief to the convulsive movements *by standing*. This symptom should be observed carefully in other cases; it may prove to be a keynote of *Cicuta*.

(4) The immediate improvement shows that even in this severely acute case, single doses would have been sufficient.

E. W. BERRIDGE.

CASE 24.—HEART FAILURE.—NAT. MUR.—Mrs. W—, 34 years old; tall; dark hair and eyes. Was brought to me after having been given up to die from a valvular disease of the heart. Just what valve was affected they had not told her, but the death sentence had been pronounced, and she was to take her exit inside of six weeks. This, added to her already melancholy made her quite hard to approach.

I could not console her in any way, even the attempt would make her worse, and very irritable and angry.

Headache as though it would burst above the eyes, worse every morning.

All I could get as to her eyes was "they give out when I use them." (Phos. Ruta. Sep.) Face sallow or yellowish color, eruption around mouth like blisters.

Constantly wanted to be eating and drinking, sometimes a little would do but often required much to satisfy. All the bowel symptoms I could get were what I could hear, and that was constant rumbling and that they never would move no matter how much she tried to have them.

Urinary symptoms were, she wanted to pass urine all the time and would pass when walking.

Menses always too early and too much of it so that it kept her poor she thought. (I failed to mention that she was so poor in flesh that she could scarcely stand erect.) Was very sore through the lungs and cough would come on as soon as she would lie down and was obliged to be bolstered up in bed.

HEART. Sure enough there was fluttering and at times palpitation, especially when taking the least exercise, and much pain about the heart and at times would seemingly stop and then would be oh, so tired, wanted to sleep all day, but never at night.

I asked her to tell me something about her skin and the reply was she never had the itch, but I noticed some cracks across the joints of fingers, <every A. M. and could not be in the sun but> out of doors.

Now as to the remedy.

I gave her, as you of course can see, Nat. mur., 4 powders of 2m. put in the same envelope with 8 others of Sac. lac. with the same color of powder paper, one to be taken every

day at noon and to report in 10 days. Came back June 22 feeling like a new creature and could talk an arm off if need be; of course I gave her a load of Sac. lac. and with orders to come back in four weeks, but she came Aug. 13th a new, healthy, strong woman and today weighs 163 pounds, and to the surprise of many her heart "beats" yet, and best of all she has not died of "*heart failure.*"

E. J. P.

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CASE 25.—DYSMENORRHOEA—SEPIA.—Mrs. N., brunette, full habit, at climacteric age. For five years had menstruated at intervals of three or four months. The flow is all right for two days, then stops and she has pain "exactly like labor pains" for a day. She always sends for a physician and receives a hypodermic of morphia. These pains began the first month after her baby was born. During the pregnancy she had dropsy and was blind the last three months and for some time afterward.

I gave a dose of Sepia, probably cm., during an attack of pain and the relief was prompt and permanent. A year later I met her and she told me that since I gave her the medicine the menses had been regular, monthly, and without pain.

This case teaches that a periodical disease may be cured by a dose given during the paroxysm; that the palliative and the curative may be the same. The difference in the nature of the disease from that of intermittent fevers prevents this case from militating against the truth of Hahnemann's teaching, that the best time to administer the dose in those fevers is immediately after the paroxysm.

PLAINFIELD, N. J., Feb. 18, 1893. EDWARD RUSHMORE, M. D.

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CASE 26.—RETINO-CHOROIDITIS.—ZINCUM.—An interesting case of retino-choroiditis, complicated with keratitis, and with cataract as a secondary influence, is a peculiarity both striking and serious. A disease of any one of these tissues singly, being often sufficient to seriously curtail, or totally destroy the future visual usefulness, as well as the symmetry and natural appearance of this organ. Such a condition of disease was that of Mrs. B. S. of this city, then about 60 years of age. The disease was confined to the left eye and was one of con-

tinued and lengthy influence on the choroid of that organ, as evinced by the heaping up of pigment cells in the retina, around the several, markedly-indicated, small, circumscribed, white, atrophied spots, in the underlying sclerotic, and also by the changes in the lens substance by the formation of numerous broad and fine streaks of opacity, more or less coalesced in its cortical substance, as well as by the more recent, acute disease of the cornea. The retinal veins and arteries showed congestion and tortuosity, one to the injected state, whereby the finer twigs and branches of the vessels were brought into prominence.

The condition known as metamorphopsia was slightly present—a state caused by a swelling of the retinal surface that causes the appearance and form of objects focused upon the retina to be seen in a distorted shape. In this case vertical lines appeared bulged outward over a certain part of the visual field, while in another part it was bent inward, and throughout the whole the visual acuteness was much curtailed and foggy. Pain was more marked than is usually present, and photophobia persistent. The character of pain was smarting and burning, associated with a bruised, sore feeling and itching at intervals, always aggravated towards evening and often occurring in the night; these latter symptoms belonged to the corneal expression, to which was added a dry sensation, with a feeling as if the eyelids had become adherent to the ball, requiring frequent moistening to relieve; eye symptoms were markedly aggravated by heat, both from the warmth of the day and from its artificial influence; agglutination of the eyelids, by spells day and night. As might be supposed, the visual acuity was markedly diminished, equaling  $\frac{1}{4}$ , and with a nearly central scotoma; the visual loss being due to the combined influence of choroidal crystalline and corneal disease.

The patient was neurotic, having had an actual condition of chorea earlier in life, and now had marked jerking at times, of the muscles of the face, nose, ears, mouth and occasionally of the arms, necessitating, at times, a great effort to restrain them, which could ordinarily be accomplished. Had some jerking of the body in sleep. The right eye showed no disease although considerably sensitive to light, through sympathy.

In the choice of a remedy the localized eye symptoms seemed to give less promise of aid, as a guide to the simillimum, because less specific and decisive in character than were those of the constitutional state. To be sure, the corneal dryness, itching, smarting, burning, and soreness, as well as the condition of aggravation were found under the remedy, but these symptoms were also found under a dozen other remedial agents; the conclusiveness of the choice became manifest, however, as the nervous symptoms were studied, and these symptoms pointed directly and unerringly to *Zincum met.*, as was proven by its marked and prompt action in arresting the progress of the molecular disarrangement. Zincum was given in the cm. potency with the most astounding and gratifying results; the relief was immediate and restoration rapidly and steadily progressed. The corneal disease was the first to disappear, then the symptoms belonging to the disease of the fundus followed suit in the general line of restoration.

Occasionally repeated ophthalmoscopic inspection showed rapidly increasing gain over the condition of congestion and pigmentation in the retina; the central scotoma disappeared and the whole visual field rapidly cleared. The opacities in the lens substance gradually lessened while larger and clearer places appeared in the pupillary area and rapidly extended their limits. As the eyes improved and sensitiveness disappeared the refractive state of the eyes was examined and marked hypermetropic astigmatism found in each eye and corrected by glasses, both for distant use and for reading.

For a remaining opacity in the crystalline lens that refused to be dissipated, caust. 2c. was prescribed, chosen for the symptoms as if a thin mist over the eye, increased by wiping, and also a general aggravation of this misty state in the morning. The last seen of this lady the eyes were perfectly comfortable, vision was normal and but for a remaining but markedly modified, slight trace of opacity in the left lens, fortunately so situated, however, as not to interfere with central vision, her visual ability was undisturbed and equally good in each eye. The gratifying feature in the success attending such a case is the fact of the possibility of a speedy restoration in howsoever extended a disease we may encounter,

and should, with reason, permit us to feel that scarcely a disease can exist beyond the pale of the possible simillimum.

BOSTON, March 7, 1883.

FREDERICK W. PAYNE.

CASE 27.—INFLAMMATORY RHEUMATISM.—Mr. W. came to my office on the 30th of Nov. telling me that he was afraid that his son Fred, aged 16 years, was suffering with inflammatory rheumatism. Mr. W. also said that he himself had had several attacks of rheumatism during his life, and as Fred had been a victim to the disease once before he feared trouble.

I found Fred in bed carefully nursing his right foot. The foot looked pale and puffy. I asked him to give me character of pain; his answer was that it felt as if he had frosted that foot and had come into a warm room—a burning, stinging and throbbing combined. I was in a great hurry that morning and made the mistake of prescribing on a partially taken case. I gave him *Agaricus* but only in 500 potency, giving the one powder dry and *Placebo* in water. When I called in the evening I soon found I had shot wide of the mark. The right knee was now swollen and puffy, with great pain on the least motion, also some pain in the left knee but little or no swelling. The foot was no better but probably a little more swollen. His legs were so heavy he could not move them, and cried out with pain if any one else attempted to move them. On talking to me the tears rolled down his cheeks. He had no appetite. Mouth tasted badly. Bowels constipated. Temperature 101°. Had suffered an attack of acute gastritis some little time ago from which he has not yet fully recovered. This trouble was brought on undoubtedly by getting feet wet. I now gave *Puls. cm.* powder on tongue with sufficient *S. L.* On Dec. 1, some little improvement—no medicine; Dec. 2, decided improvement—same treatment. Dec. 3, found patient sitting up, free from pain, and report of a good night's rest. On calling in the evening of this same day I found him still free from pain in extremities but suffering from pain in region of heart. The heart action was rapid, would get out of breath on talking or on least exertion. Anxiety. Mother said he had exposed himself by sitting in a draft. I gave a powder of *Aconite 1m.* The next

morning found my patient feeling perfectly well. That was my last call. In a few days he reported at my office well. This winter he has skated, coasted and indulged in all the winter sports keeping in the best of health.

CHICAGO,

WM. E. WADDELL.

CASE 28.—WHOOPIING COUGH—June 4, 1892.—Geo. C., age three years, has been exposed to whooping cough and has now the manifestations of a disturbed vital force, which go by that name. He is a fair haired, blue eyed, good natured little fellow. The mother tells me the most severe paroxysms of cough come on between dark and midnight. The cough ends with the vomiting of the contents of stomach and the ejection of a clear tenacious mucus. The borders of the nose are excoriated and raw. He also has a diarrhœa which bothers him only at night, the bowels moving probably three or four times during the night. The stools are generally dark. Rests pretty well after midnight. Gave Puls. 51m. one powder.

June 7. Bowel trouble cured—general improvement.

June 11. No improvement in cough and general symptoms the last few days. Puls. cm. one powder. Child was well in short time. W.

CASE 29.—SYPHILINUM—Nov. 10.—Alice N., aet 9. The left side of lower face and neck is nearly covered with a repulsive, scabby eruption. There is a family history of syphilis—in fact the disease is well stamped on the make up of our patient. The mother reports a dry hacking cough during the night, general symptoms < at night. This led me to think of Syphilinum. In looking the guiding symptoms we find these symptoms—"Face pale," "itching, scabby eczematous eruptions singly or in clusters looking like herpes," "nose and cheeks covered with eruptions and scabs," "sores on lips and chin especially left side, scabbing over." This was a perfect picture of this little girl's face. I gave Syphilinum cm. In two weeks her face was well and general health improved W.



CASE 30.—MEMBRANOUS CROUP—RUMEX.—The following case I hope will be of service in helping, at least the young Homœopathician, in his efforts to prescribe according to the law of similars.

Case.—Miss G——, age thirteen, dark hair and eyes, on Saturday evening complained of tiredness, headache, lack of appetite and slight soreness of throat. Sunday, had poor rest and sleep the night before; feverish, but attended Sabbath School, and suffered much from soreness of throat and hard, dry cough. On Sunday evening I saw her, and prescribed, on the indications, Acon. 1 m. Monday, feeling better, and having had a more restful night, she went to school. In the p. m. the cough developed suddenly; hard, croupous sound; painful, and the teacher sent her home. I was hastily summoned, and found her suffering greatly. Face bluish, pinched, and anxious expression; lips pallid, about the mouth pale, and the paroxysms of cough frightful; hands clutching at the throat, and almost impossible to get a word regarding symptoms from her. Hands icy cold, face bluish and dusky, mottled, and body trembling with either fright, or chill, or both, restlessness. After watching her a few minutes, and hearing a few answers to my questions, jerked out between teeth, and a paroxysm of cough after almost every word, and also after each *deeper respiration* than ordinary, I saw that she kept throwing her shawl over her head, and seemed anxious to keep covered. I asked if the throat or cough was ameliorated by doing so; she nodded an emphatic yes, and drew the shawl tighter. This settled my choice. This symptom or characteristic amelioration, together with the almost constant cough, worse on inhaling cold air, pressure on the throat pit from lying down; pain under sternum, etc., made a picture of Rumex c m, which I prepared in four teaspoonfulls of water, giving her a dose at once; within a few moments there was a change for the better; less restlessness, easier breathing, and she could speak without coughing, and later on uncovered her head, dropped to sleep and quiet for some hours. At 11, or soon after, that night, she had a severe paroxysm of coughing which alarmed the household again and I was sent for; but as she was coughing up masses of yellowish, tough membrane and

mucus, one being very large, I did not interfere except with placebo, and the case went on to *cure*, no more medicine being required.

In passing, would like to report a verification of *Gelsemium characteristic* "Relaxation of sphincter muscles, from fright." The mother of the above case was badly frightened, and during the sufferings of Mabel annoyed me much by her importunities to "do something" and from the odor emanating from her person concluded there had been involuntary stool and urine, I gave her a dose of Gels. 1 m, and in a few moments she was quiet and was even helpful, while before she was decidedly in the way.

COMMENTS.—I report this case to show that there are other remedies than the *routine* ones that may become "good for croup" also the remedy has been often verified in my practice, on the group of symptoms so characteristic, especially the relief to the cough from covering the head.

CHICAGO.

F. O. PEASE.

CASE 31.—CROUP—BROMINE, SANGUINARIA, SPONGIA.—One evening in December last I made a social call near my residence in Auburn Park, and near the close of my call entered the children's sleeping room to show to a friend "a perfect picture of health"—a little rosy, blue-eyed boy, with long, light hair and splendid physical proportions. The child was sleeping peacefully, and presented as fair a likeness of robust health as I ever saw.

I left the house almost immediately, and had not removed my gloves and overshoes after reaching my home, until I was hurriedly summoned to see this same little boy, who was reported to have croup.

"Impossible," said I; "he has been perfectly well for weeks, and this is simply an attack of spasmodic breathing—by no means croup."

Arriving at the house in response to the summons, I found what appeared to be a typical case of spasmodic croup, and at 9:30 P. M. gave him a dose of Bromine c m. The indications were so plain and the action of the remedy so prompt that at midnight I was urged by the parents to return to my

home and to sleep, as there was not the slightest trace of croup remaining.

At 8 A. M. the next day I called, and, whilst there remained some hoarseness, I felt no uneasiness and left at once for the city. In the afternoon I was called by telegraph and was informed that the child's symptoms were greatly aggravated within an hour after my departure, and that they had grown worse without interruption. At 5 P. M. the condition of the patient was extremely serious. Sanguinaria was given, and my friend, Dr. H. F. Smiley called in consultation. By eight o'clock the "rip saw running through a pine board," so indicative of Spongia, was present, and that remedy controlled the disturbed forces most admirably.

During the night Spongia was repeated three times, each time in a higher potency, and every time with decided effect. This repetition was demanded and its wisdom justified by results. Hahnemann warns us not to repeat "so long as improvement continues"—a rule based upon the very highest human experience and authority. Croup is one of the diseases wherein the vital processes change rapidly, and for this reason repetition is demanded. However, Hahnemann's rule holds good here as everywhere—"so long as the patient *improves*" do not repeat. When the improvement ceases, then another prescription must be made, but I hardly believe such practice ought to be called "repetition," even if a second dose of the same remedy be required. My experience is that a second dose of the same remedy is required only in cases of extreme rarity.

The case progressed favorably under Spongia all the next day and night, but an aggravation the day following demanded Bromine, which made a clean sweep in short order. It is worthy of note that the case began with Bromine symptoms and ended under Bromine.

The point of peculiar interest is the fact that the case began as one of apparent false croup. There was absolutely no warning given and its prompt subsidence under a dose of Bromine would seem to confirm this view.

HOWARD CRUTCHER.

March, 1883.

CASE 32.—CROUP.—BROMINE, HEPAR, SPONGIA.—One night of February last I was summoned to see a boy of nine months who was said to be suffering from bronchitis. He had been under the care of a faithful doser, who had prescribed almost enough remedies and with such amazing lack of precision and result to entitle one to the name of a "broad and liberal physician." The child's symptoms were greatly aggravated in the afternoon and for several days a five o'clock paroxysm of difficult breathing was noticed. Still, the diagnosis was "bronchitis," which, as before stated, had been treated at most faithfully.

Suspecting nothing very serious, I prescribed Bromine, observing at the time that the larynx appeared to be the seat of the most prominent symptoms. I remained with the case all night and next morning at seven o'clock it was only too plain what the trouble was. At the hour indicated Hepar was given, and great relief was apparant within three hours, by which time it was deemed safe for me to leave the case for a visit to the city.

Meantime the former attendant was sent for and we had a friendly and thoroughly outspoken talk over the whole case. I did not mince words in the least, but attacked the wholly incompetent and hasty methods that had been employed and invited my pupil in Homœopathy to remain and see with her own eyes whether the hated Hahnemannians were a lot of sanctimonious liars who preached one thing and practised another. She frankly confessed that she never knew any Homœopathy, never got any Homœopathy at college, and was, in fact, almost ready to declare medicine a humbug and leave it forever.

The diagnosis of true croup was undeniable and the ignominious failure of colored medicines and magnificent alternation was quite plain. The truth is, the former attendant was badly scared and was mighty glad of the chance to divide responsibility with some one.

Well, the single remedy, the high potency and single doses won the day, a dose of Spongia c. m. completing the cure. Within thirty-six hours after my arrival the case was beyond danger and rapidly convalescent.

The case of croup was not only cured but within a few

hours I had made a warm friend of a former skeptic, and copies of Dunham's *Lectures*, Guernsey's *Obstetrics* and Hahnemann's *Organon* were within her reach.

As it always pleases certain lovers of "Homœopathy Made Easy" to asperse the motives and discredit the reports of those who practice Homœopathy as Hahnemann and Hering practised it, I take great pleasure in stating that names, addresses, and all facts necessary to a complete verification will be furnished on demand. In all kindness, I wish that some discouraged young brother would take the trouble to look up the facts and keep on looking them up. In fact, I wish that every half-hearted Homœopath in creation would do just what Hahnemann directed—"Try it and publish the failures."

H. C.

March, 1883.

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**ONE HUNDRED ABDOMINAL SECTIONS WITHOUT  
ANTISEPTIC METHODS\*.**

BY JAMES GILCHRIST, A. M., M. D., PROF. OF SURGERY AND  
SURGICAL GYNECOLOGY, IN THE HOMŒOPATHIC  
MEDICAL DEPARTMENT OF THE STATE  
UNIVERSITY OF IOWA.

On looking over "my case-book" recently, the facts in connection with eight deaths after abdominal section, seemed to be of sufficient interest to warrant this report. The cases forming the basis for the report, are a series of one hundred, counting back from the last, a week or ten days since. For the purpose in hand, it was thought not best to go farther back in the record, as percentages are somewhat easier estimated; at the same time the record is not quite the same in the earlier cases, although the rate of mortality was not above 8 per cent.

The fact of abdominal tumor is not at all difficult to make out; it requires no skill, if the tumor is of any considerable size. The character of the tumor, however, both with reference to its source, and histological or pathological character, is not at all times easily made out. In fact the most expert diagnosticians, and the most experienced surgeons are

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\* Read before the Central Iowa Homœopathic Medical Association at Marion, Iowa, December 28, 1882.

often misled. Cases have been presented in which the family physician, even when of the first rank, has diagnosed ovarian tumor, when section has revealed conditions totally different, so much so that a mistake would seem almost impossible. Some of the revelations are startling; such as hypertrophied liver, or even spleen, cystic kidney, or encysted ascites, to say nothing of pregnancy, and peritoneal cysts. It does not require a very extensive experience in abdominal surgery to prove the point, that accuracy in diagnosis is not always possible; in fact it might better be stated in another form, mistakes in diagnosis are among the possibilities, no matter how experienced the operator may be.

My method of operating, and the subsequent care of the case, is as follows: The bowels and bladder are emptied, and surface cleanliness assured, but no antiseptic precautions of any kind are then taken, beyond cleanliness of persons, instruments, and, as far as possible, of surroundings. The patient is warmly clad, as to the extremities and the temperature of the room is high, 70° or more. No special clothing is used. The incision is almost invariably in the middle line, the first one, if possible, carried to the sheath of the rectus, and from the umbilicus to the pubis; in very large tumors it commences above the umbilicus, and down with a slight curve to the left. When hemorrhage has ceased, the structures in the lower angle of the wound are pinched up by forceps, niched, a director passed in, and the incision to the same extent as that in the integument, cut up by scissors. The little hemorrhage resulting being controlled, a sound is passed under the umbilicus, to demonstrate the fact of the peritoneum being opened, the hand passed as far as possible around the tumor, to determine the adhesions, if any. If cystic, the trocar (Spencer Wells) is used, the tumor evacuated, and then the pedicle sought, tied with silk, and cut. Of course adhesions, if any are broken up first. The other ovary is then examined, and if healthy the cavity is sponged out, not flushed unless the cyst contents have entered it, from three to five deep sutures, including all the structures, inserted, and an indefinite number of superficial ones are taken. Adhesive straps reinforce the sutures; a layer of absorbent cotton, wet with *Hypericum* (aqueous extract)

laid over the line of the wound, a thick pad of dry cotton outside of that, the whole covered in with a flannel binder. The patient is then put to bed, with warm blankets next the body, and hot water bags or bottles if there has been much shock. The dressings are not disturbed for four or five days, when they are carefully removed, and the deep stitches removed. In a day or two the superficial stitches are taken out, but the straps remain as long as they are unsoiled, and are adherent. It is very seldom that any suppuration occurs, and in only one case could it be considered at all abundant. In no case was there any peritonitis; in a small number the temperature rose above 102°. The large majority of the cases went along in an entirely uneventful way. In fact the last two cases did not have any high temperature, not above ½ a degree. The nurses are instructed, if a chill occurs, pulse quick, skin dry, and bowels sensitive, to at once give Aconite, a dose every fifteen minutes, until skin is moist, then lengthen the intervals to one hour.

The conditions for which the operations have been made, perhaps I ought to say, which were *found*, were as follows:

Uterine fibroma.....	6 cases
Encysted Ascites.....	1 "
Ovarian fibroma.....	1 "
Hypertrophy of spleen.....	2 "
"    "    liver.....	1 "
Cystic kidney.....	1 "
Sarcoma of kidney.....	1 "
Ectopic pregnancy.....	2 "
Ovarian cysts (single).....	80 "
"    "    (double).....	5 "
	—
Total.....	100 "
The results were deaths 4 immediate	
	4 remote
	—
Total.....	8

By "immediate" I mean within three days, in which the operation might be considered directly causative. "Remote" are those which occur after this period, either from the original malady, or from causes secondary to the operation.

It might be of interest to report these fatal cases more at length.

CASE 1. A very large ovarian cyst, with most extensive adhesions on the posterior surface, involving the ureters, and so dense that it was utterly impossible to break them up. The free portions of the cyst were excised, and the larger part of the remainder was enucleated. Drainage was provided, and the patient survived to the tenth day, when death came apparently from septic infection, although the shock was very great.

CASE 2. A case in all respects like the last, as to adhesions, but of different pathological character. It was an enormous cystic fibroma (sub-peritoneal) that had contracted adhesions, some of them so old and highly organized that vessels as large as the ulnar could be seen running into the tumor, from the mesentery. A prolonged attempt was made at enucleation, but the results were much as in the last case, death resulting from shock, occurring on the sixth day, the temperature being sub-normal all the time. There was no question of hemorrhage in this case; it was pure shock.

CASE 3. A young woman with a solid (fibrous) tumor of the left ovary, wedged in the pelvis, causing some pressure, symptoms of gravity. The abdomen was opened, the tumor removed, the bladder being niched in the primary incision. No ill consequences were traceable to the bladder wound, there being no extravasation, and no diminution in the amount discharged. Reaction imperfect, and on the third day commenced stercoraceous vomiting, without tympanitis, and with her temperature—symptoms so grave at 10 P. M. on night of third day that intestinal obstruction was feared, although there were no symptoms but the vomiting. The abdomen was re-opened, and the intestines carefully examined; no obstruction. Died in collapse before daylight.

CASE 4. An immense cystic fibroma, in the case of a nun in Dubuque. As usual the most dense adhesions, but the tumor was finally enucleated, and hemorrhage arrested in one or two points by the actual cautery, collapse very extreme, so that subcutaneous injections of brandy were practiced, and flushing with hot water. No reaction, death occurring in 17 hours.

CASE 5. An enormously enlarged spleen, when seen



seemed to be *in articulo mortis*. Had been seen by a number of physicians, and the diagnoses being almost as various as the number of physicians; she insisted on an operation to settle the question; even if the result was immediately fatal. The abdomen was opened accordingly, and the diagnosis of splenic hypertrophy at once apparent to all present. As she was in the last stages of leucocythemia, no attempts were made at removal, but the wound closed. Death came in three hours without full recovery from the anesthetic.

CASE 6. Was another ovarian cyst, that had suppurated with a twisted pedicle. Septic symptoms marked, and death occurred in about 48 hours.

CASES 7 and 8. These were cases of ovarian cysts, one suppurating, and one similar to case 1.

This shows a fatality of 8 per cent for all laparotomies with about 5 per cent for pure ovariectomies. Apart from the fact that recovery, promptness of repair, and duration of convalescence was all that the most pronounced antiseptic advocate claims, and even a little better than the actual clinical results from such practice, and occurred without the slightest deference to the teaching and practice of this school, there are several important and useful lessons to be drawn from the above report.

*First*, and not the least in importance, the fact is demonstrated, that the resources of our *Materia Medica* are almost without limit in surgical practice. Possibly without them it might be necessary to have recourse to the burdensome and somewhat unscientific practices of the bacteriologists. These facts seem more to be generally admitted. The work in the laboratories has added nothing to positive therapeutics, from the fact that agents capable of destroying microbes, are equally fatal to the tissues. Also, it is generally conceded, the welfare of a wound depends upon maintaining the normality of the tissues. Again, many (or all) of the germicides exert a dangerous tonic influence on the whole organism, many deaths being directly traceable to the germicides.

Another lesson is, that danger to life is in direct proportion to the extent and density of adhesions, time of exposure, and the occurrence of degenerative changes in the tumor. In

nearly all cases of uncomplicated ovarian cysts, recovery was prompt, and the course of the convalescence uneventful, and uninterrupted. Merely opening the abdomen for examination, never gave bad symptoms; in no case did the temperature run above 101°, and then only for short periods.

Dec. 27, 1892.

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#### COFFEE AS A CAUSE OF PRURITUS ANI.

A correspondent thus relates a personal experience: "For many years I have suffered from the most aggravated form of pruritus ani, which refused to yield to any of the many remedies applied for its relief; and nothing seemed to have the slightest effect in ameliorating the torture to which the intense itching subjected me. After exhausting the Pharmacopœia I began to abstain from certain articles of food; one after another was dropped from my dietary for several weeks, but without effect until coffee was reached. An abstinence for a period of two or three weeks resulted in complete relief from the distressing symptoms. As a matter of experiment the use of coffee was resumed for several days with the effect of reproducing the pruritus; the experiment was tried several times with the same result. A year without coffee has been to me a year without pruritus."—*Medical Times.*

# THEORY AND PRACTICE OF MEDICINE

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## PROF. DR. G. JAEGER'S SOLUTION OF THE CHOLERA-ENIGMA: IS CHOLERA CONTAGIOUS?

EXTRACT FROM THE AUZ. HOM ZEITUNG, VOL. 126, NO. 1-4.\*

Concerning the contagiousness of cholera there are two parties under the leadership of Dr. Koch and Pettenkofer.

Pettenkofer celebrated for his investigation of the ground-water concludes that cholera appears not universally but only on porous ground with ground-water in it, and that not always but owing to the decrease of the ground-water depending upon a diminished quantity of rain. When the ground-water rises, the danger of cholera decreases.

He admits that two factors are necessary to cause cholera Asiatica besides the low stand of the ground-water, a pathogenic germ induced by human intercourse and an individual disposition. He presumes the latter to be known, the former to be unknown. But he did not enter nearer upon the examination of these two factors and omitted to show the interdependence of the three factors.

Koch places his comma-bacillus on the table and treats it by scientific experimentation, but he don't care for the ground-water and the individual disposition at all, and thus fails to draw the connection between his bacillus and the cholera patient.

Jaeger takes up the factor which these two investigators neglected and which originates the individual disposition and calls it *self-poison* (ptomaine). Bacteriology thus far has been treated by specialistic investigations without taking any notice of the zoological and botanical knowledge of *parasitism*. There are internal and external parasites.

1. The external parasites are always enabled to pass from one individual, called host, to another. The internal parasites require an intermediate state before they can pass into another host.

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\* Read before the Homeopathic Union, Brooklyn, N. Y.

a. In the way of changing their dwelling-place, like the tape-worms. Only flesh-eaters have tape-worms; the egg of a tape-worm germinates only in a host which is in contrast with the one it comes from, a plant-eater: as the egg of the canine tape-worm in sheep or rabbits, that of the cat in the mouse, of man in a pig or cattle. A so-called change of generation takes place; in the new host a tape-worm does not originate, but a so-called fin which rests in the flesh of the intermediate host till a flesh-eater eats it with the flesh; then the cyst falls off and from the head grows the tape-worm. Thus it is with all the tape-worms. Similarly also with the liver-flukes. At the same time a change of organ take place, the tape-worms live in the intestines, the fins never there but in the flesh. The liver-flukes live in the liver, but its intermediate forms somewhere else. In a peculiar manner the trichinae combine these two-fold changes; as muscular trichina it enters the new host and changes into an intestinal trichina and only as such coming into maturity after which the brood passes again into the muscles.

b. Many tape-worms do not need such an intermediate host and their eggs do not germinate in the same host, but they must first get into moist earth or in the mud of pools; these slip out as little worms which do not resemble their parents at all only as such and after previously having produced several generations, they can wander in the host from which they sprang. Just so the parasites of fishes belonging to the crab species; their eggs also develop only in free water and the young live for some time there before they wander into a new fish.

c. Fresh eggs of lumbrici introduced into the intestines never germinate. They must for some time be exposed to the open air, to the influences of the weather before they reach again their germinability. The eggs of the silk-moth develop only a caterpillar after being frozen.

d. The saw-flies, larva-flies, etc., live as larvae in a caterpillar; the ripe insect leaves this place to live for sometime in the air and then lays its eggs in the host of a caterpillar.

e. The ascarides in the rectum of children furnish another instance, of the numerous eggs which they lay not one develops in the rectum. But when the child scratches itself, the

eggs get under the finger-nails and in the mouth and stomach. Here they find a proper soil to slip out and wander as young worms into the rectum.

The explanation of the contrasts between external and internal parasites furnish two laws which govern the whole living world, animals and plants.

a. Every living being not in sufficient connection with open air, spoils its habitation by its specific excretions so that it can not live there anymore, or only poorly. Thus the water animal spoils the water, the ground creature the ground, the yeast-plant its fermentous fluid, the stable animal the stable, the human being the air of the room it lives in. If the creatures remain in the spoiled medium, they either die or they are compelled to stop their vital activity. The cause of this stoppage is the satiation of the living body with its self-poisons and from these it can only be purified in a new medium which is comparatively free of them.

b. The law of accommodation (*Verwitterung*) when people get used to the poison of arsenic or tobacco, when the living being is impregnated with the poison to a certain degree. The sting of a bee or mosquito is no more poisonous after the living being has been impregnated with the poison by having been stung frequently, to this belongs also the vaccinating immunity. Reversely: if a poisonous plant grows in a soil manured with human excrements it impregnates itself with the specific human materials and loses its poisonousness for man.

The micro-parasites follow the same laws.

1. The external parasites are always infectious, as the germs of the properly contagious diseases, viz: the skin diseases, small-pox, measles, scarlet, fevers, etc. They have no need of changing their habitat and are similar to lice, fleas, etc., which are dependent upon the individual disposition.

2. The internal parasites, especially the intestinal bacteria, such as the cholera and typhus bacilli also the germs of swamp-fever living in the circulation, are not directly infectious, they must take a longer or shorter stay in a medium of another kind in order to regain their infectiousness.

3. Whilst the external parasites are capable of existing in

air and light, the internal act differently. They can only thrive in the dark.

4. The internal bacteria have an astonishing fertility especially in cholera—the number of bacilli in a cubic centimeter of cholera-discharge is estimated to be ten milliards.

5. As the intestinal worms must go spontaneously, so also the disease caused by intestinal bacteria, ceases by itself sometime, whilst the undoubtedly bacterial lepra is as obstinate as the itch-acari and the lice.

This renders the key for the origin of the contest between the contagionists and anticontagionists.

Similarly to the eggs of the tape-worm *lumbrici* and liver-flukes the cholera bacilli are in the condition in which they leave the intestines of their host unable to infect, but forced temporarily to change their habitat, and then to pass through variations in order to regain their infectiousness. They behave as the eggs of the tape-worm; they must wander to a place in the open nature where the three conditions of moisture, darkness and most possible freedom from competing or hostile living beings especially bacteria of decay by which they are happily annihilated.

This locality is firstly the ground, the local disposition. Since the germs do not bear light and air they are lost when they lay on the ground, likewise in the free water where the light kills them; Pettenkofer is right. The local disposition claims porous ground. On rock and clay the germs perish rapidly.

The second condition is moisture—

- a. In dry soil the cholera germs die of dryness.
- b. The moisture of the ground and presence of ground-water depends not only on the constant condition of the ground, but also upon the dangers of the quantity of rainy deposit.

The cholera-germ must, to prolong its life and regain its infectiousness, go down to the ground-water, but in order to be able to produce cholera again in man, it must also come up again.

Naegli, the botanist, says that the bacilli cannot immediately rise to the surface from the ground-water and wet ground; when the ground-water recedes and the ground gets

dry, they disengage themselves from the earth and stones and rise in the air as dust. After copious rain the ground-water rises and the ground becomes wet throughout and then the cholera bacilli cannot get to the surface. This is the reason why everywhere cholera decreases with the increase of the quantity of rain. Reversely: with the decrease of rain and sinking of the ground-water the cholera increases again. That bacilli can be conveyed by aqueducts is undoubtedly true.

Koch breeds the bacilli in an artificial nutritious fluid in the darkness, makes experiments with them upon animals and draws conclusions from them upon their behavior in man.

This leads him to false conclusions regarding their infectiousness. From his observation, that the bacilli augment in his nutritious fluid and that with these art-bacilli animals can be infected, he concludes that also the bacilli as furnished by the patient can infect when they get into the human intestines. The nutritious fluid in the dark chamber is a new soil and the bacillus passes through the process of purification which in nature it must pass through in the darkness of the ground-water. Koch overlooks that his breeding apparatus corresponds with Pettenkofer's ground-water. Between Koch's art-bacilli and the cholera-bacilli of a patient is the capital difference that the former are infectious but the latter are not. One can eat the evacuations of a cholera patient on bread and butter and never be infected, just as little as he will get a round worm when he eats the evacuations of a worm-patient with its thousands of eggs. This explains the fact that cholera nurses are rarely infected. Koch is, therefore, completely in error. The same happens in the experiments with the animal. This is also a new soil for the human parasite and from what this parasite does in the new soil, must not be concluded that it would do the same in the old soil.

Koch, by his fallacies, arrived at the recommendation of measures utterly inadequate, viz: the general disinfection of cholera, compared with the immense annihilation of cholera-bacilli by nature, the human disinfection is ridiculous.

The poison which produces the picture of Asiatic cholera comes not from the comma-bacillus, but it finds its origin in nothing else than in the individual disposition; a specific

cholera-poison does not exist, the phenomena of poisoning in Asiatic cholera are produced by *self-poisons*.

One source of these self-poisons is anxiety. A man suddenly subject to anxiety offers exactly the picture of a violent poisoning like a cholera-patient with diarrhœa and nausea, frequently vomiting, spasms and great weakness. In fact it is a case of poisoning. The shock has induced a decomposition of matter in the centers of the nervous system under formation of a most poisonous matter of fœcal odor which has passed into the circulation. The consequence is—

a. A severe state of poisoning.

b. This anxiety-matter forms a source of nutriment and impulse of the cholera-bacillus to rapid augmentation by which the patient is drained of his tissue-water and succumbs. Whoever has the courage to swallow cholera-bacilli knowingly, as Pettenkofer and Emmerick did, have naturally no anxiety and do not get the Asiatic cholera.

2. The evacuations of a man stricken with anxiety have almost the same odor as those from other causes and the action upon the bacillus is in both cases the same.

3. In people living in the bad air of the slums the fœtid matter of the human diarrhœa is accumulated in the tissues. The habituation to bad air is only possible when such an accumulation takes place. The introduction of the comma-bacillus gives the impulse to sudden decumulation and then the condition of the patient is precisely like that from anxiety and present diarrhœa.

The scavenger of canals do not get Asiatic cholera. If one is used to bad air and impregnates his body with the poisons contained in it, he is of course charged with them and if he remains where he is, a discharge is not readily expected which however takes place on his removal into good air.

This points to a fault in the treatment of cholera patients. If such a one used to live in the fœtid atmosphere of unsound dwellings is brought suddenly into the relatively pure air of a hospital, he is at once removed from the protection of the bad air against the discharge and the exposure is favored the more certainly. If in any case of sickness it is necessary to leave the patient where he is, it is certainly valid for cholera.



Striking is the odorlessness and tastelessness of the rice-water evacuations in cholera which proves that—

1. The poison producing the picture of Asiatic cholera is not a product of the bacilli.
2. That the nutrimentous matter of the cholera-bacilli are just the fæcal and fœtid masses of the intestines which they consume so completely that the evacuations become odorless.
3. By the scientific investigations of cholera it is established that the cholera-bacillus does not live in the blood and tissues but only in the intestines, that, zoologically speaking, he is not a flesh and blood eater but an excrement eater, consequently the evacuations are of fetid character, while those of cholera patients are not.

From all this follows:

1. Since the comma-bacillus, like all intestinal parasites, is not infectious in the condition in which it leaves its host, it must regain its infectiousness in a new soil dependent upon time and locality outside of the human body.
2. This infectious bacillus however can only get a footing in the human body when the natural bacteria-killing factors of which every living being disposes are wanting or functionate faultily. After they have taken hold the course following depends mainly on two points.
  - a. In people who staid for some time in diarrhœically contaminated air, therefore are charged with self-poison, moreover, if to it is added the discharge of anxiety-matter, an acute self-poisoning takes place (Asiatic cholera) which under circumstances can produce death as from a stroke of fright before the parasitary process even develops (cholera sicca). If these self-poisons are absent there is no poisoning and the result is harmless diarrhœa. The more diarrhœically contaminated fæces are present the greater the danger because the parasite uses them for an enormous augmentation.
  3. The cholera-bacillus is distinguished from the other bacilli essentially in that—
    - a. It does not attack the bodily substance of its host.
    - b. It does not produce a poisonous ptomain, therefore, injures its host not toxically but mechanically; the presence of sufficient nutriment it uses for a prodigiously rapid and massive augmentation that the body of the host loses its tissue

and blood-water. This explains the extraordinary dependence of the disease upon the disposition; without it a harmless, not even fœtid, diarrhœa, with it, a most dangerous disease of lightning rapidity with sudden appearance and sudden recovery if it is not sufficient to produce death.

Therefore, cholera is contagious, but not directly. The evacuations of cholera patients must be treated with a view to hinder them from entering in the indirect way; hence a cholera patient must be properly treated, but remain in the place where he was taken sick. A planless persecution of the possibly escaping bacteria, a molestation of healthy people and restriction of commerce are measures which (1) in view of the powerful means of annihilation which free nature and human nature itself can dispose of, is perfectly superfluous and (2) which under the impossibility to prevent entirely a dangerous communication is so little successful that the indirect damage and expense resulting from it has no justification at all.

What is to be done in this regard must be considered in time to prevent the tyrannical exaggerations and destructions of property which bid defiance to sound common sense and the simplest demands of humanity.

B. FINCKE.

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### THERAPEUTICS OF ASIATIC CHOLERA.\*

BY B. L. B. BAYLIES, M. D., BROOKLYN, N. Y.

The two remedies found most valuable in the treatment of cholera are *camphor* and *veratrum album*. Hahnemann says regarding the use of *comphor*, "when cholera first makes its appearance, it usually attacks in the following way: Great prostration at once; his face bluish and icy cold, with coldness of the remaining parts of the body; his features express despair, and his whole action anguish, as though he would suffocate; half stupid and senseless, he moans and groans in a hoarse, husky voice, expressing nothing particular unless questioned. He has burning in the stomach and œsophagus, and cramps in the calves of the legs and other muscles; when touched in the pit of the stomach he screams out; he has no

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\* Read before meeting for discussion of cholera of Kings County Homœopathic Medical Society, September 13, 1892.

thirst, no nausea, no vomiting, no diarrhœa. In such cases *camphor* gives immediate relief; one drop of the tincture on sugar every five minutes." Other symptoms calling for this medicine are vertigo, nausea, vomiting with cold perspiration, faintness and asphyxia, the upper lip drawn up exposing the teeth. The *camphor* patient is sensitive to cold and likes warm covering. Professor D. Rocco Rubini, in the epidemic at Naples in 1854 and '55, had three hundred and seventy-seven cholera patients in the alms houses and army, and, as duly attested, cured them all with a saturated solution of *camphor* in alcohol, strengthened by evaporation so as to dissolve its own weight; giving five drop doses every quarter of an hour. In the same epidemic, Dr. Labatini had twenty-seven cases, Dr. Salutanzi fifty-six cases, Spiteli eighty, and Ricci one, with Dr. Rubini's cases making the total five hundred and forty-one, all cured by this *camphor* recipe. Hippocrates describes the case of a young Athenian affected with cholera. "He evacuated upward and downward with much suffering. Nothing could arrest the vomiting or alvine evacuations. His voice failed; he could not stir from his bed; his eyes were lustreless and sunken; he had convulsions of the lower extremities from the abdomen downward; he had hic-cough, and the alvine evacuations were more copious than the vomitings. He took *veratrum* in lentil juice and recovered." His case portrays the symptoms of *veratrum album*; the cure was homœopathic. More fully detailed characteristic symptoms of *veratrum* are: Anguish, fear of death or indifference; vertigo, eyes sunken, nose and face cold; pale, bluish, bloated or sunken cheeks, twitching of the facial muscles, great thirst for cold water and vomiting after drinking, with simultaneous gushing, copious, rice-water like discharges from the bowels; pale or bluish or dry coated, cold tongue, feeble and husky voice, anxious oppression and constriction of the chest, drawing cramps extending from the hands and feet, extreme weakness and cold sweat.

*Cuprum*.—Hahnemann advises, if the patient does not soon improve under *camphor*, to try at once *cuprum*. This has *clonic* spasms in contra-distinction to the tonic spasms of *veratrum*; face peculiarly sallow, greenish yellow or bluish, with blue lips; convulsions with vomiting, and constant pain

in the abdomen; writhing of the body, diarrhœa, griping pressure in the stomach; amelioration on drinking cold water; anxiety, with constricted feeling and oppression of the chest, tendency to coma. According to Dunham, quoted by Bell, "In *camphor*, collapse is most prominent; in *veratrum alb.*, the evacuations and vomiting; in *cuprum*, the cramps."

*Arsenic.*—The symptoms of arsenic are great anguish, constant restlessness and fear of death, sudden prostration, eyes sunken, nose pointed, face pale or bluish, sunken with distressed expression; tongue dry, brown or black; excessive thirst for cold water, little at a time, followed by immediate vomiting; burning in the stomach, intestines and rectum, the burning in the stomach worse after vomiting; suppression of urine, voice hoarse, excoriating offensive diarrhœa. Raue says the best sign of its correct selection is reappearance of the urinary secretion. Dr. A. Lippe contrasts cholera with *arsenic*. He says the cholera patient is resigned and takes no interest in anything.

The *arsenic* patient is restless, tosses about and has fear of death.

The cholera patient has much thirst for large quantities of water.

The *arsenic* patient drinks little and often.

The cholera patient is adverse to being covered.

The *arsenic* patient is relieved by heat.

The cholera patient has a cold, clean tongue.

The *arsenic* patient has a hot tongue, at first red on the edges and on the tip, later white all over, and finally black. The cholera patient wishes to lie; can scarcely be persuaded to sit up and take a deep inspiration, which relieves him.

The *arsenic* patient does not lie quiet, and deep inspiration does not relieve him.

The cholera patient vomits large quantities, and then has rest for some time.

The *arsenic* patient continues his fruitless efforts to vomit.

The cholera patient has spasmodic pain in the abdomen.

The *arsenic* patient has burning pain in the intestines and anus.

The cholera patient has his abdomen relaxed, fallen in.

The *arsenic* patient has a continuous tension in the abdomen, etc.

However, *arsenic* has met and conquered cholera under *homœopathic* selection.

Besides these remedies, compare also *aconite*: Restlessness, coldness externally, with sensation of internal burning; heat throughout the whole body; excessive thirst, yet can retain nothing; vomiting and discharging from the bowels green watery fluid; collapse; after fear or vexation. Raue recommends *argent nit.* for "spasms of respiratory muscles, so that the patient can neither breathe nor speak; a swallow of water or the handkerchief to the nose causes feeling of suffocation, with terrible anguish and thoughts of suicide; after taking any fluid it appears as if it were running straight through the intestinal canal without stopping."

*Bryonia*, 30.—A few globules each time after vomiting and purging; it cured even the worst cases, with speechlessness and loss of consciousness; skin icy cold and shriveled; pulselessness. (Haynel.)

*Carbo vegetab.*—In the last stage, stupor, with collapse; mouth and breath cold, cold tongue; vomiting, diarrhœa and spasm or pain have ceased; the urine suppressed.

*Cicuta*.—Tetanic cramps, loud hiccough, strabismus, soporous condition; in the last stage.

*Lachesis*.—Vomiting from the slightest motion; nausea, with great flow of saliva.

*Hydrocyanic acid*.—Last stage of cholera, sudden prostration, cessation of all discharges, rapid progress toward asphyxia, pulselessness, paralysis of œsophagus, fluid runs gurgling down the œsophagus, long fainting spells, trismus, tetanus.

*Fatropa*.—Easy vomiting of a whitish glairy fluid, resembling white of egg, with crampy, constrictive pains in gastric region, or burning in the stomach; continued gushing watery discharges, cramps in calves and brachial muscles, marble-like coldness of the skin, anxiety and fear, as though cramps in calves would set in, or the mind placid and ecstatic, taking little notice of the painful affections.

*Ipecac*.—First symptoms: When the nausea and vomiting predominates over diarrhœa.

*Phosphorus*.—Thirst for large quantities of cold water,

vomited as soon as it became warm in the stomach; rice water discharges containing small particles like grains of tallow; asphyctic oppression, prostration; hiccough after eating.

*Secale.*—Skin wrinkled, dry and cold; patient almost pulseless, with spasmodic twitching of muscles in various parts; spreads the fingers apart, eyes sunken, features pinched. Much spasmodic retching, although not much vomiting; urine suppressed, tingling of formication all over the body; stools profuse, watery, ejected forcibly; patient cold but averse to being covered; collapse.

*Sulphur.*—For prophylaxis, a pinch worn in the stockings, at the soles of the feet; diarrhœa between midnight and morning painful or painless; diarrhœa and vomiting simultaneously; cramps in calves of legs and soles of feet after midnight.

*Tabacum.*—Cold sweats, with deathly nausea remaining after copious evacuations have been checked; nausea and vomiting after purging has yielded: cramp and tearing in limbs: complete collapse.

Consecutive symptoms may call for *aconite, bell., bryon., canthar., mur. ac., phos. ac., baptisia, rhus tox.*

Authorities: Hering, Guiding Symptoms, Raue, Lippe, Dunham; etc. *N. A. Four. Hom., Apr. '93.*

# THEORY AND PRACTICE OF MEDICINE

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## THE MIASMS—HOW SHALL WE KNOW THEM?

To Samuel Hahnemann are we indebted as being the first man who was gifted with the power of opening for the benefit of mankind that sealed book which reveals the mysteries of the life forces in health and the cause of the changes or alterations that produce disease.

In paragraph 4 of the "Organon" he says: "He is a preserver of health who knows the cause that disturbs health and produces and maintains disease." Therefore, ladies and gentlemen, you cannot be preservers of health according to the teachings of the master unless you have made yourselves acquainted with or are able to discern the presence of these disturbing elements in your patients, known as the miasms.

In paragraph 7 he says: "In diseases presenting no manifest exciting or maintaining cause for removal, nothing is to be discerned but symptoms. These alone, with due regard of the possibility of an existing miasm" (latent one, he means). Ah! "There is the rub." Further on he says: "Hence the totality of the symptoms is the outward reflected image of the inner nature of the disease." True. But should there be some latent miasm lying behind it (and I cannot conceive of a chronic disease without the presence of some miasm), do we get the totality of the symptoms or the true expression of that internal (*causæ occasionalis*)? No, you say. Then, in order to be successful homœopathic prescribers, we must educate ourselves so as to be able to discern their presence in our patient in their latent states as well as in their active states. The very fact that our patient is suffering from a chronic affection is proof of their presence. Therefore, knowing that the predisposing cause of all chronic disease must necessarily depend on one or more of these miasms, how necessary it is to make them our besetting point! We should bring all our armament to bear in this direction, and concentrate our fire where the enemy has made its

strongest defence. The miasms are our greatest enemies. They are the disturbers of the peace. Harmony in their presence no longer exists in the tabernacle where dwells the spirit man. They are the standard bearers of pain, of suffering and of death.

In paragraph 72 of the "Organon," Hahnemann again says: "They insidiously undermine the health to such a degree that the automatic energy of the vital force, designed for the preservation of life, can only make imperfect or ineffectual resistance to their progress until it is powerless to prevent the destruction of the organism. They never cease to torment their victim until the end of life, unless relieved by the aid of the well selected *similimum*."

These miasms, as you all know, are known under three heads: Psora, syphilis and sycosis. It is not my intention today to go into their history or to describe the nature of each one separately. We will suppose you have made yourselves familiar with the nature of each form. The object of my lecture is simply to present a few of the more prominent symptoms that may lead you to the knowledge of their presence in the organism.

One or all of the miasms may be present in your patient, or some modification of them. (I am speaking especially of the chronic forms.) As in the acute stages we usually have no trouble in discerning to which of these they belong, it is only when we have an intermingling or blending of them, or when they become latent—either by suppression or stases upon some internal organ of the body, or by the modifications produced by hereditary transmissions that we find great difficulty, at times, in coming to any definite conclusion as to their true nature.

"How shall we diagnose the presence of miasm?" I am asked by my fellow-physicians. The answer that I usually give is, "Just as you would any common form of disease; by objective and by subjective symptoms." Every one of our special senses will be required to assist in bringing to light some of these miasms—even common sense. In the sycotic or syphilitic forms the patient, especially if it be a woman and she is conscious of its presence; or a man, if his social position stands in the way,—hypocrites, I mean—will mislead



you. Every imaginable form of deception will be used to throw you off your guard. So if you suspect their presence. I would advise you to stick to your text until every doubt is removed from your mind that you were mistaken. Say nothing that would arouse suspicion, as you lessen your chance to accomplish the end desired. Observation stands at the head. One-half the cases will be recognized in this way. This power should be a gift of the physician above everything else. It comes to us largely from our education and from clinical experience. It also depends on our ability to take the case, together with a knowledge of human nature.

#### SYMPTOMS OF PSORA.

The miasm psora may in a great many cases be recognized by objective symptoms; the presence of anemia in the patient, if it is of a chronic nature. True bloodlessness usually has psora as a basis, though syphilis may be combined as a cause. Everything seems to go to extremes in these patients. They are either too large or too small in physique; too fleshy or too thin; too bright or too dull; too pink or too pale. They complain of their flesh being too hot or too cold. The children of psoric patients often develop prematurely. The girl is a woman or the boy becomes a man in physique long before they should. Again, the reverse may be the case. The teeth either come in groups of five or six or they come slowly, with fever and pain or with profuse salivation. Brain symptoms develop, summer complaint and gastric disturbances. They have abscesses in the ears or of the glands often before they are two months old. We may have *Tinea Capitis* and various kinds of eruptions or crusts, exuding badly smelling pus, appearing on the heads of these psoric babies. Their scalps have an unhealthy appearance; the hair is dry and lacks that oily or glossy appearance as in health—we often find it bleached out like tow, or it breaks or splits at the ends; there is an excessive accumulation of dandruff; the skin is dry, harsh and sensitive to atmospheric conditions; it chaps, cracks or bleeds easily; slight abrasions do not heal kindly. There is a strong tendency to pimply eruptions, with a great desire to scratch or rub the parts. Most psoric patients have poor reactive force, usually every inch in the process of a cure has

to be persistently fought for. Their circulation is slow and parts remote from the center of circulation are cold. They are usually better from warmth and worse from cold (just the reverse from our syphilitic patients). They do not recover promptly from acute diseases. Sequels are sure to follow or complications arise, or the child will take everything that comes within its reach. They seem to have no power to resist infectious or contagious diseases. They have burning of the hands and feet, or coldness as I have already mentioned. The hands and feet are prone to perspire, which may be either bland or irritating, or have offensive odor. Eruptions are prone to appear in the flexures or bends of the limbs. In alimentary tract we have a tendency to colic, with rumbling and excessive accumulation of flatus or belching of gas; all-gone sensations or burning in the stomach; chilly sensations anywhere in the body or flashes of heat; blushing of the cheeks, or palor; persistent neuralgias that come and go without any apparent cause; sleep is troubled with dreams and does not come until towards morning, or they would like to lie abed until mid-day. We have nausea or vomiting in pregnancy or the foetus moves violently, or the abdomen is tympanitic. The breasts enlarge and become tender or swollen at the menstrual period. The menstrual sphere is never right. The flow is, as a rule, dark and more or less clotted, with carrion-like odor. Mentally these patients are self willed, peevish, irritable, nervous, melancholy, sorrowful, despondent, despairing, down-hearted, unhopeful, despairing of recovery.

#### SYPHILIS.

The primary or tertiary forms are easily recognized and there is very little liability to error, but the constitutional form so much resembles psora that considerable skill and knowledge is required to discover its presence, especially in the presence of psora. Some of the more reliable of the objective symptoms are the presence of frequent occurrence of irritable ulcers in the mouth, either on the tongue, buccal cavity or gums. They are usually painful, resembling the pains of nitric acid, and are worse at night. They frequently come from errors in digestion, or in women at or after the men-

strual period. . A spongy condition of gums is found when there is no history of mercury in the family, or a receding of the gums from the teeth or they bleed easily. The teeth in children decay or become carious soon after they are through and when the permanent sets come they appear deformed, irregular, and often the incisors are serrated. In rheumatisms the pains and neuralgias of all kinds are worse by heat, better by cold, and are invariably worse at night, also worse in summer and better in winter—just the reverse to sycosis and psora; also worse by perspiring, which relieves the psora patient. Its action upon the lymphatic system is more profound than that of any of the miasms. Invariably the lymphatic glands are enlarged and are apt to supperate. Every winter, up to twenty years of age and often later, these patients have follicular tonsilitis or ulcerated patches on the pharynx and tonsils or chronic hypertrophy of the tonsils. They are apt to have marked redness of the conjunctiva, with bleforitis or falling out of the hair or of the eyebrows and lashes, or the cilia grow irregular, and the lids are often inverted or everted. Bald spots appear on the head or the hair is thin and straggly. Where the hair has entirely disappeared the skin is smooth and shiny. Chronic deafness follows supperations of the ear. The pus is profuse, bloody and foul smelling usually. We also find curvature or caries of the spine, exostosis, cartilaginous changes, nodules on the surface of the bones, especially on the tibia; hard kernels under the skin that are apt to supperate; destruction or ulceration of the septum of the nose. Eruptions take on the form of herpes, pustules, acnæ, macula or papules. Ulcers or cracks appear in the corners of the mouth and fissures in the median line of the lips. The eruptions appear in patches, usually of a herpetic nature, and lack the sensitiveness or soreness of the psoric eruptions, seldom itching. Their color is often brown or copper colored. Again we find hair lip, cleft palate, or destruction of the hard or soft palate by ulcerative processes, chronic asthma or aphonia that is always worse in the summer. The pains are usually bone or periosteal. They begin gradually in the evening and increase until after midnight.

## SYCOSIS.

Hahnemann has said seven-eighths of all chronic diseases arise from psora and the remaining one-eighth from syphilis and sycosis. This state of things was probably true during Hahnemann's day, but I think the majority of those homœopathic physicians who have made any study of the miasms during the last twenty or twenty-five years have fully decided that sycosis is the miasm most to be dreaded. It is a more specific poison than psora; more profound in its action upon the vital forces. Combined with psora it is a more formidable enemy to combat and vies with syphilis in its primary stages in its destructive action upon internal organs. It is the basis of some of the most dreaded diseases. Soft cancer of the uterus (*lupies exedens*) or of the rectum, ovarian diseases, ovaralgia, ovaritis, cystic degeneration of ovaries, tubular diseases, cystic salpingitis, metritis, parametritis, rheumatic deformens, gout, phlegmonous forms of erysipelas, peripheral gangrene, puerperal states and basilar inflammation of the brain have often a sycotic history. Mental diseases, moral insanity following suppressions, and Bright's disease of the kidneys are among some of the more common forms of diseases which have a sycotic origin. Then we have the cachexia peculiar to sycosis; the cholerosis or gonorrhœal cachexia, characterized by a peculiar, greasy, shining, greyish colored countenance. We have fig warts or warts of any kind and moles, also a smooth, red variety of warts found on any part of the body—little dark red velvety colored spots varying from the size of a mustard seed to a small button. You would scarcely suspect them to be warts. Again, we often find a little red spot on the cheek just below the eye. It is usually star shaped or has a number of angles. I have observed it more frequently under the right eye. Sometimes it will almost fade out and then brighten up again, never entirely disappearing. I have always found it to be pathognomonic. The skin of the face and forehead looks greasy or shiny. Acnea or pustules appear in young girls at or near the menstrual period. They are usually of a dark red color at the base, occasionally suppurating at the points; never itching as in psora, and the only sensation is that they are very sore and sensitive. The menses are, as a rule, never regular and

are generally profuse, dark, clotted more or less and accompanied by a fearful odor, often resembling decayed fish. They may or may not be irritating or excoriate the parts. Leucorrhœa which follows the menses is always acrid, producing puritis and accompanied with the same fishy odor, irritability of the ovaries or of the bladder; neuralgic pains shoot from one ovary to the other or from uterus to ovaries; uterine colic is quite prevalent in these cases: and this reminds me that children of sycotic parents have colic from the day they are born until they are three or four months old. Their urine scalds or excoriates them. The perineum often looks as if it were scalded or burnt from it, or if they have diarrhœa it excoriates or produces a redness about the anus. One peculiar thing about the mothers of these babies is their sterility after contracting sycosis from their husbands. They have one child then as a rule, never have another, and the history of their ill health dating from the birth of that child always leads me to look for sycosis as a cause of all their trouble. Psoric babies, when they are exposed to cold or drafts are prone to have croup, while sycotic ones have severe attacks of catarrhal bronchitis and later on in life asthma. Many a case of asthma have I cured, having a history of sycosis, with medorinum. The rectal symptoms are so characteristic that you cannot mistake the presence of this miasm. The proctitis is peculiar; the mucous membrane looks mottled or the inflammation seems in patches. We find a dark red patch then a lighter colored one. The vaginitis, urethritis and endometritis the same. The secretions from these surfaces is thin, watery and has the odor of fish brine or a pungent, carrion-like odor. It is so characteristic of one form of sycosis that those who have experienced it once never forget it. Any form of hemorrhoids may be present, but what is peculiar about them is the intense itching when the patient is lying down or is quiet. Nothing relieves it. I have known them to use injections of all kinds, suppositories of hydrastis, carbolic acid, opium—almost everything, with no relief. They are accompanied with oozing of that same thin, acrid, excoriating and badly smelling discharge; gleet discharges from or burning in the urethra; an inability to completely void the urine; it follows intermittently; chronic redness or swelling of the pupuce. The rheu-

matic pains that have a sycotic origin resemble the pains of Rhus so much that you will persistently give rhus, which only palliates. Rhus is a great anti-sycotic remedy but it will not cure these cases that are suppressed without the assistance of Medorinum or some other remedy. Sometimes the mental conditions will call your attention to sycosis. The patients will frequently tell that they have a disgust for life or that their disease or even their bodies are loathsome, and no matter how much they bathe their bodies have that offensive odor, easily recognized by themselves.

J. H. ALLEN.

LOGANSPOUT, IND.

#### ADDENDUM TO PROF. DR. G. JAEGER'S SOLUTION OF THE CHOLERA-ENIGMA.

EXTRACT FROM ALLZ. HOM ZEITUNG, VOL. 126, P. 42.

The factors of the cholera-disease are according to Pettenkofer the specific germ called X, the local disposition called Y, and the individual disposition called Z, but he failed to show their connection with the cholera-patient.

Koch produces the X by experimentation and ignores Y and Z.

Jaeger shows the connection between the three factors and puts the deleterious action of the germ into the self-poisoning of the organism.

A specific cholera-poison is not. The phenomena of poisoning in Asiatic cholera are produced by self-poisons as the consequence of fright, diarrhœa and chronically latent disposition.

With the external parasites the contagion proceeds from person to person, with the internal parasites especially the intestinal to which the cholera-bacillus belongs, the intercalation of a Y is necessary, *i. e.*, a place and a time in which the parasitic germ must regain its infectiousness.

Only the Y, a groundwater which is polluted by human excretions especially by diarrhœic evacuations is favorable to this regeneration of the cholera-germ, but with a difference. If the contents of sewers are too concentrated the cholera-bacilli are annihilated not only by the bacteria of putrefaction, but also by the too great concentration of food. Only the attenuation of human fœces favors the increase of cholera-bacilli. No plant can thrive in unmixed manure.

What is predicated of the polluted ground-water finds also its application to the aqueducts and wells.

Consequently the prime hygienic rule against cholera is: to prevent the intrusion of human fæces into the ground-water, the aqueducts and wells.

The purification and disinfection of objects soiled by cholera-evacuations, should never be executed in the wet way, but the dry way is quite safe, as the germs cannot live in the dry soil and air, but multiply in the wet if attenuated sufficiently to allow of it.

Koch's experimentation is of no practical value for prevention or treatment of cholera, because this artificial Y consisting of gelatine nutriment, cannot admit of a conclusion upon the natural Y consisting in polluted ground or well-water. This must make the art-bacilli different from the natural bacilli. The only natural nutriment of the cholera-bacillus is the diarrhœa-matter of man, either alone or mixed with the human fæcal matter, for the bacillus likes only these attenuated fæcal substances, but not the natural sound, intestinal evacuations.

This shows the fallacy of the bacteriologists who say, because they can breed the cholera-bacillus in an artificial nutrimentous fluid, the diarrhœa-matter is of no consequence, and hence all their science and bacteriological knowledge is a castle in the air.

Therefore, the pivot of all practical measures against cholera is the question. How can this band which connects the three factors, X, Y and Z be destroyed, first in Y and then in Z?

In answer to this question Pettenkofer's and Jaeger's practical experience causes Jaeger to give this practical advice:

1. Keep your dwelling place, especially where the ground is porous and contains ground-water, as also your drinking and other water, free from fæcal matter.

2. Keep your body free from self-poisons of fæcal origin by shielding the dwelling place from fæcal, especially diarrhœic exhalations, by wearing clothing which does not attract and retain fæcal exhalations. (Jaeger's woolen system.)

Fiat applicatio.

B. FINCKE.

**GONORRHŒA AND STERILITY.\***

BY MOSES T. RUNNELS, M. D., KANSAS CITY, MO.

Not a great deal has been said in medical literature regarding sterility, especially in its relation to gonorrhœa. The more occult causes of sterility are not understood. It has been demonstrated that stenosis of the cervix and anteflexion constitute but a small proportion of the causes. In some women the pelvic organs are not properly developed and the ovaries are at fault. The cause may be the premature establishment of the menopause with gradual atrophy of the pelvic organs, or a displacement of the uterus, or some malformation, or vaginismus, or artresia vaginæ, or dysmenorrhœa, or disease preventing the production of a healthy ovule, or a hidden defect of some kind.

In only a little more than half the cases is it possible to determine with certainty the true cause of infecundity. In a large per cent of the cases we can only say that a certain cause is probable and in a less number of cases we can merely point to a suspicion. "In unfruitful marriages, one woman in fifteen is sterile and one man in six is disabled from azoöspemia, the result of 'early indiscretions.'" (Coe.) Instead of accusing the wife of barrenness, it is advisable to examine the husband's semen for azoösperms. In men who have had double epididymitis the probabilities are that they are incapable of generation; and in all obscure cases of so-called sterility in the wife, the husband should be examined for the remote consequences of latent gonorrhœa. Perhaps a stricture of the urethra has been the cause of all the trouble. Gonorrhœa is continually losing its indifferent character, or so-called benignity. While there has been considerable dispute in regard to the frequency of gonorrhœa and sterility among women, it will be well for those in search of facts to study more carefully the sequelæ of gonorrhœa in men.

Since Dr. Noeggerath in 1873 published a remarkable paper on "Latent Gonorrhœa in the Female Sex," all wide awake gynecologists have quietly been carrying on investigations by personal observation. The writer of that paper

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\* Read before the seventeenth annual session of the Missouri Institute of Homeopathy, at Kansas City, Mo., April 18, 1896.



stated that "although apparently cured, gonorrhœa may exist both in male and female an entire life time in the latent form, which may at any moment burst forth into acute gonorrhœal inflammation or excite serious uterine or peri-uterine inflammation."

Drs. Thomas and Mundé say concerning the views of Noeggerath. "Were they true indeed, it appears to us that a healthy woman would be a rare exception to a very general rule. We have failed to get evidence of their truth."

It is admitted by good authorities that gonorrhœa plays an important part in the etiology of sterility, but Martin has over-stated the facts when he says that sterility of young women is due in the majority of cases to gonorrhœa. Muller, of Berne, dissents as follows: "Still less near the truth is that well known assertion of Noeggerath, according to which 90 per cent of all cases of sterility are traceable to gonorrhœa. It is apparent here that opinion has taken precedence of cool, impartial observation."

According to pathogenesis all inflammations of the uterus are due to microbes of an infectious origin. The penetration of noxious agents from the exterior into the uterus receives special attention nowadays. Vaginitis and cervical catarrh of recent, or remote origin are usually present in cases of metritis, or the vagina may be in normal condition, showing that it has never been infected, or has recovered while the uterus remains diseased. Gonorrhœal infections may cause acute, or chronic endometritis.

Steinschneider has demonstrated that the gonococcus can be found in the cervix or body of the uterus after it has disappeared from the urethra. The mucous membrane of the cervix and body is better fitted for its culture than that of the vagina, on account of the squamous epithelium and the acidity of the secretions of the latter. It is pretty generally conceded by the best pathologists that inflammation of the fallopian tubes is sometimes due to gonorrhœal infection. Inoculated with the gonorrhœal virus from some male having an old gonorrhœa, neglected and considered incurable, a newly married woman may have a slight endometritis and an intense catarrhal salpingitis, resulting later on in abortion, invalidism and sterility. The severity of the attack may be increased

by sudden suppuration of the tubes, which become encysted, or extends to the pelvis. However, the chief cause of inflammation of the appendages is puerperal infection following labor, and especially abortion under septic conditions. Women who contract gonorrhœa during pregnancy have mixed infection and, in some cases, metro-salpingitis after parturition.

It is not to be expected that the fallopian tubes will return to their normal condition, after a gonorrhœal inflammation, but the catarrhal condition, may subside without serious consequences. In many cases of catarrhal salpingitis resulting from gonorrhœa the germs of the disease can never be wholly eliminated, and sterility naturally follows.

“From time to time new drops of virulent pus escape through the abdominal end of the tube, or the microbes penetrate through the tube walls, in either case setting up a new attack of perimetritis until the tubes are firmly attached to the ovaries, forming a mass of inflammatory tissue, which entirely interferes with the normal functions of the parts.” (Asch.)

Those who have made post mortem examinations on a great many women, report that in the bodies of those whose uteri are perfectly normal as far as can be ascertained, there are often found circumscribed adhesions around the ovaries and tubes, and constriction and occlusion of the latter, which are sufficient to prevent the passage of the ova into the uterus and therefore cause incurable sterility. Gonorrhœal infection may produce stenosis of the cervix uteri and lead to sterility. Gynecologists go on dilating for stenosis and cervical endometritis with the hope that impregnation will follow. In marked anteflexion and stenosis, in which dysmenorrhœa, as well as sterility, is a prominent symptom, I believe in dilatation of the cervix, but I do not advocate the operation in moderate anteflexion for the cure of sterility. Operations of the latter kind are purely empirical and should not be made until the husbands of the so-called barren wives have been thoroughly examined. A moderate degree of anteflexion with a small os-externum is not always a bar to conception, as spermatozoa may enter the uterus through a very narrow channel.

Drs. Lier and Ascher, of Hamburg, report from the Clinic of Prochownick the results of the treatment of 2,500 patients suffering from various diseases; 227 were wholly sterile, and not married less than one and one-half years, and not over forty years of age. In this number the husband was sterile in 132 cases—79 due to gonorrhœa and 53 to azoöspemia and impotence. There were also 197 cases of acquired sterility, the man being to blame in two cases from azoöspemia, and in 35 from gonorrhœal infection. The male was at fault in 40 per cent of 424 cases; in 55 from azoöspemia and impotence, and in 114 from gonorrhœal infection.

This investigation teaches us that it is very important, in cases of sterility, to examine the seminal fluid of the husband, and find out his previous history as to gonorrhœa, which he has either forgotten or does not care to recall.

Concerning the above cases they say: "Severe gonorrhœa left obstacles to conception in 114 cases; in these conception followed in but four cases; in 27 cases the sterility was traced back to puerperal inflammation; of these only four conceived afterward. The proportion of cures in cases of gonorrhœal origin is so small as to be almost disheartening, only  $3\frac{1}{2}$  per cent.

As a contrast to this, in 223 cases of sterility due to other causes than severe infections, 51 cases, or 23 per cent, recovered. The total number of recoveries in 376 women was 59, or 15.7 per cent. Of 195 cases in which the impediment was in the woman, 49 conceived or 25.2 per cent; and in 168 in which the husband was to blame, only 10 conceived, or 6 per cent.

These figures emphasize afresh the possible bad results which gonorrhœa in the male may entail, and show in a strong light the intimate connection between gonorrhœa and sterility.

It is said that flexions of the uterus cause sterility. This is only because they indicate that the endometrium is in an unhealthy condition. The greatest factor of sterility is endometritis, which includes endocervicitis; one leads to the other. The discharge which is secreted so abundantly in endometritis consists of a muco-purulent fluid of an acrid nature and so irritating that its passage over the vaginal portion of the

cervix gives rise to erosion. The effects of its acidity destroy spermatozoa when they come in contact with it. If the endometrium is restored to a healthy condition by judicious treatment, the most powerful as well as the most frequent barrier to conception will have been removed. I have known women who have been the victims of gonorrhœal endometritis to bear children after that was removed.

“After a thorough curetting of the uterus—the mucous membrane of which has been destroyed by an endometritis—after thorough removal of this membrane, we know that it reforms and a certain proportion of the women conceive.” (Grandin.)

Catarrhal inflammation of the fallopian tubes can be cured by this free drainage, when the tubes are pervious—when there is pus collection in the tubes, the case is well nigh hopelessly sterile. Perfect drainage of the uterine canal is of the utmost importance in all diseases of the endometrium and tubes. Abdominal section is indicated in those cases of pyosalpinx which do not respond to treatment, the tubes being occluded and beyond reach in the vagina and rupture of them is threatened by their distension. Some of the best operators are now treating pus collections in the tubes by free incision through the vagina, and subsequent drainage, and say that this method, when practicable, gives the patient the best chance.

“In the septic cases of salpingitis with their so-called ‘pus tubes’ I think it unsafe and unwise to class more than a small portion under the head of gonorrhœal infection. Non-septic or as they might be termed traumatic cases of salpingitis will, in the vast majority of cases, yield readily to treatment and sexual rest.” (Taylor.)

Congestion of the uterus tubes and ovaries is often met with in women recently married and in prostitutes, as a result of excessive sexual indulgence, and not of gonorrhœa. Enlargement and tenderness of tubes and ovaries is discovered on examination. Sexual rest and homœopathic treatment will cure the great majority of cases. The tendency to attribute to gonorrhœal infection what does not belong to it, seems to be on the increase, but the day is not distant when morbid processes of the uterus and fallopian tubes will be better understood.

Bantock says, "I must insist on a more rigid adherence to the teaching of facts actually observed. It is a strange fact that I have never seen a case in which I could obtain incontestable confirmatory evidence that a case of salpingitis, pyosalpinx, ovaritis, or ovarian abscess was of gonorrhœal origin."

Homœopathic physicians do not experience so much trouble in treatment of gonorrhœa as allopathic physicians, and their cases are not so often followed by such serious consequences. The attention of the allopathic physician is invited to what Hahnemann said: "It is only through homœopathy that Providence has vouchsafed to us the means of curing natural diseases; but not those chronic, external and internal lesions and deformities, wantonly forced upon the human organism by unskillful treatment and pernicious medicines. Nevertheless, if proper measures are directed against the chronic miasm, perhaps lurking in the system, the vital force might still be made to undo much of the mischief, provided it had not been weakened by treatment to such an extent as to prevent it from being undisturbed for a sufficient number of years, required for the accomplishment of the enormous task. The art of healing is not, and never will be perfected so far as to enable us to rectify the countless ill effects so often observable after allopathic treatment of the sick."

So it has been invariably in the cases of gonorrhœa and sterility which I have taken from allopathic hands. The average old school doctor is always too heroic in the management of his gonorrhœal cases, and undoubtedly does more harm than good. If each case is left wholly to nature and pure homœopathy, we shall hear less about the sequelæ of gonorrhœa.

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## OBITUARY.

GEORGE ALEXANDER HALL, M. D., of Chicago, Professor of Surgery in the Hahnemann Medical College, and for many years one of the most conspicuous figures in the homœopathic profession, died at his residence in this city on the fourth day of April, in the fifty-eighth year of his age. Those who have seen Professor Hall within a year will not be surprised to learn that his pale, shattered frame has at last been pronounced uninhabitable by the energetic and masterful spirit that dominated it so long and so steadfastly. For years indeed, he has been very near to the brink of the grave, and a slight breeze was all that was needed to end his days. Overwork, long, persistent study, too many drafts upon energies almost exhausted, and a nearly systematic robbing of nature of her rights, tell the whole story.

Professor Hall was one of the most amiable and lovable of men; active, thoughtful, and persistent in professional works, a genial friend, a powerful leader, almost incomparable as a teacher, and one whose personal magnetism was well nigh irresistible. He was not fitted either by nature or by training for the work of close, careful prescribing, and did not pretend to be, but in his chosen field of surgery he ranked among the first operators of the world. There was something charming in his way of conducting surgical work, something inexpressibly reassuring in his manner, and many the students who will mourn that his days of operating are past.

The death of Professor Hall reminds us again, and with tremendous emphasis, that the old guard of Chicago and the northwest is almost a thing of memory. Smith, Small, Shipman, Danforth, Ballard, Beebe, and Hall have joined the majority. The list is almost complete. Who next?

To the bereaved family of Professor Hall, and to the faculty of the Hahnemann Medical College, by whom he will be sorely missed, and to his friends and admirers, who are found wherever civilized life is known, we extend our earnest and cordial sympathy.

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# THE CLINIC.

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## A CLINICAL EXPERIENCE WITH MERCURIUS.

A norther came up in the night, sudden change from warm to cold. Last upper molar on right side commenced to ache and kept it up with pertinacity. The tooth had been recently filled and had been sensitive ever since. A small abscess formed on the outer portion of the gum opposite the tooth, filled with pus. This I had pricked after which the tooth was much relieved, but the aching did not subside entirely.

In the meantime the pain spread to the autrum, which became quite tender to the touch, and to the ethmoid and turbinated bones. Every few minutes there would be a slight yellow, thin, slimy, offensive discharge from the right nostril.

The pain extended to the eyeball and forehead and later the whole right side of the head and neck. The pain in the cheek and side of the nose I could stand though unpleasant, but the pain in forehead and especially the frontal protuberance was beastly. At times it was boring like some one trying to trephine my cranium, and then like a pressure with a very hard button deep in. The pains were relieved in no position nor by anything I could do. They were so much aggravated by lying down that I did all my *trying to sleep* for three nights sitting in a chair. Immediately < after eating or drinking anything but water. I had fever during the whole attack, with chilliness which was > by sitting by the fire, but the heat would soon make me faint and < the pains when I had to seek cooler quarters. Pains also > by pressure with the hand, which, after three or four days became monotonous. Relieved in open air, and when severest, great restlessness and anguish, had to get up and walk and hold my head. Blowing my nose almost split my cheek open and made the top of head feel like it was coming off. During the whole attack my stomach was very much disordered. At meal time I was hungry and food tasted good, but a little

filled me up so much that I was obliged to loosen my waist band. Within five minutes after I had ceased eating I would commence to regurgitate the food which later ended in vomiting, first, the liquid and later liquid and solid food mixed together. The vomited matter was sour and bitter, setting my teeth on edge. The vomiting would continue until my stomach was entirely empty. I had no passage from my bowels for eight days, nor the least inclination for one.

Mental exertion or thought so < my headache that I could not do very much studying on my own case, or rather I did not have the inclination. I wanted to be let alone and not speak nor be spoken to. For one time in my life it made me angry to be called to see even a good paying patient. On account of the anguish, restlessness, severity of the pain and vomiting so soon after eating I first tried Arsenicum, then Bell. then Nux V., then because my saliva was so stringy, Kalibich. On the fifth day the pain was no better, stomach still in the same condition and sore, I had expectorated considerably through the whole attack when I vomited, but supposed this was an accompaniment of the nausea and vomiting. Now a real pyrosis set in. In three hours I spit more saliva than I ever did in three weeks before. When I would look at my tongue the saliva actually run in streams toward the tip, sitting by an open grate I spat into the fire (I had the room all to myself) and what saliva touched the grate-bars would string out more than a foot until it reached the ash-pan beneath. Breath offensive, tongue thickly coated yellow at the base, discharge from right nostril came a dessert spoonful at a time, thick golden yellow pus, smelled like it was rotten. Two doses of Merc-viv. cm. swn. settled the whole trouble; headache, faceache, toothache, noseache, eyeache, neckache, backache, legache, alloverache, nausea, vomiting, salivation and all. In three days the discharge ceased, and I was well and felt like a fighting cock acts.

We all know what an abscess of the autrum means under the treatment of our friends the enemy. First pull a tooth, a decayed one if convenient, if none decayed then a sound one, then bore and gouge a hole into the autrum, then douchings for the nose and carbolated flushings for the autrum for



six weeks. This was the experience of my next door neighbor whose case was no worse than mine, cured with two doses of Mercurius. Why did I not take the Mercurius at first? Because I was not able to study my own case. Who of my readers would have thought of it before the pyrosis? Headache < lying down, in warm room, by jar or percussion (had to step carefully, blowing the nose, > in open air, by pressure, walking slowly about, vomiting fluids as soon as warm in stomach. How many of these conditions and symptoms do we find prominently under Mercurius, and yet Mercurius was the simillimum.

H. C. MORROW.

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CASE 33.—Mrs. N.—aged thirty-three, dark complexion, medium height, neither fleshy nor lean, gave me the following history in July, 1892.

Has had four children, the youngest three years ago. Since then, has been to Hot Springs, Arkansas, and has taken medicine and local treatment of the family "regular" physician.

Memory weak, melancholy, cries easily. Fears she will lose her mind. Fears permanent loss of health. Fears she will not live to see her children grown. At times tired of life. Easily tired from mental or physical effort, causing weary feeling of head, uterine and ovarian regions; bearing down sensation. Eyes soon tire from reading and sewing.

Test has proven the patient to be myopic and astigmatic.

Menses always a few days later and scanty.

Pain, moderate, precedes flow, continuing first day of flow. Menses continue from one to two days, at first bright red, later, color dark, always followed in a week by a menstrual show, for a few hours scanty.

At menstrual time, has bloated, bearing down feelings. Lying down and press abdomen upward relieves, uterine region sensitive to touch.

Dampness of feet or taking cold aggravates ovarian and uterine distress.

After a buggy ride, urinating is difficult as though "passage was obstructed."

Sensitive to cold air, chilly at menstrual period.

Leucorrhœa following the menses, whitish, free, thinks would be acrid but for daily injections of hot water.

"Pimply" eruptions on chin and forehead a few days before menses.

Scaly spots on ears, slight rawness behind ears, rough spot on back of neck.

No desire for sexual congress. The act is rather painful.

Seasick from riding in railway coaches and in a boat.

Can't eat fat food.

Liable to have sour stomach, gas, heart burn, nausea.

Unpleasant taste, A. M.

Craves sour "things."

Nasal catarrh, blows from nostrils globules of mucus.

Mucus drops into the throat.

Bowels rather sluggish, usually has stool daily.

Generally feels better out doors.

July 20. Sulph. 1m., three doses, six hours apart, placebo.

Aug. 15. Sulph. 1m., one dose a day, two days, placebo.

Sept. 5. Continue placebo.

Sept. 12. Reports pain of head from mental application and on using the eyes for near work. Menses came Sept. the 8th, continued a day and a half, rather freer and better color. Puls. 30, every a. m., ten days.

Oct. 2. Puls. 200, one dose.

Oct. 9. Menses scanty. Less eruption of face.

Oct. 13. Pul. cm. one dose.

Nov. 10. General condition improved. Less mental depression. Catarrhal symptoms better. Menses delayed. Pul. 200, 1 dose, to be followed by Sul. cm. on cessation of next menses.

Menses in November as usual, with slight return in a week.

Nov. 30. Pul. cm. 1 dose. Menses came Dec. 10th one day short of four weeks, continued three days. Dizzy on stooping, coming from cold air to warm and when near a hot stove.

Dec. 15. Placebo.

Menses in January painless, scanty, one day. Eruption on chin and breast. Menstrual stains difficult to wash out.

Jan. 12. Graph. 200, four doses, a dose every other a. m.

Feb. 21. Menses one week, late this month, preceded by

pain, eruption on chin and aggravation of scaly spots. Graph. 50m. 1 dose.

March menses much the same, slight return in a week.

Latter part of March and part of April had severe "cold" and cough for which a few doses of Bryo. 30 and 200 were given.

Present condition of patient much the same as at time of first prescription.

I shall be thankful for criticism and suggestions.

The following case I present by way of contrast.

CASE 34.—Mrs. H.—aged 45, blonde, mild disposition.

Has had "cramps" of stomach for nine years, paroxysms recurring every few days to several in twenty-four hours.

Pain starting a little to the right of epigastrium extending up the right side and to the back. The pain of great severity.

Stomach distended with gas. If she can "belch" and vomit, feels better.

Always has nausea, but does not always vomit during a paroxysm.

Pain extends down right leg which becomes numb and helpless. Feet cold.

Tingling sensation all over, even the tongue.

Choking sensation as if it came from right side and right axilla.

Weight-like feeling in back and side. Pulling sensation. The pain comes two or three hours after meals. Worse toward night.

Feel weak after a paroxysm, back lame, sleepy.

Very hungry after an attack. Bowels inactive. Takes pills occasionally.

Bitter taste a. m. Tongue dry, but thirstless.

Urine "heavy" and burning. Occasionally urination very painful with great urgency. Whitish sediment.

Menses were a little tardy and scanty.

Jan. 17. Puls. 30 every morning for one week.

Jan. 30. Patient writes: "After taking powders two or three days, felt very bad. My right limb, (leg) swelled and was very painful. It is better now. Have had symptoms

of pain in stomach, but it wore off. Urine has had brick-dust sediment. I think I feel some better."

Feb. 1. Pul. 200, 3 powders, one every fourth day.

Feb. 17. Patient writes:

"I am feeling better. Last week had afternoon headache three days, making me feel badly all over, and pain in right breast, which hurt me to breathe. Have had no pain in stomach since I wrote last. Have sour stomach. My right leg does not hurt me anymore. I know I feel stronger."

Feb. 22. Pul. 6, every other day for two weeks.

March 16. Patient reports by letter: "I am feeling quite well except a cold. I am better than I have been for years. I sleep well now, and am gaining flesh."

March 18. Sent Pul. cm. one dose to be taken in twelve days.

April 19. Patient writes:

"I am quite well. Stomach doesn't bother me one bit."

DODGE CITY, KANSAS.

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[For the Missouri Institute of Homœopathy.]

### "THE IMAGE"—NUX VOMICA AND CALEAREA.

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Throughout his writings Hahnemann dwells upon the image or the picture of sick phenomena; and the whole art of healing consists in applying the drug image to the sick image. The mere memorizer of symptoms is of no more practical value to the world of sick people than the man who finds in a diagnosis the end of human endeavor. Neither is of much account and neither can lay claim to the title of physician.

The various remedies of our *Materia Medica*, when proved upon the natural vital force, disturb that force in such manner as to produce certain results, objective and subjective, which, taken separately or singly, mean practically nothing, whereas the aggregate reveals a picture of varying shades and lines, but are always recognized by the true student of the healing art with more or less distinctness. Exposure to a cold, damp wind disturbs the economy more or less violently, and draws a picture corresponding in energy, violence, and general make-up to some one of our remedies. If the onset is violent and threatens to overwhelm the organism, one

image presents itself; if the trouble comes on more slowly, with more soreness than fever, or more prostration than either, the picture before us is compared with our knowledge of the *Materia Medica* and the *similimum* is found.

I make no apology for thus restating some sound Homœopathic doctrine, for in these days of fads and funerals, when intellectual greatness seems to be judged by the brazen impudence of ignorance, which cloaks itself as of old in the garb of something nobler and truer, and is generally called "progressive thought," it is always in order to talk a little Homœopathy for the benefit of the young and for the encouragement of the faint-hearted.

In September, 1892, Mr. H—, aged 42, presented himself to me and asked me if I could cure asthma. I replied that I had long since given up treating diseases, and now made an exclusive specialty of curing sick people. My position appeared to satisfy him and I took this picture, briefly transcribed from my notes:

"Mr. H— appears ten years older than he is; he has always been a fine liver, but never a dissipated man or even a moderate drinker. Ten years ago he had pneumonia, of which he was promptly cured by massive doses of crude drugs. The disease was 'squelched,' as the patient says, in very short order, and since that time he has had asthma very severely. The attacks grow worse from year to year, and now amount to a state of almost chronic invalidism. Mr. H— has tried in vain every lung specialist of note in the country, and he says himself that he has taken nearly all the drugs in the *Materia Medica*. His bowels are alternately constipated and loose. During a spell of asthma he cannot endure the least touch or disturbance of any kind; if his feet, or his hands, or the bed-clothing are disturbed the paroxysm is aggravated beyond endurance. As a general thing, the patient is worse in the forenoons; his head feels worse then, although his asthmatic attacks are always worse after dinner in the evening. He is a man of superb physical and mental proportions and his vitality is very high. He is a man of sedentary habits, had hemorrhoids years ago. Mr. H— thinks that he does not get enough physical exercise; he feels that he suffers from too great mental and too little bodily exertion.

“ This patient was given a dose of *Nux vomica*, Skinner’s C. M. potency, and was supplied with abundant quantities of sugar of milk. The dose was followed by a tremendous aggravation which lasted many hours, but for the next month improvement was rapid and satisfactory. At the end of the fifth week, the patient no longer getting better, *Nux vomica* was repeated in the same potency, and this time his pneumonic symptoms, pains in the chest, bloody sputum, etc., returned in very mild form, and from that time until the 14th day of April, 1893, his condition has been perfect. A deep cold was accompanied by slight asthmatic disturbance, but it was nothing in comparison with his old condition. Instead of being cross and peevish, he was lively and jovial and bore his troubles with a smile of satisfaction.”

I do not believe that Mr. H—— will ever be entirely free from occasional attacks of asthma; the suppressed pneumonia was confined too long not to leave some traces indelibly stamped upon his constitution. But, comparing his condition with what it was when he received a homœopathic prescription, there is the greatest possible difference. It may be stated, in conclusion, that, before coming under Hahnemannian treatment, he had tried in vain every climate and every nostrum of all systems, without the shadow of benefit.

Last Autumn my daughter Helen, then aged 16 months, contracted whooping cough. It began violently and became alarming within a few days. I was foolish enough to undertake the case myself, and, of course, made a failure of it. Two prescriptions were made without substantial benefit, when my friend Dr. William M. Johnson, of Chicago, was called in to take the case. When Dr. Johnson arrived the child was asleep, and he took a seat near her carriage. In a few moments she awoke, her head wet from heavy perspiration, and her gums irritable from slow dentition. Dr. J. gave me a merited scolding for my stupid blunders, and inquired:

“ Don’t you see that picture? Where are your eyes and your senses? Look at that head; see the heavy sweat; look at those inflamed gums, and smell this bib where she has ejected some milk!”

A dose of *Calcarea carbonica* marked a revelation within a

few hours, and never thereafter did the child have a single violent paroxysm and rarely more than one or two coughing spells a day. I had failed to see the picture before my eyes and consequently did not cure my patient.

One morning not long ago a professional friend sent for me to come and perform tracheotomy upon a child suffering from œdema of the pharynx and glottis. I hurriedly gathered my tubes and knives and soon arrived at the home of Mr. K., 6729 Lafayette avenue, Englewood, where I found a child of nine months being held in its mother's arms in the upright position, it being explained that any attempt to lay it down was sure to be followed by an attack of suffocation. The baby had been sick from scarlet fever some weeks before and sloughing of the cervical glands had followed it. The application of a camphor poultice to the running glands may have produced the œdema, but as to this I am by no means competent to speak.

The parents were clamoring for an operation, and were in any case almost hopeless as to the child's recovery. The night previous apis had been given with some benefit, but at the hour of my call (8 a. m.) the case was worse than it had been for the three days, during which time it had been impossible for it to lie down or to sleep. The profuse sweat about the head and neck, the pale, scrofulous appearance, the protuberant abdomen, the non-appearance of the teeth, the general appearance of mal-nutrition, and the pulsating fontanelles left no doubt as to the selection of the remedy. I declined to operate and gave a dose of *Calcarea carbonica* C. M., Skinner's potency, and in half an hour the little sufferer was quietly asleep. This sleep, which resembled coma in its profound depth, lasted for many hours, during which a warm perspiration appeared, and a rapid and enduring cure resulted. My friend who had called me, declared that he had never witnessed a more magnificent demonstration of the Law of Cure.

On Union avenue, near 44th street, resides a Mr. W., who has two little girls, aged respectively three years and six months. The older one was taken ill with diphtheria—a mild case so far as local appearances are concerned. The odor of the breath was sickening and penetrating. The ton-

sils were not much swollen, nor indeed were the changes of the pharynx at all marked. The constitutional symptoms, however, were pronounced—intense prostration, inertia of mind and body, constipation, urine scanty and foul smelling. The asseaus development of the child was poor and her appearance left no doubt of mal-nutrition. The head sweats were profuse and long lasting. One could hardly believe that sweat could produce such extensive saturation. Calcareo cured the child, not rapidly, but quite slowly, and her constitutional improvement has since been such as to cause much surprise. In fact, her mother observed that the little girl seemed to get better and better every week.

I have taken pains to indicate the location of my patients, and will cheerfully furnish their full names, for the reason that a distinguished writer not long ago went out of his way to throw discredit upon the clinical reports of those who use single remedies, prescribed according to the only rule of practice that has survived a lifetime, and in the high potencies. I may go further and remind Dr. Dudgeon and all his imitators, great and small, that his sneers nor theirs have the least weight in the settlement of scientific truths. The names that live in Homœopathy are those of Hahnemann, Hering, Dunham, Lippe and Guernsey, and there is not a single one of their detractors whose writings will outlive a generation. Let the enemy of Hahnemann or the man who purposely perverts his teachings do his worst while he lives, for he may be sure that posterity will hear nothing of his name or his detractions. Dunham's and Hering's names live because their works and their writings were instinct with truth and life. Hahnemann knew more, and had more experience, and was a keener philosopher than any milk and water Homœopath alive or dead; and Hahnemann's name lives because he knew the truth and spoke it. I say this in no spirit of unkindness, but my patience is threadbare with those who achieve a little vainglory by spurts of skepticism here and there and who write volumes doomed to merited oblivion. It is precisely in accord with the iron rule of history that of the thousands who have lived and written in medicine only a few should survive, and of these exclude the single remedy, high potency prescribers and where is Homœopathy? It is no settlement of



the question to say that the low potencies cure and cure when alternated. Perhaps they do; but I ask in all candor and kindness, Have you tried Hahnemann's method, and if so, does it not cure more sick people than the other?

I believe that it is always best to use remedies in which a dynamic force, corresponding to the dynamic force of man, has been developed. Once I cured a moderately severe case of dysentery with the third potency of Mercurious Carrosives in repeated doses in about three days. My old friend, Dr. Albert S. Dabney, of Detroit, may tell if he will what a single dose of c. m. did for him, given under protest and against his pronounced prejudice.

Truth lives, not because Hahnemann, or Isaac Newton, or William Harvey, or Ephraim McDauree discovered it, but because truth is as unimitable as life itself. Hahnemann observed certain facts, made a record of them, and invited the world to try them and publish the failures. The present trouble is that men try something in which there is no truth and blame Hahnemann with their own failures. Not long since a pretended homœopath bitterly denounced the homœopathic treatment of diphtheria as a failure, when the actual truth is he never treated a case of anything homœopathically in his life. I might remind this faint-hearted brother of two cases of diphtheria occurring in one family, one of which cases he lost by treating it allopathically, even calling allopathic practitioners in consultation under the absurd assumption that Homœopathy had been tried, and the other and more serious case which the late Dr. William S. Gee cured quickly and permanently by homœopathic methods.

I plead for a more thorough study of Homœopathic Philosophy, a closer application of the principles that have guided us in the cure of millions, an unflinching spirit of investigation and ready acceptance of truth as revealed by scientific demonstration. Above all, I plead for a spirit of toleration and a broader charity in our professional work. Some are weak and faint-hearted, and these we should encourage; some are timid and cowardly, and to these we should show where true strength lies; some are ignorant, and these we should teach the better way; some are so constituted that they never can make physicians, and over these and their patients-

we should throw a cloak of pity and invoke the merciful consideration of Almighty God.

COLUMBUS MEMORIAL BUILDING, April, 1893.

### THE HEALING PROCESS IS POSITIVE.

Remarks on an Article of Dr. von Villers on Diphtheritis in *Zeitschrift des Berliner Vereines Homœopathischer Aerzte*, Vol. II, p. 351.

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The concepts of similitude and equality always premise an identity.—*Lambert*.

Contraries are not identical.—*Herbart*.

Most physicians are more or less busy practitioners, more intent upon accomplishing real healings by art, than upon trying to point them out philosophically. Homœopathy to them is an empirical science which has much less need of philosophical principles than of safe methods which secure a successful result. This is well enough, but every empirical science is capable of further scientific development, which alone can afford to her the proper status in the republic of sciences. Hence it deserves the highest praise if physicians in active practice take pains to carry on that development.

Such an effort is the very meritorious essay of Dr. von Villers on Diphtheritis, in which he touches upon the homœopathic principle which he already has recognized in a former pamphlet (*Plujsik des negativen Kunstleit Processes*, Leipsig Fleischer, 1869) in the negativity of the healing process by art. The ideas propounded in these essays have given rise to the following remarks.

The exposition of Hahnemann's views concerning the cure is not given quite correctly. Dr. von Villers says (Vol. II, p. 39):

“Hahnemann namely wills that the infinitesimal dose of the remedy produces in the diseased organs a second artificial disease, which owing to its greater strength dislodges the natural disease, and then on account of the minuteness of the dose, can be easily overcome by the life-force.” But Hahnemann says simply (*Organon*, 5th ed., § 25): “Experience teaches that that medicine which can show in its action upon the healthy the most similar symptoms to be found in the given case, also is able in properly potentiated doses, to con-

vert the whole present disease into health. (§§ 29–34.) The cure proceeds by substitution of the artificial to the natural disease, inasmuch as both states neutralize each other—as two equal numbers subtracted from one another do not leave a remainder—and health returns after cessation of the medicinal action on account of the insignificance of the dose.

Dr. von Villers mentions only diseased organs, as e. g. in dysentery the large intestine is affected, but Hahnemann speaks of the whole organism, the life-force of which is changed, disturbed, distuned, and this makes a great difference. In the Hahnemannian cure by art we have not only to deal with the diseased organ, but with the whole organism. Or else our medicines would have to be administered to the diseased organ locally, a proceeding which we blame in our opponents. If the dysentery prevails epidemically and man is effected and presents itself for healing, we do apply the medicine not per anus upon the large intestine, but we give him a few pellets of Corrosive Sublimate,—if homœopathic—in potency upon the tongue. How is it possible to explain the medicinal action otherwise than Hahnemann has done? Dr. von Villers himself says, that man gets a sort of dysentery from Corrosive Sublimate, this is its legitimate and distinct action, in other words, the change which the life-force after taking Corrosive Sublimate, in palpable dose, is undergoing, and, for its own self-preservation forces it to get rid of the noxious action by the affection of the large intestine. The large intestine is the diseased organ, but this pathogenesis is only the localization by the life-force which is disturbed in its normal course of oscillatory equilibrium. And this pathogenesis has only a significance as long as man lives; if he is dead the medicine will not act, produces no dysentery. The presence of the life-force alone makes the sickening of the organ possible. But before this localization of the disease takes place, the life-force already has been affected, and the consequences of this invisible pathogenesis are the symptoms of the artificial dysentery-symptoms. These only indicate the direction in which the life-force has been affected by the Corrosive Sublimate. Just so it is with the epidemic dysentery. But the kind of attack of the noxe is different. There, we had to deal with a known palpable substance, here the

cause is owing to imperceptible influences, indigestion, changes of weather, atmospheric potencies, a combination of agencies which originate from variations of the necessary conditions of health. However, not everybody is so affected, but only those in whom the perturbation of the life-force can take just that direction in producing the dysentary-symptoms. Other people get sick otherwise. In infectious diseases, e. g. in small-pox, the difference in the kind of attack is still more striking, since the noxe escapes physical observation altogether, and only the eruption of the symptoms can give the information whence they originated. And how will Dr. von Villers explain the action of a minutular potency,\* if he expects that it should affect the sick organs directly and immediately? How should this happen? The remedy is given in a minutular condition, and taken up by the peripheral nerve-terminations which conduct the impression to the regulating nerve-centres from which the healing action proceeds to the symptom-districts. It is not thinkable, that in this form of susception it could act directly upon the diseased organs, nor could another form be imagined.

Therefore, we have necessarily before any organ can become diseased, the same instance to appeal to in both cases, traumatic and toxic noxes excepted, viz.: the life-force, as Hahnemann has called it. That modern natural science has rejected this concept of unity of action of the whole organism of man, can indeed not trouble us, for what have we to do with natural science except to avail ourselves of her acquirements for our own purpose of healing? Our object is to develop the *Science of Healing*, and this science, though deriving the remedies from Nature, is entirely depending upon her own experience and experiments. Though Alexander von Humboldt in his earlier years acknowledged the idea of a life-force, as we see from his "Genius of Rhodus," he has revoked his view in later years, when the irresistible development of natural science carried everything and him

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\* Under *minutular* is understood a distinct magnitude which, though very small, yet is not *infinitesimal*, and also does not admit the superlative *minutum*. Even the highest potencies, if they show action, are not infinitesimal, but only minutular, since by their action their limit is determined which so far reaches the 5,000,000th centesimal potency, whilst the concept of infinitesimality excludes a limit altogether.

too along. But it must not be forgotten, that he expressly declared in his *Kosmos*, Vol. I, pp. 31-68: that he confines himself to a thinking contemplation of the empirical phenomena, as a whole of nature, while he leaves the cultivation of the spiritual sphere to others. Hahnemann, on the contrary, has never changed his view. He had no cause for it. His explanation how the healing process might be, was a thinking contemplation of empirical phenomena and corresponded completely with the principle of sufficient reason. But the votaries of natural science, under the preponderance of the materialistic philosophy, could not make friends with the ethereal potencies of Hahnemann, though it itself could not exist without the molecular theory and the imagined universal ether, and though they could not but acknowledge the cures effected with those potencies, they did restrain themselves from trying to render their common use impossible by throwing ridicule upon them. Thus the life-force was rejected, because the organism was compared to a machine. Of course, then, the machine had to be set going. This was the *deus ex machina*. But now the human machine is said to go by itself, driven by the substances and forces of which it consists. This is, then, only a superficial analogy, a circle. The assumption of a life-force is justified psychologically, and all the artifices to substitute the mechanical attraction, the chemical affinities, the physical polarities, and even the ode to the spiritual and spirit-like activities, can indeed for a time darken the light of science, but they must again give way to the irresistible truth, that life is something different and higher than the qualities of matter.

These Pilates ask again and again, What is truth? And they wash their hands in innocence, when they have delivered the witnesses of truth to be crucified in the flesh and in the spirit. But in vain they try to escape the incorruptible judge who will demand account of their doings after they will have neglected their time.

Thus much is certain, that the wonderful fabric of the human body, such as it is, points to a higher power which in harmonic mutual action holds together all the forces of the single organs and constituents. What would all our knowledge of the lymphatics with its glands, of the circulation with

its glands, and of the nervous system with its formations be worth if they would not point out to us that there is something not in itself material, not accessible to the balance, to the microscope and to the chemical reagent, yet able to act upon matter in the body, in the development of which it had been instrumental. Without being spirit itself it is related to spirit, spirit-like as Hahnemann calls it. As long as man lives, it is the mediator between the spirit and body, as well in the processes known by our consciousness (soul) as in those which go on without our knowledge in ourselves. This idea Hahnemann no doubt had in his mind when he says (Organon, § 9): "In health, the spirit-like life-force (autocracy), which as dynamis animates the material body, rules absolutely, and holds all its parts in admirably harmonic course of life in sensations and activities in such a manner, that our in-dwelling rational spirit can use this living sound instrument freely for the higher ends of our being." This evidently goes beyond all natural science. For natural science knows nothing of life-force, nothing of spirit, nothing of a higher existence, for which the spirit has been created. Hence it is quite fruitless to make homœopathy depend upon natural science. We should at last cease to expect recognition and even assistance at its hands where none is to be had.

The *captatis benevolential*, that the existence and efficaciousness of the homœopathic potencies should be derived from the material hypothesis of atoms, molecules and ether, may be very well-meaning, but it fails of its object and can only hinder and frustrate our efforts. Rather should we try to find means how the ideas of life-force and life in general can be made plausible also to those who now reject it with sovereign contempt. However, it is enough for us to know that the concept of a resultant of all the active forces in the human organism under the collective term "life-force" enables us to attain to a rationale of cure.

Dr. von Villers' refutation of the opinion of Hahnemann, that the infinitesimal dose of the remedy should rouse a second artificial disease, because it were a *petitis principi* seems to be the less justified, as nothing is more certain than this view if we take for organ "organism" as pointed out above. But Dr. von Villers is still in want of some data, e. g. that the

minutular dose also acts upon the healthy in such a way that it makes him sick if he possesses the necessary susceptibility or sensitiveness. What, then, is more natural, than that with a susceptibility heightened by the disease of the previous healthy subject, and in consequence of the greater power of the remedial action conditioned by its homœopathicity, the remedy affects the diseased organs assisted by the life-force as the autocratically governing authority over the whole organism stronger than they are affected by the natural disease? How could it be otherwise? For, if it were the sound organs which were to be affected, there would be no sense in it, and it would be pure allopathy. Why, also, should the sound organs be affected, to which the remedy on account of its minutenity can not have that homœopathicity as to the diseased ones? Where is, then, the *petitis principii*? The minutular dose calis up in the sick organ an artificial disease because, selected according to homœopathicity, it must exert it in the diseased organ, of course under the mediation of the life-force. This need not be proved because the dose, not necessarily minutular, has already formerly in provings produced an artificial disease in the sound organ. But for the action upon the diseased organ only a minutular dose is needed, because the susceptibility is increased by the disease and, therefore, also the intensity of the remedial action.

That the superior strength of the homœopathic dosal disease should be in glaring contradiction with the overwhelming action of the life-force, can, fairly, not be assumed, since the action of the minutular dose does not extend any further than its minutenity will allow, which always is still stronger, than the natural disease will admit.

If we assume, that the impression made by the minutular dose upon the life-force in order to rouse it to greater reaction, happens in that nerve-centre to which the symptoms are subject and which also must be considered to be minutular, it will, if only the remedy is correctly chosen, according to the totality of the symptoms in all directions utter just so much action, as will be necessary for the return of the symptoms—centre to a normal sound motion, and it will on account of its immaterial nature disappear according to the principle of the conservation of force, because the minutular force it-

self is gone over into the retunement of the life-force itself. The success of the minutular doses in the cures of art of which a sufficient number has been accumulated, especially in our American Journals, at least, does not prove a *contradictio in adjecto*.

If, then, to return to the above given instance, that which produces dysentery, is called the natural morbid cause, and that which produced dysentery by medicine, the artificial morbid cause, then we may also call the state which follows the first cause, the natural, and the state following the second cause, the artificial disease. Now, while the natural disease is going on, there will, after introducing into the body the artificial morbid cause, according to homœopathic selection in order to reinstate the healthy state before the beginning of the natural disease, originate a series of mutual actions between the opposite symptoms equalizing themselves which must cease, after all the symptoms on either side have been opposed, and must return to health. One may consider the series of disease to be divided up in so many terms as there are symptoms, and likewise, the homœopathic remedy into a similar series of symptom—terms,—then, according to the rule of the Similia the contrary similia symptoms will be equalized gradually in *statu nascente*. This idea is also concordant with that of Hahnemann, viz., that the cure is as it were a kind of subtraction. For if the remedy is given, it is added to the organism, the value represented by its symptoms. Now, a series of similar morbid symptoms stands on the contrary side, and as in the ensuing mutual action one symptom acts upon the other, the subtraction carried on by the life-force, will give the result of the cessation of all the symptoms, therefore health. If the series of the remedial symptoms is expressed by *a* and the disease-symptoms likewise by *a* by which only an abstract expression without quantitative relation is given, then, of course as Dr. von Villers proposes.

$$a - a = 0$$

But this would not be, because the cure is a negative process as he says, it would be a kind of subtraction, inasmuch as the life-force subtracts, so to say, the natural from the artificial disease, which is stronger only by a *Least Plus* (Manpertuis



least action) so that nothing remains, but health. Villers' *Entwirkunz* (Deaction.)

This would be the normal cure of dysentery in the given instance, and this is the offshot of the Hahnemannian substitution. Hahnemann says: "Also only as it were substituted," because the healing potency acts upon the same place in the diseased organism, and neutralizes the disease while at the same time the life-force excites and renews life in the affected parts. One should, of course, not disregard, that the once diseased parts can not be renewed, but must be eliminated or somehow neutralized in order to serve to the continuous regeneration of the body—for what has once been used up, cannot serve again—and from this with necessity follows, that the phrase that the remedy goes to the affected parts is to be understood in this wise that it touches the life-force, and acts upon it in such a manner, that the restoration of the diseased parts is effected. Or else a chemical influence must be assumed, which cannot have a place with the potencies because they have nothing chemical or physical about them. They are like "streams of living water," or according to Hahnemann, "spirit-like forces," and act accordingly.

If, therefore, Dr. von Villers maintains, that "the minimal dose neither should nor can have a morbid action," it is justified by nothing at all. For how should the action of a minimal dose be recognized, if not by its remedial action? And is not by disease as a general rule the susceptibility for remedial action increased? It must, therefore, be assumed that a potency, even if it should not affect the organism when in sound health, yet would act upon it if it became diseased, provided it be homœopathic to it. And what else should this be than a morbid action? Furthermore, many healthy people are affected by potencies, even by the most extreme ones in such a manner, that they grow sick; even Hahnemann has proved this already by his provings with the 30th cent. potency. What, then, is the value of a proposition that the potency neither should nor can have a morbid action? The remedial potency, even the most minimal, if homœopathically selected, acts in a healing direction just by the circumstance, that it develops its morbid power as described before. This

lasts as long as the disease will last, and from it all, nothing remains than health.

It is clear, that Hahnemann, as Dr. von Villers thinks, has by no means been subject to the dominion of his conception of similitude, but that he was driven to and forced by it through the facts which he had discovered. But Dr. von Villers himself is caught in his own naturalistic views, though natural science using the idea of similitude whenever it needs it, has bestowed no more thought upon it. Dr. von Villers is wrong in reproaching Hahnemann as having purloined the concept of similitude from Lambert, and leaves adopted only the geometrical concept of it. Even the one instance of similitude which Hahnemann (*Organ.*, § 26) gives in order to confirm the by him discovered homœopathic natural law, viz.: that the luminous Jupiter disappears from the retina of the observer in the light of the breaking day, proves the contrary. There are in the foot-note to § 26 a great many more instances which likewise have not been derived from Lambert. Lambert himself has in his *Architectonik* treated the subject of similitude much more comprehensively than the modern philosophers. It may be, that Hahnemann owes the way of thinking which allowed him to find the rule of *Similia* to Lambert, for on reading him involuntarily the applicability of his ideas to homœopathy appears, as e. g. where he speaks of the similitude of the intellectual and material world, from the latter of which are taken the expressions for the former. That Lambert by no means in regard to similitude has dealt alone with similar triangles appears from the following (*Architectonic des Einfachen und Ersten Riga*, 1771, p. 105): "The diversity of things has the same degrees as their similitude, but so, that the degrees of the former diminish, while those of the latter increase, and the reverse, and the sum is always = 1. The extreme terms of comparison are where the diversity is = 0, and where it is = 1, and both cases are ideal. For is the diversity = 0, we do not compare two things, but only one, and the same thing with itself, and thus we imagine it in our thoughts twice. But if the diversity is through-out = 1 we again do not compare two things, but something with nothing." Singular it is, that Dr. von Villers had adopted just what is questionable in the idea of *identity* as

given by Lambert further on, inasmuch as he put the identity in the "accordance of two things in their accidents being common to both." But this is not identity, but the highest degree of similitude. Hahnemann has avoided this error by making the similitude of symptoms the condition of healing. It must be borne in mind strictly that  $a=a$ , and nothing else. Besides there is nothing in existence here.  $a$  is equal to itself, or else it would not be  $a$ , but something else. It, therefore, is the contemplation of *something per se.*, without connection with something else, by the spirit, inasmuch as according to Lambert, a thing is imagined twice in our thoughts. It is *something*, nothing else, something positive, "the complete unit, which can not be greater as to its intensity," according to Lambert. *Identity is the affirmative principle, the principle of position.* The use which is made of the word identical cannot change anything in the principle. Identical things, identical processes, identical motions, identical magnitudes there are not; these are improper expressions which only signify the highest degree of similitude, approaching as far as 1 of the identity where the diversity is  $=0$ . It does not change matters if the expression for this highest degree of similitude is different in the various departments of science. The expressions of comparison as by necessity they have been formed: the congruency and equivalence in geometry and chemistry, the equality in mathematics, the equipotency in logic, are merely the highest degrees in the similitude series, hence should be denoted by the general expression of similitude, and have nothing whatever to do with identity. Even in logic the expressions, identical concepts, identical propositions, should be so understood that they should not give rise to confounding the affirmative and positive nature of identity with the comparative nature of similitude. Identity is, so to say, the hypomochlion around which the two poles of similitude and diversity are turning; it is only the mathematic point, the place which serves as centre for the forces of thought, inasmuch as they are directed toward each other. " $a=a$  expresses the simple truth, that every thinkable concept is equal to itself and different from everything else." (Lotze.)

"Identity is a relation between our cognitions of a thing, not between things themselves." (Hamilton.)

“Two concepts can not be perfectly equal, but every one is, as it were, extant only in one sample. The equality of several concepts is itself to be considered as a concept, and in so far only one. To a contradiction an exact identity of the contradictory is required.” (Herbart.)

“Great confusion of ideas is often produced, and many fallacies engendered in otherwise enlightened understandings by not being sufficiently alive to the fact (in itself not always to be avoided) that they use the same name to express ideas so different as identity and undistinguishable resemblance,”  
(———)

It seems, almost, that the ready formula  $a=a$  has led Dr. von Villers to substitute the concept of identity to the Hahnemannian principle of similia. If, therefore, the doctor speaks of the identity of the pathopoësis and pathogenesis he may well concur with common usage, which for both has but one term pathogenesis, but at the same time he makes himself guilty of a logical blunder, since both concepts, though equal or most similar, yet are diametrically opposed, because the pathopoësis is observed upon the healthy and the pathogenesises upon the sick body, and, therefore, as different as they can possibly be, but yet similar. Hence the formula  $a=a$  is not at all applicable for the Hahnemannian cure according to the homœopathic principle. One might just as well say:  $a$ , the artificial disease is which is equal to itself,  $a$  the natural disease is a concept equal to itself. Now, if two things or concepts are equal to a third—here to itself—they are equal to each other, and hence the natural and artificial disease are likewise equal. But the fault is in the proposition, since, when  $a$  signifies the artificial disease, it cannot also be used to denote the natural disease. Both concepts, therefore, are different and can not claim any identity. Furthermore, it does not say anything about the healing process which depends upon the action of the one upon the other. The artificial disease, says Hahnemann, is always the stronger, consequently it must represent the greater quantity. Hence the formula  $a-a=0$  can not find application, because the first  $a$  is no more  $a$ , but it is more. Item, the homœopathic healing process can not be demonstrated mathematically in this manner.

Another inappropriateness of the reasoning of Dr. von Villers is in the assumption of the law of Polarity as supreme law of organic nature, to which he reckons man. The electro-chemical series should already have claimed his attention that the Polarity is a phenomenon growing out of the principle of similitude and comprising not only the organic but also the inorganic world, but not conversely that the similitude originates in the Polarity. It is, therefore, necessary, to show, how the law of Polarity follows from the principle of Similitude. For the fundamental principle of Similitude is in the proportionality. We arrive at the cognition of things only by finding out the relation of things to one another, when we compare them with others; that is, when we look at their Similitude and difference and weigh them in our thoughts. Only then, at the close of this operation we arrive at certain conclusions by which the things are named and give them a certain value in the great multitude of things called nature.

Hence the principle of similitude underlies already the primary law of motion, that action and reaction are equal and opposed on contrary sides: *Similia Similibus Acquantur.* (High Potencies and Homœopathics, Sec. IV., Obs. 11.) Hence the phenomenon of polarity is a special application of the law of similitude, since it is to be subordinated to the phenomena of motion, therefore under the principle of similitude, to which motion itself is subjected. The consideration of the most striking phenomenon of polarity at the magnet teaches us, that like poles attract, unlike poles repel each other. But the law of cure teaches: like symptoms heal. How is this to be reconciled? The symptoms depend upon processes of life, which show themselves in an objective and subjective manner. They point to activities which at a given place represent the distunement of the whole organism in its life-force. According to the extension and perturbation of the function of the place in relation to its importance for the whole organism, it is threatened by more or less danger. This is valid for man in its healthy or sick state. If we now apply to this the polarity with its supreme law of the attraction of unlike, and repulsion of like, poles, we find, that the symptoms obtained upon the healthy by remedy are opposed to the symptoms observed upon the sick if they are equal or

similar to them. They must be a *simile contrarium*, a "Gleich-gegen," as Dr. C. Hering called it as his time. Also Dr. Frans Sigel sen. in Brux has independently arrived at the same fact (Die Homœopathic in principieller Uebereinstimmung und als nothwendiges Supplement der physiologischen Medicin. Prag. Dominicus, p. 10) when he says: "The law of similitude does not find its application only in medicine, but also an analogon elsewhere in nature, so that one might be tempted to take the *simile* simultaneously for the true *contrarium*." This coincides with the 56th observation of the third series in High Potencies and Homœopathics, Tafel, 1865, p. 35, where it reads: "Whilst a remedy as such, always *in abstracto* or *a priori*, be a *contrarium*, *in concreto* the *simile* is always THE *contrarium* in the given case, because a *dis-simile* is not contrary to the disease in *concreto*. —*Simile Contrarium*. (Written in 1862.)

Therefore, according to the Law of Polarity, the remedy represented by the proving-symptoms, and the diseased parts of the organism represented by the disease-symptoms, are attracted to each other because they are similar and contrary, and the healing process begins. This attraction is also the first condition of the cure, and is identical with the concept of homœopathicity which has been introduced into homœopathics. This homœopathicity serves to effect what in mechanics is termed Sollicitation, the attack which by the auxiliary power is made upon the enemy possessing the fortress. In order to conquer him it needs more than the mere attack, or sollicitation. But in order to slay the enemy he must before all be attacked. Only then by the resistance the superior forces are weakened and the enemy is overwhelmed in the fortress partly killed, partly captured, and generally made impotent. To this undertaking, says Hahnemann, the *vis medicatrix naturæ* as it is called, is too feeble. The potentiated medicine if it has the polar relation by symptoms-similitude, always is, according to Hahnemann, strong enough to convert the disease into health. During the development of its pathopœsis in the struggle with the present opposite pathogenesis in the body, it takes the place of the latter weaker affection, and forces it by the instinctive life-force which now is only affected by the medicine, to direct to it an increased energy.

Thus, the medicine disappears altogether in the recovering life-force, in virtue of the similitude with the latter in the spirit-like essence without being hampered by matter which, if present, would have to exert some action or other, and now the life-force takes its sway in its full strength, in the restored organism. The chemical and physical processes during the healing process, however, are not of that dignity which usually is accorded to them. They, with all their necessity and importance, are subordinate to the spirit-like instinctive life-force which, though kept in its integrity by the organism, and necessarily bound to him, yet finds nourishment aside of the organismal nutrition of the nervous system, in a manner which no human spirit as yet has discovered, which escapes the experimental method, and can only be influenced by our spiritual nature. (Compare Schneider, Ueber die Lebenskraft, Internat. Hom. Presse. Bd. VI, p. 620.)

Dr. von Villers has called the homœopathic healing process a negative one. This is probably to mean, that, if a remedy is given, and cures, it heals by its homœopathicity which consists in the circumstance that, to express it shortly, the remedy is similar to the disease, of course in its symptoms, and for that reason at the same time contrary to one another. They are, therefore, polar to each other. Now, it depends upon which of either magnitude is positive, and which negative. Hahnemann has already decided this point, when he says: that the medicine acts positively upon man in making him sick, (*vires positivæ medicamentorum*), and Dr. von Villers also has confirmed this decision by his expression, "absolute morbid power," in his example of corrosive sublimate. Hence, the remedy is the positive magnitude. Thus the opposed magnitude, the disease, would have to be set down as negative. But why should the magnitude be negative which is as positive in producing the disease, as the medicine, with the only difference that it occurs naturally? No, it is likewise positive, or else the pathogenetic action upon the life-force could not take place at all. We, therefore, have to deal with two positive magnitudes, which, by homœopathic administration are brought to bear upon each other. *Contraria contrariis* says the allopathician, and opposes a magnitude which is stronger in its action upon the life-force, and

seems for this reason to diminish the disease, but in fact it increases the difficulty, it is no healing process, quite the contrary. The only means to procure healing is to give a medicine in such a dose that it is just strong enough to overcome the opposed disease without diminishing the life-force. This is done, according to Hahnemann, by giving a similar medicine (shortly speaking) in minutular form, *similia similibus*. Thereby the opposite positive magnitude becomes negative, and the mutual action of remedy and disease equalizes itself by subtraction without leaving a remainder. If that is so, and so it is, the healing process must be called a positive one, because it is the negation of the opposite positive magnitude; therefore, it is a positive process of negation. This negation is the consequence of the similitude of symptoms, a fact which Hahnemann was the first to apply to healing, and which repeats itself in every new healing according to homœopathic principles, so that there is nothing more to quarrel about.

After all, Hahnemann, Dr. von Villers and the writer are in principle of one mind, as appears from the expression, page 381, where the doctor correctly states: the healing by art is the negation, the "Entwicklung" de-action, of disease.

But, if the healing by art were negative, the healing by nature, would have to be positive.

In § 46 Hahnemann gives instances of healings by nature, applying only "those diseases which are always the same, and deserve a distinct name, in order to speak of something definite and undoubtful." The first instance is the *Variola* which has cured ophthalmia, blindness, deafness, swelling of the testicle, dysentery and vaccina. Then follows the *Measles* which have cured whooping-cough, skin diseases, long standing herpetic affections. In this case the cause of the stronger natural pathogenetic potency (*variola*, measles) which overcomes the weaker natural pathogenetic affection (*vaccina*, whooping-cough) is parallel to the pathopœtic potency which, though not assignable materially, like the pathogenetic potency, yet proves itself dynamically stronger than the present disease. If this is so, then the pathogenetic disease—potency is just as positive as the pathopœtic medicine—potency, since it is capable to negate the disease, or neutralize it, and consequently the healing by art being a



negation, must be just as positive as the healing by art.

The healing by nature, indeed, in fact, is quite similar in its nature to the healing by art. For, just as the pathopœtic healing potency is minutular, to the pathogenetic healing potency is likewise minutular, namely, so minute, that its effect can only be assigned in its symptoms when acting upon the human body, hence it is still finite and not infinitesimal. Therefore, after overcoming the similar disease, nothing remains, than health. Both act by substitution of the symptoms, and disappear in the healing process. Hence there would be no more doubt, that the healing by nature is just as little positive, in contrast to the healing by art, than this is negative in contrast to the former. No, every healing is positive. The positive healing potency renders the opposite positive disease-potency negative, and the difference is done away with, indifference is the result, and healing has been accomplished.

It must, however, be distinguished. *Healing potency* is the pathopœtic homœopathic potentiated medicine in its symptoms.

*Disease potency* is the pathogenetic natural distunement of the life-force in its symptoms.

*Healing* is the action of the healing potency upon the disease-potency with neutralization of the last, resulting in restoration of health.

*Healing process* is the process by which the organism proceeds from disease to health.

Hence the potencies of whatever origin they may be, will always be positive, and only by the pathopœtic substitution the pathogenetic potency becomes negative. Hence also the healing process will always be a positive one.

But the healing itself will be neither positive nor negative, but the accomplished negation, the restored indifference, the neutralization, the health following disease.

If Dr. von Villers takes the term "negative" as it is in the dictionary, "denying," then he is right. But just by the denying, the healing process becomes positive, because the by-similarity-stronger potency makes the other negative, negates, denies it. Hence the healing process must necessar-

ily be called positive, a negation of the pathogenetic process, which it annihilates.

A third case remains where a disease without use of medicine or without other similar diseases acting upon it, ceases by itself, also where the patient simply gets well, recovers. Is this also a healing process? For a healing process it must be for certain as in the other cases, only the *modus operandi* is different. One might call it a *dietetic healing* inasmuch as the life-force itself regulates the functions of the organism by susception of nutritious substances and suitable changes in dietetic management in such a manner that the morbid parts by elimination and neutralization of noxious substances are freed from the morbid causes, and the organs are invigorated in their natural functions, so that the normal life-process returns without taking medicine, or without the advent of other similar diseases. Such are the cures on which the physiological school prides itself, and which form a necessary constituent of every cure, in the prescription of a fitting diet, and a proper behavior in living according to the condition of the various complexes of symptoms. But where is here the positive healing potency which gives to the healing process the positive stamp?

We have here the general physiological, the water, the air, the bathing, the dry bread, the cider and milk, the Banting, the Jægerian wool, the ox blood, the hot water and beef, the compound oxygen, the pneumatic, the electrical cure, and how all the many novel methods of cure may be called, which often as quickly go, as they come. Nobody can deny that in these various ways healing has been accomplished, often where every other method of cure failed, and which claim just as much to be healings by art, as many other cures under the protection of a diploma.

What, then, have all these methods of cure in common? In the wool cure the normality of the skin action is established, which has a wholesome influence upon the rest of the organism. The same happens in the water, air, bathing, pneumatic and rubbing cure. By the nutrition the digestion is regulated in a manner to influence the whole body by the improved circulation. In the inhalation cure the lungs are the focus from which the whole body is benefited.

By the electric and mesmeric treatment the nervous system is roused and given a greater capacity, so that all the subordinate organs will be refreshed. In the Banting-jugar and albumen disease the system is influenced in its assimilation by abstracting from the food the fatty, saccharine and albuminous substances, etc.

All these details have something common in the circumstance, that the remedies are directed upon certain organs and functions of the body from which the whole organism is to be benefited. Hence these cures come under the rubric of local treatment, and as such are forbidden by Homœopathy because Homœopathy acts by annihilation of the symptoms—totally upon the life-force in such a manner, that she herself ordains the necessary healing measures and localizations. We could also say, that in those physiological cures, the life-force likewise in the restoration of the integrity of the organs plays the main part as in the homœopathic healing process. But there is this great difference, that the healing potency in the latter process consists only in vanishing quantities whilst in the physiological process always large quantities are administered. Therefore the life-force is enabled to act much more free in the former case, and the chances consequently are more favorable. All these methods in question are to be conceived as purely empirical healing efforts, because they have no other healing principle than the subordinate dietetic principle. Some succeed, some not. Some give only a transitory flaring up of life followed by the more rapid decay. They all are calculated to excite the single organs according to the functions of each of them to greater activity and thereby to an increased energy of the life-force, from which then the single organs have the advantage of their restoration. Frequently a certain general amount of strength is fore-supposed which some patients do not possess, and the healing by art sometimes is too artificial to prevent the natural course of things which does not bear the massive intrusion upon the organism. It can, therefore, hardly be said, that here is a healing potency, if it is not presumed, that the increase of the activity of the organ in its relation to the whole organism should be such a healing potency. In this case it should be considered to be just as positive, as the pathopœtic and the

pathogenetic healing potency, and it might be termed the *dietetic healing potency*. The action of the same consists in the conversion of the diseased parts by the introduction of new elements in nutrimental substances, which by their assimilation through the organism, nourish and renew the diseased parts and regulate their functions, whilst at the same time they eliminate the used-up material or at least neutralize the noxious matter. The action upon the nervous system and the life-force beyond it, then, is a farther secondary effect of the dietetic action, by which finally in the favorable case the value of life of the whole is enhanced. It is clear, that the diseased organs must succumb to the positivity of the newly introduced materials, if really improvement or healing sets in, so that also the dietetic healing potency acts by negation upon the disease whilst annihilating it. Of course the chances are less favorable, than in the homœopathic treatment, because the organism has to deal with masses while the pathopœtic healing potency disappears without a trace in the cure itself. If the organism can no more overcome the introduced materials, they must naturally become the greater sources of damage, the greater their amount had been. Such cures, therefore, are not to be recommended. Their rationale is simply in the regulation of the diet and a suitable hygienic management which allows the life-force to exert its full sway in the government and regulation of the whole organism.

The quotation from Aristoteles which Dr. Mossa gives in his article "Negative Grössen" (Allg. hom. Zeitung Bd. 108, No. 5) expresses the homœopathic healing process in a manner which leaves nothing better to desire.

"If simile acts upon simile the result of this mutual action reveals itself in neutralization, annihilation of the original qualities and in production of another state, which is exactly the contrary to the previous one."

And applied to homœopathy:

"If the simile of the remedy acts upon the simile of the disease, the result of this mutual action is neutralization, annihilation of the original qualities, viz.: of the pathopœsis, of the remedy and of the pathogenesis of the organism, and change into the contrary state, viz.: health."

To find the mathematical expression for this proposition

remains for the future great mathematician who thoroughly understands homœopathy, including potentiation.

There is one more circumstance to be considered, which must have been offensive to the macrodosists in the foregoing demonstration of the homœopathic healing process. When speaking of medicine generally, the expressions "healing potency" or "pathopœtic potency" have been used, potency meaning a medicinal preparation which is void of all materiality and acts only by the symptoms-similarity, without leaving anything material behind. Those who find this too shadowy, or too ethereal, vulgo thin, can not be helped, till they themselves have done according to Hahnemann's "Macht's nach! Macht's genan nach!" in trying the high and highest potencies, and meditating upon their effects. But the macrodosist has a right to ask, what becomes of the homœopathic remedy if given in substance when a cure is effected, since the mass composing the remedy is not minutular and therefore must be there. The answer is, that for the homœopathic healing purpose, no more is necessary, than the p. minutular potency. Whatever surpasses it must in some way or other be rendered inert, provided that healing follows, which in most cases is not so. With such cures it is like with the dietetic healing, where also greater masses of substance are given. They are used up in the economy of the body as best they may, or eliminated again, or otherwise rendered innocuous. But they partake with the dietetic cures on one side of the uncertainty and allopathy of the action of superfluous materials, and on the other side of the danger from their massiveness. Hence the healing, with minutular healing potencies, is to be preferred decidedly. If the cure of diphtheritis is easier by the 30th than by the 6th or a lower potency, as Dr. von Villers asserts, why then, prefer the latter to the former?

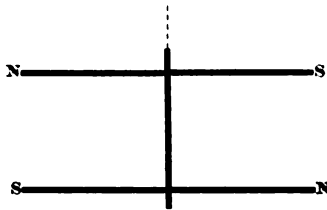
*Enfin*, Dr. von Villers has in no way refuted Hahnemann, nor shown him to be in error, he has rather conceived him according to his own mode of thinking, standing himself under the domain of his concept of identity. He takes his bias as also most homœopaths do, from the time we live in, which is domineered over by natural science. In spite of his opposition to allopathy he yet wants to make homœopathy plausible to

it by yielding to its views as far as he can as a good homœopathician. This is the wrong track. The only way to compel acknowledgment is the scientific way, as the doctor himself has long ago recognized when he tried to write the Physics of the homœopathic healing process. When the reasons and roots of the truth are clearly demonstrated which Hahnemann has discovered and propounded and put into practice, the adversaries can no longer resist.

Dr. von Villers has so far not gone higher than the 30th, and, therefore, still on the standpoint of the Hahnemannians before Korsakoff. If he knew the higher potencies, and would give his thought to their essence and efficaciousness, he would have to come to a different view than that which his writing reveals at the present time.

The astatic needle gives a striking picture of the Hahnemannian doctrine, and confirms its correctness.

The astatic needle is formed of two equal magnetised needles, which in a proper distance, with reversed poles and at right angles, are fixed upon a small stick, suspended by an open silk thread.



If a single magnetized needle is hung up it will be directed north and south, the south pole to the north pole of the earth and *vice versa*, so that the south pole is really the north pole on our northern hemisphere, and *vice versa*. But if the astatic needle is suspended, it will no more take the direction along the meridian, but east and west, or parallel with the equator. Both needles being fixed one above the other vertically and at right angles, with their opposite friendly poles, these try to attract one another, and since this attraction is stronger than that of the natural poles for every single needle, the meridional direction is converted into the equatorial.

## THE CLINIC.

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*Dear Doctor :*

According to my promise I send you my history as clearly as I can recall it. Both grandfathers died of apoplexy at the respective ages of 71 and 81; my grandmother died at the age of 59 of cancer of the œsophagus and trachea, my father's mother still lives at the age of 86. The earliest illness I had was cholera infantum, followed by marasmus; the first sickness I remember was an attack of acute nasal catarrh at the age of 14, since which I have suffered with chronic nasal catarrh; at the age of 21 I had gonorrhœa, which was not very severe, and was treated mostly with Cubebs and Copaiba; following this there was enlargement of the left inguinal glands, with cheesy suppuration. Since you gave me the Nux I have had no headache, but have much vertigo, especially when suddenly turning or making any sudden motion—position seems to have little or no effect; the vertigo seems < in occiput and is relieved by belching, as was the headache formerly. I am also much troubled with nightmare, mostly after any unusual mental or physical exertion; it always wakes me up, but I am unable to move or stir, only to make a peculiar sound, which alarms my friends, and as soon as they move me I am able then to stir about, but have for quite a while afterward a confused and bad feeling in the occiput; there is a general tendency to fullness in the head and neck, and especially in the ears, at which time it causes slight deafness. Mentally, I have of late had much difficulty in concentrating my thoughts, and am easily fatigued after mental work; in general the symptoms are temporarily relieved by sleep, even if ever so short. Dr. James of Philadelphia treated me for some time for hepatic trouble, and greatly relieved those alternate fluxes and deficiencies of bile from which I suffered. He gave me in succession, as well as I can remember, Acon., Then'd, Puls., Rumex, and greatly relieved me; my stools now, while variable as to consistency, are always of a good color; the cough comes only in day time,

but at no especial time, the expectoration being blackish or grayish, semi-transparent and somewhat gelatinous, and always scanty; there is continually a moisture about the arms, which excoriate me in hot weather only; formerly I suffered from offensive foot-sweat, which was suppressed by Kalipermanganas painted on the soles; this has lately returned, bringing with it in-grown toe nails on one foot. Before every storm or any precipitation of moisture I invariably feel drowsy and heavy, with much uneasiness, as though I were about to have some severe illness, but just as soon as the storm breaks my bad feelings all pass off as if by magic. I always have very easy perspiration, which about the genitals has a peculiarly offensive odor, just like the musty straw from an old straw-stack. When feeling pretty well my mind is exceedingly active, and I can do much hard work in a short time, although my memory for names and dates has always been bad, but for drawing logical conclusions from certain premises it has stood me in excellent stead. I have much itching of the scalp and head; sometimes a slight cutting then a numb sensation in the tip of index and middle fingers of the right hand, also sometimes in right great toe. I had formerly much aching in the liver and soreness along the border of the ribs, then the aching would extend to the right shoulder and elbow, but this has been steadily growing less for a long time. I still have a sensation as of a rough body in the region of the gall bladder. The vertigo and easy exhaustion from slight mental exertion are very distressing and interfere much with my work. This is about all I can think of now.

Hoping to hear from you soon, I am,

[ Who will analyze this case?—ED. ]

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#### HAY FEVER.\*

BY GEORGE H. CLARK, M. D., GERMANTOWN, PHILADELPHIA.

In dealing with any problem of disease, as in dealing with any question, facts outweigh theories.

In order to arrive at a satisfactory conclusion in respect of any question, known facts alone are of practical value, and this more particularly in dealing with the question of restoring health to the sick.

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\* Read at the twentieth annual convention of the United States Hay Fever Association, Bethlehem, New Hampshire.



Now, what is known regarding hay fever? Nothing but the symptoms of disturbance which are present—the facts. Nothing more than this can be known of any disease.

Nothing is gained by assuming that this affection is due to various causes, nor can more of its nature be known than is known of any other malady.

Hay Fever is no more a nervous disease than any other affection of the respiratory passages. Neither is it a local disease. It is a local manifestation of general systemic disturbance, and is in this respect like all diseases.

Hence, what can be known in the nature of disease in general will apply in this affection.

The why of the many fruitless theories that have been advanced in regard to this malady—only to be thrown aside and followed by others as valueless—is because of the erroneous teachings in respect of disease in general.

The large majority, owing to fallacious teaching, view disease as an entity; it is looked upon as a ponderable, material something that has taken hold upon some parts of the system and needs something material to overcome it.

Until the time of Hahnemann the nature of disease was never properly defined, and the world owes to his genius a debt that can never be paid. The success which has followed the application of the law of cure which he gave to the world goes to show that disease is not a “ponderable, appreciable substance,” not a “substantive entity,” but a condition due to various causes.

No matter how large a part of the body be affected, nor how small a part, there is always present some peculiar condition of system to cause what only can be known of the disease, the symptoms present.

Disease is never merely local. There may be apparent but a few local symptoms, or some slight change in structure; still, these indicate disturbance not only in the affected part but in the general system.

So with hay fever. In some, this affection manifests its presence with but few symptoms, and these apparently of a local nature. In others, besides the local symptoms, there is much general disturbance.

Pollen of various plants, dust, etc., are not even exciting

causes, and can only be viewed as aggravators. There is a condition behind this which renders those suffering peculiarly susceptible to these influences.

You may give this condition any name you please, still you are no nearer the cause of it than before, and you are not even approximating a method of cure. There is more needed for the cure of disease than a name.

In all cases of this disease careful examination will reveal that the subject of the affection has, or some ancestor has had some affection that may have been but slightly viewed and no attention given it; or else the affection may have been suppressed, and not cured, by drugs.

Not only this, but most chronic maladies which afflict the race can be shown to be due to the same cause.

In other terms Hay Fever is nothing more than the sequel of some diseased condition that has not been properly treated.

I will go even farther and say it is possible by using local applications in this, as well as in all other abnormal conditions, to convert a disease that is curable into an incurable affection.

What is known of and manifested by disease—the symptoms—are due to the efforts of the system to establish harmony in the disturbed state, and any attempt to thwart this is liable to be followed by a condition that cannot be helped by any method.

Therefore local applications are to be avoided.

Nothing is by chance. Law governs all things and conditions. Nature's laws control disease, and close observation of her methods will enable one to know the meaning of diseased conditions.

I have said above that suppressed disease is a cause of Hay Fever and of many other chronic diseases. This is also true of many acute diseases.

As to proof of this. It can be shown that certain generic disease forms have an unfailing sequence of appearance in those to whom nothing has been given to turn aside the efforts of nature.

There is rhythm in disease as there is in health; in order to a cure this rhythm must not be disturbed.

Many competent observers who have studied this question

have seen follow the one after the other the following conditions in that form of affections known under the general term psora: affections of the stomach, catarrhs, sweat of the feet, hoarseness, headache and toothache, diseases of the eyes, diseases of the ears, to be followed later by rheumatism and other affections.

These would follow, the one condition after the other unerringly, provided, as has been said, nothing was done to disturb the rhythm of nature.

Disturbance once begun, however, in the form of drugs, then no order; all is "confusion worse confounded."

It was also observed that, in order to a cure of the disturbed general state, these conditions must disappear inversely in the order of their appearance.

Hay Fever may be placed in this same relation and I do not fear to again assert that it will be found to have been preceded by some condition of system, in this or some preceding generation, that was not properly treated.

To sum up then, regarding the nature of Hay Fever and all other diseases, we may say: Protean in form, there is an hereditary taint which has been growing in force from generation to generation from being improperly treated. In some it will manifest itself in one form; in others an apparently altogether different form may be present; but still at work are the same disturbed forces—plus the complications brought about by drugs.

It is along this line you must work to get at the true cause and nature of Hay Fever.

But of what value is all this without a means of cure? To be able to say this is Hay Fever does not give even a clue to a remedy. Nor will giving a name to, or speculating regarding the nature of, any disease be of any service in its treatment. In order to rid one of Hay Fever we do not need to treat Hay Fever. There is no remedy for Hay Fever. But there are remedies for the condition which gives rise to the symptoms known as Hay Fever. And the choice of these remedies—finding the appropriate remedy for each individual case—need not depend upon guess work; but there is a law for choosing remedies for all diseased conditions, and it is to this law all must apply who wish to be made well.

In treating the sick, the physician who has put this law to the crucial test—the treating of the most painful, the most malignant, and the most serious cases of diseased conditions, with unvarying success—is not floundering in the dark, but he is guided by this immutable law of nature.

He knows that disease is not a ponderable something, but an abnormal condition that can only be made normal by opposing to it remedies in keeping with the nature of the condition. Therefore he never uses crude drugs, he knows that local medicinal applications may bring about a worse condition; but selecting his remedy according to the peculiarity of each case, regardless of the name of disease, he does not hesitate to say that if a cure be possible it will follow the selection and proper administration of the *right* remedy.

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#### **SUPPLEMENT TO THE TREATMENT OF ALCOHOLISM.**

BY DR. GALLAVARDIN OF LYONS, TRANSLATED BY  
DR. JOHN H. CLARKE OF LONDON, ENG.

From the 5th of February, 1886, up till the 12th of May, 1893, I have given, with medicines, 4,440 consultations at my Tuesday dispensary alone. I have been able, I repeat, to acquire a certain experience as to the differential indications of the remedies and their mode of administration, and also as to the chances of curability of the alcoholics; but in those whom I do not cure completely, I at least succeed almost always in dissipating their other passions, and faults of character and intelligence—to such an extent that they are not disagreeable to their families, and do not contribute to the increase of those accused of crimes and derelictions before the courts.

Alcoholism is only curable 50 or 60 times out of 100, whilst other passions and faults of character (libertinism, jealousy, envy, anger, passion for gambling, antipathy, indocility, impertinence, etc., etc.) are curable generally 80 times in 100. It is so because alcoholism is composed, so to speak, of two diseases: 1st, a natural malady—the impulse to drink; and 2d, a medicinal disease—alcoholic intoxication. The latter brings on the former, an impulse to drink almost irresistible. These considerations have brought me, little by little, to modify the mode of administration of the remedies.

During the first years of my polyclinic I gave the women who came to consult me for their drunken father, husband, or son, a medicine which they were to administer, unknown to them, at one single time in their foods and drinks. And I allowed that single dose to act during 6 or 9 weeks, and that often with success. I recall one case that struck my attention, and in which Petroleum 200 did not produce an unmistakable curative action until the 42nd day, that is to say, six weeks after having been administered.

With the view of curing alcoholics more frequently, and above all more rapidly, I have for the last two years tried having a dose administered to them every 21 days, to others every 10 days, 7, 5, 4, 3, or 2 days, and that when giving the remedy in the 200th 300th 600th potency rarely in the 10,000th potency.

In order to recognize subjects who are very sensitive to the action of remedies, and with whom they might produce aggravations, it is prudent to give to alcoholics at first only every 20 or 10 days, and later on every 7, 5, 3, or 2 days.

The repetition of the remedy every 5, 3, or 2 days has seemed to me more advantageous in those subjects who get drunk deeply, or frequently, or for a long time, and are then a prey to an intense alcoholic intoxication.

I will not recall here the differential indications of the medicines I give for drunkenness and intoxication, for they may be found in the French and English editions of my work on *The Medical Treatment of Alcoholism*.

To medical men desirous of studying experimentally the treatment of alcoholism, I advise the founding of a polyclinic—a gratuitous dispensary. It is only in such an institution that one can instruct oneself, in the same way that we can only gain practical instruction in medicine by following clinical lessons in a hospital. Beyond the advantage of instruction in establishing such a polyclinic, there will be that of doing a charity to families reduced to misery by alcoholics spending their fortune or their daily wages.

For seven or eight years, for at least two hours every Tuesday morning, I gave consultations and medicines for a score of drunkards. In curing them little by little of their passion, I bring them to spend less and less. Thus, such an

alcoholic spending hitherto ten francs a week, does not spend more than seven, five, or three; another one spending twenty francs a week, today spends no more than one franc; a third who spent forty-two francs a week, spends now no more than three to four. I estimated that each of twenty alcoholics treated every week or cured spends on the average five francs less a week. In this way I give directly one hundred francs a week to their wives and children; that is 5,000 francs a year, and 35,000 francs during the seven years that the polyclinic has existed.

In directing a polyclinic for the treatment of alcoholics, a doctor can, by himself alone, give to wretched families more than important works of charity can do. May this consideration determine some of our confrères to found alcoholic polyclinics, which will besides contribute to the spread of Homœopathy.

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#### INGROWING TOE NAILS.

Mrs. G—, age 33, tall, coarse in features, blue eyes, brown hair, came to me February 6, 1892. Had been suffering from ingrowing toe nails for 32 years, ever since being weaned from the breast milk.

As soon as weaned there was an eruption at the root of the nail on every toe. She had been treated by innumerable Old School physicians and at the age of 23 was fortunate enough to marry, getting a husband who was the possessor of a good 80 acre farm, and after having put a mortgage on the farm for \$800 to rid herself of the troublesome toe nails, to the disgust of herself and husband the eminent physician (Allopath) told her he had gone as far as he could with a case until he had made an examination of the uterus, etc., etc. This of course seemed nonsensical and they concluded to take a rest from the continual dosing. But this could not be done as her stomach had become so irritated she could not take enough nourishment to keep her alive. Finally a friend advised her to try the "Little Pill Dr." and as a result she came nearly exhausted from the long drive (17 miles), they of course thought as most people do. I find after having been treated by the Allopath that there is nothing to do or be done but to be pleasantly smiled upon by the Homœopath as

the medicine amounts to but little. Merely a little "*water-and-with-it or sugar-and-with-it.*"

I finally persuaded her to remain over till the next day, more for the purpose of learning what I could of her generally. And about all I could get in the symptom line, was, drinking large quantities of cold water which was immediately vomited up with an intense burning throughout the whole body, and her constant expression was "It seems as if I shall burn up," with constantly trying to take a breath from low down in the abdomen by pressing her sides with her hands.

I at once decided that Arsenicum Alb was the remedy. Yet not able to tell whether her symptoms were from a poisoning from the Drug as she did not know what she had been taking, finally I found Albuminuria present, this caused me to believe it was the drug poisoning I had to deal with.

I gave her 4 powders 5 m. one each morning before eating, and to report in one week.

She did not report for 3 weeks, came back feeling greatly relieved, no more desire for cold water, the burning sensation nearly gone. I was quite busy and gave her plenty of Lac Lac to report sure in 2 weeks from the same day, thinking then I would make a new case of it entirely and look after the *toe nails*, a little.

April 23rd, came feeling much worse but this time was suffering from an offensive leucorrhœa "like milk." This was the first expression she made. The next I saw was the extreme anxiety and the frequent placing of the hand over the heart, she said to hold it in place as it seemed at times as if it would jump out, occasionally the face would appear flushed and she would complain of vertigo after a sudden move. Aside from this I could get only stomach and stool symptoms, viz.: Ravenous hunger, stomach swollen hard, especially at pit. Stool, no two seemingly alike. I gave her Cal. Carb. 200--6 powders—one to be taken every other day at noon with s. l. A. M. and P. M., and to report in 4 weeks. July 12 reports, "I am a new woman" and "my husband says he did not know I was worth half as much as I am." No medicine and to come again in 5 or 6 weeks. I saw her Oct. 10, met her on the street, she stuck up her foot and said "I've got on shoes this time. (I failed to mention in the beginning she had not worn shoes for several years, large slippers were all that could be tolerated.) She is well today and thanks the little pill doctor for it all. E. J. P.

**WAS THE TREATMENT A FAILURE?**

Mrs. J—, aged about 30, dark, rather swarthy complexion, coarse hair, came to my office September 26, 1892, to consult me about disease of the legs and scalp.

Examination of the lower limbs revealed an extreme case of psoriasis mummutola, also in a lessened degree of the fore-arms.

The base of the disease was brownish-red, with the superimposed scales or flakes.

The feet were dry and scaly, itching and burning of the diseased limbs were a constant annoyance when warm.

The patient's scalp was well-nigh covered with a hard, mask-like aggregation of scales, much itching and falling of the hair, ears swollen, red and painful, scaly.

The patient had been in that condition for about a year.

Menses regular, but flow scanty and dark.

Headache occasionally with slight nausea.

Bowels rather sluggish. Sulphur, Sepia and Rhus were the remedies prescribed during the three months of treatment, in the potencies 30th to 1m. Sulphur being chiefly given.

Within two months' treatment the patches became more circumscribed with less scaling. The condition of the ears was entirely relieved, the scalp greatly improved and the hair ceased to fall out. At the end of three months, however, the disease was still there and the patient was tired of it and dissatisfied with the treatment.

I met the patient's husband a day or two ago, who volunteered to tell me that "his wife had been taking Cuticura since she left me and that now her skin is as clear as ever."

I suppose Sulphur is the principal drug of Cuticura. If Cuticura cured the patient, is the cure to be attributed to the crude doses of Sulphur, or did Cuticura complete the cure which my prescriptions had begun?

If the remedies were properly chosen should the case have been cured in three months? Patient received a dose a day two weeks of the time, one dose a week and two weeks the remainder. They think Cuticura is great medicine.

H. WHITWORTH, M. D.

DODGE CITY, KANS., July 29, 1893.



## HAHNEMANNIAN CURES.

BY E. W. BERRIDGE, M. D.

CASE IV.—*Allium Cepa*. Dec. 19, 1877. The Rev. A. J., aged between 50 and 60, caught cold during the first week in December, resulting in frontal pain, lachrymation, pain in left eye, weakness, and loss of appetite; for these symptoms he took *Sepia*. On 14th he went out of doors, there being a cold wind. His cold improved, but the eye became worse. On 15th had pain and lachrymation of left eye, with running from left nostril; he took *Euphrasia* with relief. On 16th, at noon, the pain returned, with water from left eye and left nostril; this lasted until 7 p. m., then went off. On 17th the symptoms returned, at 12 or 12:30 p. m.; again he took *Euphrasia*, and in the evening they went off suddenly. Yesterday the attack came on at 1 p. m., lasting till 5 p. m., then decreasing. To-day, eye felt nearly well in morning, except photophobia; there had been a little lachrymation during night. At 1 p. m. aching pain came on in left eye and left brow; after 30 minutes, bland lachrymation, heat, and redness, of left eye, with running from left nostril; this lasted till 5 p. m., then decreased.

*Diagnosis of remedy*.—In this case, the periodicity of the symptoms, and the time of their inception, were of great importance, but no *simillimum* thereto had hitherto been recorded in our *Materia Medica*. Another aspect of the case had therefore to be taken as the keynote, or starting point in the selection of the remedy. There was little that was characteristic in the symptoms themselves, but in their combination was found the solution of the homœopathic equation: the symptoms of the eye were conjoined with those of the nose. At p. 214 of my *Eye Repertory*, under the rubric "With Symptoms of the Nose," the following are registered (some, however, being subsequent additions in MS.):—

Left Eye, Lachrymation—*Allium-cepa*, *Arsen.*, *Aur.-mur.*  
(Spirting out), *Calc.-sulph.*, *Carbo.-veg.*, *Car-*  
*bolic-acid*, *Zinc*.

" " Redness—*Allium-cepa*, *Arsen.*, *Aur.-mur.*, *Zinc*.

" " Photophobia—*Allium-cepa*, *Zinc*.

This analysis of the symptoms clearly indicates *Allium-cepa* and *Zincum* as the most similar remedies. In the *Materia Medica* we find, under *Allium-cepa*:—79. “The lachrymation of left eye, with coryza, was much greater, the eye was much redder, and more sensitive to the light than the right.” 80. “Excessive lachrymation of left eye, with redness of eyeball, after frequent sneezing.” 403. “Violent catarrh, after northeast wind and rainy weather, eyes suffused, lids very red, as from crying and rubbing them; nose dropping, throat sore, and some cough.” As catarrhal symptoms from exposure to a cold wind have not been recorded under *Zinc*, this latter remedy was thereby eliminated.

I prescribed one dose of *Allium-cepa* 200 (Leipzig) at 6:30 p. m.

Dec. 20th. No redness, or return of paroxysm; not the slightest pain to-day till 2:30 p. m., and then it was very slight; a little lachrymation at times.

Dec. 21st. No paroxysm, but only a little pain in eye about 1 p. m., and this was less than yesterday; a feeling of lachrymation, and still a little photophobia.

Dec. 24th. Much better; the eye remained a little sensitive to cold air for a few weeks, but subsequently recovered.

*Comments.*—(1) This case shows the value of concomitant symptoms in the selection of the *Simillimum*. Too much importance, however, must not be attached to them. “Care should be taken,” says the late Constantine Hering, “not to adopt the notion that a remedy can cure groups of symptoms in a patient only if they occur in the order in which it produces them; it is capable of curing groups which it does not produce in the same combination at all, whose component parts were observed in a number of different provers, and frequently in quite a different order” (*Wirkungen des Schlangengiftes*, 1837). The comparative value of the concomitants may be determined thus: if they are essentially concomitant, one concomitant being really the cause of the other (*e. g.*, lachrymation being caused by a general catarrhal condition), then this feature of the case must be considered; but if no such relation of cause and effect is apparent, the concomitance of the symptoms may be disregarded, excepting as it may serve to decide the choice between two or more

medicines which produce in an equal degree the symptoms of the patient.

(2) The remedy was given when the severity of the paroxysm had passed off. HAHNEMANN has given us no such rule with regard to periodical neuralgia; but in the case of ague he strongly warns us to give only one dose, and to give that immediately after, or towards the close of the paroxysm (*Organon* 236-7). Analogy,\* therefore, teaches us to observe the same rule with regard to all periodical diseases; and this is an instance of *progressive* Hahnemannian homœopathy, not building on another foundation to that laid by Hahnemann, but adding another stone to the temple, fully in harmony with its original design.

(3) After the single dose of *Allium-cepa*, the pain returned *later*, and very much *less severe*. In the treatment of all periodical diseases, if, after the administration of the remedy, the next paroxysm is *later* and *less severe*, it shows that convalescence has commenced; also if it comes on *earlier* and *more severe*, it is merely a temporary medicinal aggravation, and the remedy must be allowed to act undisturbed without either repetition or change. This rule I have frequently verified in various forms of disease.

(4) When in India, this patient had ague, suppressed with large doses of Quinine. I have observed that such an occurrence will sometimes impress a periodical diathesis (so to speak) upon the system, so that his various ailments will from time to time manifest this type. Frequently when an accident occurs to a person who has suffered from ague, especially in tropical climates, and not been radically and homœopathically cured, a fresh attack of ague comes on; in these cases, therefore, a rigor is not necessarily a sign of approaching pyemia.

(5) The patient had previously taken *Sepia* and *Euphrasia*, guided by some of the fallacious works on "Domestic Homœopathy;" but the relief therefrom was merely temporary.

The scientific character of Homœopathy has suffered much

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\* In diseases of women, unless there are acute symptoms demanding immediate relief, I have always found it advisable to commence the treatment, or to prescribe a new medicine, *just after the menses*. I have seen severe medicinal perturbation arise when this rule was neglected.

from those who claim to teach the practicability of domestic treatment, save in the simplest cases. I have known persons to give up their early belief therein as soon as they arrived at maturity, simply because they remembered how their mother or grandmother used to doctor them in childhood; concluding, with much apparent reason, that there could be but little scientific depth in a system of medicine that any non-professional could practice. Homœopathy is theoretically simple, but practically it is a work of immense difficulty, which comparatively few are competent to undertake. Yet the laity think that they have only to get a box of medicines, and a "book of the words," and they are forthwith fully equipped for almost any emergency, and can even set their own opinion of the treatment of a case against that of a physician. Those who think they can master the intricacies of Homœopathy should test their abilities by prescribing for their cases in the only possible scientific manner, viz., by the use of the Repertory and the *Materia Medica*; and with regard to domestic treatises, let them not forget the *dictum* of an old worthy, "some books are written *for* practice, not *from* practice."

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#### LACHESIS AND LYCOPODIUM.

Lachesis is a favorite remedy with me and is doing me noble work now. It has been made more extensively indicated this season than any medicine I use.

Farrington says: "When Belladonna is indicated but proves insufficient, give Lachesis."

I have verified the truth of this in many cases. I use the 30x, 60x, and cm. potencies. Single doses act best. In part of my cases I have to repeat the dose in two weeks. Other cases get Lachesis, one dose dry on tongue and its complement Lycopodium, in a week, the same way. The diseases for which these remedies are administered are, Typhoid Fever, Diphtheria, Scarlet Fever, malignant Pharyngitis, Gangrenous Inflammations in any part of body. Lachesis is the remedy in zymotic conditions following LaGrippe. There is a systemic contamination prevalent which resists any and all remedies I have exhibited except Lachesis. This

either cures or removes the bar to the tissue group. *Lachesis* is as available in chronic diseases as it is in acute maladies.

Turning to my case book I find:

1. J. M. T., etc. Otitis of five months' standing. After treating with a prominent allopath of this place three months, without relief, he went to Pittsburg and put himself under the care of a celebrated specialist. Two months of local treatment made him worse and he came home discouraged.

July 31st, 1892. *Otitis*, dull pain in ear, dry and dark red, stiff feeling about ear. *Sequillæ* to *Influenza*. *Lachesis* 60x Trit. dry on tongue.

Aug. 24th. He reported improvement but had pain in ear last few days. Pain dull, remittent. 6x on pellets three times a day till relieved. A few doses sufficed and he reported Aug. 29th. Inflammation subdued and ear in good condition. *Cal. Carb.* 60x Trit. one dose was given for the humming in ear and general innutrition.

Dec. 3d. I met this case incidentally and he said his ear was well and his health good.

2. "*Sore Shin.*" There's a name for any one if a name is desired. I will explain the condition. Lower third of right leg involved with inflammation and irregular shaped ulceration. They were as if cut out with punch, about the size of a split pea and there were many of them. Some heat, no humming, little swelling, very little pain, a stiff feeling, dark red, approaching alder berry color near seat of disease. General symptoms vague, just a torpidity, approaching gangrenous degeneration.

Nov. 19th. *Lachesis* 60x, one dose, dry and usual placebo every two hours.

Nov. 20th. A great aggravation. Dark redish colored swelling extended nearly to the knee. Continued no medicine.

Nov. 21st. Relief of all untoward symptoms. *Lycopodium* 60x, one dose.

Nov. 22d. No medicine continued and patient discharged cured.

3rd. *Typhoid Condition.* Dozens of cases have been treated like this.

Was sent for to attend a young lady. Found patient in bed. Tongue coated whitish-yellow. Face ashen-gray.

Temperature slightly elevated. Said she ached all over just like she did at a former illness, typhoid fever.

Lachesis 60x, one dose. Called next day and found patient about and feeling well. Lycopodium 60x, a dose. I heard no more till this girl came to my office one month later, complaining of similar symptoms. She received another "round of medicine" and entirely recovered.

4th. Boy, aged 6 years. So-called Scarletina. Sore throat, fine rash with scarlet color of skin. Lips covered with brownish crust. Temp. 104° Fahr. Lachesis 60x, one dose Oct. 19th.

Oct. 20th. Worse. Continued no medicine.

Oct. 21st. Seemed still worse and I supposed he would go the way of many others in this place, lately.

Oct. 22d. No improvement discernable. Lycopod. 60x, one dose.

Oct. 23d. Great improvement. No medicine.

Oct. 24th. convalescent. Dismissed on no medicine.

Lachesis Pharyngitis begins on left side, generally. Lycopodium most always appears on right side. In this epidemic of Scarletina (?) I have quickly cured all my cases with these medicines.

You will observe that Lachesis will run the disease from the left side to the right in a day or two, with amelioration. Then Lycopodium finishes the cure. If you give the complement too soon it will run the malady to the left side again with such aggravation as to make your hair stand and condemn you. In this case you resort to your first remedy, Lachesis, in a higher potency and give it time to act. I have had no cases of diphtheria, but when I discover any, I shall rely upon this treatment if they are characterized by the same torpidity and gangrenous phases.

You will know Lachesis when you see it because it looks unlike anything else.

J. W. PARKHILL, M. D.

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# THEORY AND PRACTICE OF MEDICINE

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## THE MOTIVE TEMPERAMENT.

J. A. TOMHAGAN, M. D., CHICAGO, PROF. CLINICAL MEDICINE IN HERING MEDICAL COLLEGE.

At our last lecture we said something in regard to the general principles of temperament. This evening we will take up the anatomical classification of temperaments in the natural order, beginning with the motive or mechanical system. The pathological temperaments can be better understood by first noting what is normal. The motive, vital, and mental, constitute the three anatomical temperaments. Each of these is determined by the predominance of the class of organs from which it takes its name.

We will begin with the motive, since it forms the basis of the animal economy. The bony framework determines the general configuration of the body. Now, this configuration is modified in its details by the muscular and cellular tissues which overlay it. Since the bones, and muscles, and joints predominate in this temperament, we readily perceive that it must be well adapted to action, physical power, and even mental energy. There is generally a love of movement, and natural adaptation to hard work, and an earnestness of purpose which ignores ease and needless repose.

The causes of this temperament are heredity, climatic, and topographical conditions acting for generations upon families and nations. The dry, stimulating atmosphere as found in hilly and mountainous regions, encouraging physical action and inducing mental vigor. The muscular efforts necessary in climbing hills and mountains causes their increased strength and hardness. Occupations which tend to develop bones rather than cellular tissue or brain, develop this temperament. Diet rich in phosphates and carbonates of lime further its growth. Mental causes effect this temperamental condition least of the three temperaments; the vital and mental being greatly influenced by cultivation and polish. Abraham Lin-

coln is a characteristic example of the motive temperament. Notice his physical make-up when next you behold his statue or picture.

As mental causes effecting this temperamental state we may mention ambition, love of power and authority, political struggles, revolutionary movements, and opposition in all forms, and constant resistance to the authority of others. Exercise of authority in military forms, and the weight of great responsibility arousing the *executive faculties* to their full capacity, are favorable to its cultivation. The bones are large and long, rather *long* than broad. Strong hard muscles and prominent articulation which give this temperament in outline and form angularity and sharpness. The figure is usually tall and striking, the chest moderate in size and fullness, usually contracted and shallow. Now this is a noteworthy fact, "Size, other things being equal, is the true measure of power." If the chest is narrow, contracted and shallow it must needs follow that the lungs are small; therefore, the circulation cannot be any too active. The blood is not as thoroughly aerated as it would be in large, deep lungs. This is important from a pathological standpoint. The shoulders are broad and definite. They are hardly ever burdened with excessive adipocene in the abdominal parietes; the limbs long and only moderately tapering; the face is oblong; cheek bones rather high; the front teeth large; the features generally prominent and sharply defined. Now, then, the facial expression is striking, grave, earnest, determined and sometimes severe and stern. Firmness of texture characterises all the organs; imparting great strength and endurance with an almost unlimited capacity for both mental and bodily labor. They never have any superfluous flesh, and there is more or less hollowness of the cheeks, giving an additional ruggedness to the features.

Children in whom this temperament plays a very prominent part are often very homely and awkward. Nux vomica has stirred up several awkward boys for me, who were inclined to stumble and fall over the least thing. There seems to be an unwieldiness of muscles. Ipecac and Capsicum children fall because of their excessive lymphatic condition, making them sluggish and causing the muscles to



become weak and debilitated. I merely mention this to show how you can frequently see the remedy by observing the actions, positions and physical conformation of your patient. Ambra grisea and Ogaricus children are called ampard, but they are not so necessarily. The mental temperament or nervous system predominating in these they fall because of their excessive nervousness. This assists you in directing your questions to the mother. Those endowed with this temperamental condition are sure to be known for strong, positive traits of character. With a goodly admixture of the brain element they are the acknowledged leaders in the spheres of active life where industry; energy, firmness, perseverance, indomitable courage, self control, and executive ability, are required. They are observers rather than thinkers; they execute better than they plan. Great power and activity in some particular direction rather than comprehensiveness characterize those in whom this temperament is uppermost. Directness of purpose, and persistence in any determined course which nothing is permitted to change. This is a euphemistic way of saying they are stubborn or refractory, like Nux, Silicea, Guaiacum, Nitric acid, Anacardium.

This temperament is strongly marked in the American Indian, and is very common in the states of Kentucky, Tennessee, Arkansas, Maine and Vermont.

The means of cultivation. This temperament is slower to develop than the vital or the mental. Hilly countries, mountainous, dry, stimulating atmosphere, muscular exercise as far as possible, in the open air, tend to increase its growth. Seek open discussion and conflict of opinions. Anything requiring the exercise of authority and involving the execution of important work assists in developing it. To counteract a superabundant motive temperament you must endeavor to cultivate the antagonistic vital organs which predispose to geniality, love of ease, versatility, vivacity and sociability. To subdue the hard and rather rough and *domineering motive temperament*, the refining influence of the mental system should come into play, combativeness, destructiveness, firmness and self-esteem, giving force, energy, perseverance and self reliance are very influential in this temperament.

I said Nux, Anacardium, Nitric acid, Guaic., in their patho

genesis, cause these peculiarities to stand out in bold relief. Lachesis, Lycopodium, Platina, Pallad., Alumina, lead in predominating self-esteem. These remedies affiliate readily with those who are proud and haughty, each, of course, differing as to particulars.

In noting these mental and temperamental peculiarities of your patients you are enabled to decide with great accuracy as to the appropriate remedy.

At our next meeting we shall take up the vital temperament, which also has its mental and temperamental peculiarities.

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#### IS THERE ANTIDOTAL ACTION IN A HIGH POTENCY?

If not Homœopathy, or in accord with the philosophy of homœopathics, what is it?

I preface my paper with the above question purely in a spirit of inquiry, and hope before many moments to demonstrate that there is, or may be much more in our philosophy that *needs* investigation. I lay no claim to priority of invention, for the use and work done by many of our *best*, because most successful healers of the sick have practiced, perhaps empirically by some, but intelligently by many, and what I have done in the way of investigation and proof, has been gratifying indeed. The practice of using a high potency of a drug (or substance which has been abused or has caused pathogenetic effects), as a simillimum, hence, in many cases cure or removal of those symptoms. This is a statement of the element that suggested this paper.

Hahnemann, in the closing sentences of Vol. I, (chronic diseases) in speaking of Psorinum says, "I call Psorin a *homœopathic* anti-psoric, because if the preparation of Psorin does not alter its nature to that of a homœopathic remedy, it never could have any effect upon an organism tainted with that same identical virus." "The psoric virus by undergoing the process of trituration and shaking becomes just as much changed in its nature as gold does, the homœopathic preparations of which are not inert substances in the animal economy, but powerfully acting agents,—and further on he says, "Psorin is the simillimum of the itch virus—there is no intermediate

degree between *idem* and simillimum, in other words, thinking men see that simillimum is the medium between simile and *idem*."

"The only definite meaning which the terms "isopathic" and "æquale" can convey is that of simillimum; they are not *idem*."

In this paragraph, I understand that Psorinum at that time had not been "sufficiently proven," as being his reason for not classing this remedy as an "anti-psoric," because until it had been *proven* it was "isopathic": but he does not therefore say it was un-homœopathic to use the remedy, but does call it a homœopathic anti-psoric.

This being so, we are justified in carrying out his advice, and, by investigation and pure experiment, prove the truth or falsity of the law.

Hering was the first and foremost investigator on this side the water, and it was he who said, "If we give up the strict inductive method of Hahnemann we are lost," etc. And is it not in this line of *induction* to apply the principle involved (in his remarks on the change produced, by potentiation, in Psorinum) to other substances, and it has been, and is being done. You all are more or less acquainted with the pathogenesis of Medorrhinum, Syphillinum and Pyrogenum, etc., and since the principle *works* under these remedies, why should it not under drugs and chemicals, so blindly used in the crude form by our opponents of the dominant school? Almost any one of the *polychrists* of the old school—*e. g.*, Quinine, Mercury, Arsenic, etc.) after it has been used to the extent of producing cachexiæ—that we have a crude proving of the drug—and in many cases it needs but a tyro in our homœopathic materia medica to recognize, from the symptoms in his patient, that this or that drug has been abused—and to me it is not a difficult matter to apply the principle above, and conclude that a potency of the drug abused in its preparation has undergone a change, so that it may be the simillimum for the drug *miasm*, and being so, it is still easier to proceed to carry out Hahnemann's injunction to experiment—investigate.

An ancient writer, I cannot recall the name, has said: "Every poison has within itself its own antidote," but he does

not tell how to extract that antidote—perhaps that *how* was left for our Hahnemann to discover in the wonderful process of *potentiation*—and in the light of clinical facts, facts that those here tonight have witnessed, there have been many evidences of curative or antidotal effects from the exhibition of the potency of the poison or drug as above suggested.

It is not the purpose of this paper to enter into an hypothesis of how or why—I simply wish to take up the salient facts of experience.

As Hahnemann has shown and taught—and since clinical facts are being piled up that potentiation does change the nature of these and all substances—it seems to me tenable on the evidences of pathogenetic effects produced by and through the vital force, which is “tainted” by the substance, that the potency of that substance may be the simillimum and thus homœopathic and curative.

The observing, thinking man (and a Hahnemannian must be this), will and does learn, that there is no substance with which we come in contact, even as a food, or even as a tool or element in daily use, as in the trades, e. g., that does not produce, in some one or more individuals, at some time and some way, pathogenetic effects, and these must be given value as provings.

One individual may be idiopathically susceptible to an article of food—has a craving for it, and indulging the appetite, symptoms are produced, more or less abnormal. Now suppose it to be a craving for cold milk, ice cream, ices, etc., and if a dose of Swan’s *cm.* or *dmm.* of ice or milk be given and straightway the abnormal appetite subsides, together with the symptoms that resulted from its indulgence, are we to say it is “Isopathy” and unhomœopathic and refuse to use it, or are we not rather warranted in supposing that the milk or ice, in potency, is a simillimum and therefore homœopathic?

I have had, many times, a remedy suggested to me by inquiring into the patient’s methods of work, and the substances which he is in the habit of handling or inhaling, and that substance in potency becomes a dynamis that unlocks the disease structure and at least paves the way to doing sure and curative work with other remedies.

The late Dr. Ballard called my attention to Dr. Sawyer's habit of giving a potency of a drug as an antidote to its pathogenetic effects, and while he also advised *caré* in guarding against forgetting Homœopathy in such prescribing, he could report many cases where such prescribing had aided towards cure, and Dr. Sawyer, I believe, has for years been a pioneer in this direction, and from observed success in his work, or special field, as also from some considerable success in my own efforts, I am inclined to believe that he has been working on the lines of a law. In other words, that the results he and others have obtained have only been additional proofs of the scope of the homœopathic healing art. In speaking of the treatment of disease, Hahnemann gives us, on page 138 and succeeding pages, some valuable philosophy, but he only arrives at a point where he confesses the inability of even Homœopathy to cure the patients, when, as he styles it, "Medicine can do almost nothing against those chaotic devastations of allopathic drugs, and woe to the homœopathic physician who means to make his reputation by the cure of such woefully mismanaged diseases." He will in spite of all his care, (see foot note page 140) prove that he had not yet progressed so far in his application of the law of similars as to have even thought of the efficacy of the dynamis of a drug to antidote by its homœopathicity the very miasm caused by that drug. While it has been pretty conclusively demonstrated by Swan, Sawyer, Ballard and others, that in their investigations and clinical results they have made very long strides towards a higher and more effective homœopathy, it is a fact easy of demonstration that cases reported in our journals are really but simple proofs of the inscrutable power of the simillimum over disease. I will in supplementary papers illustrate more fully the thoughts in this by clinical cases.

CHICAGO, September 16, 1883.

F. O. PEASE.

**THE IMPORTANCE OF RECOGNIZING PSORA  
IN PRESCRIBING.\***

W. E. RELLER, M. D., COUNCIL BLUFFS, IOWA.

None of the writings of Hahnemann have been so reviled and ridiculed as the teachings found in his works on chronic diseases. And yet any close observer who will study his writings diligently and apply their teachings carefully and intelligently in practice will soon be convinced of their genuineness. To the individual who has given this subject little or no attention, I would say, get Hahnemann's works on chronic diseases and study them, and to the writings of those whose vigilance and practical ability has done so much to demonstrate the truths of Homœopathy. My friends, it is a fact that the average homœopathic physician does not live up to the full privileges that he might enjoy by being thoroughly grounded in the philosophy of Homœopathy. The adage, "practice is better than theory," may be true, but the practice will be all the more perfect and the results more satisfactory by being thoroughly acquainted with the laws that govern the action of our remedies. When Hahnemann proclaimed to the world the results of his most profound study of diseases, and especially of chronic diseases, we learned that in the constitution of most every individual there existed one or more underlying influences which he termed miasms. That these miasms existed in some degree without causing any decided interference with health, except when aided by exceptional conditions, such as acute diseases, change of life, etc. The same is true today.

The constitutional miasms may be either latent or active. It is latent when no symptoms mark a deviation from health. This is seen in growing children and even in adults so long as the vitality predominates. It becomes active by the presence of acute diseases, known by making simple diseases unusually severe and prolonged; or as at the decline of life, when the vitality of the individual diminishes, we have tumors, malignant growths, etc. It is also seen in the increasing severity of recurrent attacks of diseases. After Hahnemann had recog-

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\* Read before the Nebraska State Homœopathic Medical Society held at Lincoln, June 14, 1893.

nized these facts he set about to find remedies that would cure these difficulties; and as a result we have the long and deep acting anti-psorics. In 1816 Hahnemann began a systematic study with special reference to the failure to cure chronic affections; but not before 1821 was he fully prepared to make known the results of his researches by the announcement of this theory of the three miasms, namely, the psoric, syphilitic sycotic. These, Hahnemann declared, constituted the bases upon which the multitudinous forms of chronic diseases were developed.

By the term psora, Hahnemann designated the internal cause, the constitutional miasm of which he regarded scabies as the oldest skin manifestation. He also referred to eczema, erysipelas, herpes, lepra, etc., as but other manifestations of the same internal cause. When we trace the intimate relationship between the various chronic cutaneous affections and taints of disease discoverable in preceding generations; or observe the frequent development of brain or visceral lesions subsequent to suppression of such local skin manifestation, we must acknowledge the evidence of a most intimate relationship between the external affection and the subsequently developed deeper and more fatal forms of disease. And again, when under the law of similars, we see cutaneous affections radically and permanently cured without the development of any untoward symptoms, and further see brain and visceral symptoms developed by the suppression of some skin affection by local treatment, subside on the reappearance of the eruption, then surely we must admit the truthfulness of the teachings of the great master.

Every observing physician has been impressed by the constitutional characteristics manifested in different members of a family, characteristics which give evidence of peculiarities found either in the paternal or maternal line, just as family likeness in features and form are transmitted, so family faults, either mental or physical, descend from parent to child through many generations. Recognizing the importance of heredity as a factor in disease, Hahnemann sought to impress the profession with the fact that the early history of a patient offered symptoms of as much importance and equally a part of the present condition, as though these early manifestations

were still existent. In other words, according to the teachings of Hahnemann, the past history of a chronic case is essential in forming a complete picture of the present state, and consequently necessary, not only for a correct diagnosis, but especially for determining the specific curative remedy. Thousands, already in early days of life, bear upon them the evidences of a deep seated malady, psora usually, though possibly syphilis or sycosis.

The bloom of health begins to fade, the skin assumes an unhealthy appearance, covered frequently with an unsightly rash, and to this is added, as the disease progresses, bowel and gastric troubles. Now, if to this is applied remedies for the sole purpose of speedily checking the diarrhœal discharges or for the sudden drying up of an eruption, the immediate object may be temporarily attained, but the diathetic disease will, in very many instances, progress rapidly and as a result we will have a serious gastro-intestinal or cerebral lesion which demonstrates the validity of Hahnemann's theory of the constitutional miasms, call it by whatever name you may the fact remains, nevertheless, the same. How different the results when the Homœopathy of Hahnemann is employed in the treatment of these psoric constitutions. The results of the properly prescribed indicated remedy may not be as sudden, but it will be more in accord with nature; and, further, it will not merely palliate, but go to the very root of the evil by eradicating from the system the idiosyncrasy on which is based the predisposition to disease. I have seen instances in which the children in a family would seldom live to become more than one year of age, sometimes two, but would die of intestinal troubles accompanied by diarrhœa and cerebral symptoms.

In one family in which I had good opportunities for investigation and observation, seven children died before they were three years of age; all dying of gastro-intestinal difficulties, and nearly all had symptoms of hydrocephalus; and those who did survive suffer intensely with chronic sick headache. I found on the maternal side that three sisters had died of tubercular consumption, and one was in an insane hospital. On the paternal side I found that the grandfather had died of consumption, and two sisters were insane.



Is not this a terrible demonstration of Hahnemann's psoric theory? Now, I am very glad to say from personal experience, that these cases are not all beyond our reach, and that, under the treatment taught us by our master, a great many of them may be saved to enjoy life and make useful and patriotic citizens. To accomplish this one must follow the precepts of Hahnemann laid down in the *Organon of the art of healing and in the chronic diseases*. It may not be amiss here to give Hahnemann's three rules concerning the rank of symptoms. It is hardly necessary for me to say here that one must get the totality of the symptoms as a basis on which to prescribe our remedies, which means not only the minutest detail of the patient's present condition, but his past history as well the history of his ancestors. Hahnemann's first rule is, that the characteristics of the remedy must be similar to the characteristics of the disease. That is, the symptoms of the remedy and the symptoms of the patient must not only be alike, one by one, but in both the same symptoms must be alike in rank. It will often happen that two or more remedies will have the same symptoms—their respective rank will decide the selection in those cases.

The second rule refers particularly to chronic diseases. He says in all chronic diseases, such as progress from without inwardly, from the less to the more essential parts of the body, from periphery to the central organs, generally below upwards; to give in all such cases by preference such remedies as are opposite in their direction or mode of action, such as act from without inwards, from above downwards, from the most to the least essential organs, and from the brain and nerve centers to the surface of the body. In the third rule he says, during the examination of a case, we should learn as near as possible the order in which the symptoms first made their appearance, and after a careful and complete examination we are to arrange the symptoms according to their value, that is their importance as indicative, giving those preference which were last to appear. If, after prescribing a well chosen remedy and the improvement ceases, we are to make a new examination to obtain a new image of the case, and to enquire particularly after newly appearing symptoms. The new selection must be made in regarding such new sym-

toms as most indicative or of highest rank. If we have cured a chronic case of long standing and the symptoms having disappeared in the reverse order of their appearance; we can discharge the case with confidence that the case is cured permanently and that the malady is not apt to return. Grauvogle says that many years of experience have shown him that in those of psoric tendencies, there would follow in almost unbroken succession the following characteristics, providing no treatment had been taken: Gastrosis, catarrhs, hæmorrhoids, sweating of the feet and hoarseness, headache and toothache, diseases of the eye and ear, purigo of the trunk and furunculosis, swelling of the cervical glands, rheumatism, swelling of the axillary glands.

Therefore, if one is found suffering from any of the above ailments there would be established the former presence of those of a preceding number. I have partially verified this a number of times. The great trouble being that most of the cases have been drugged before they come under our care for treatment. This always complicates matters and very often we have to antidote the previous treatment before we can get a clear conception of the actual condition of our patient. Very often after prescribing a well selected remedy in a chronic case of long standing an eruption will appear. This will frequently occur in individuals where there is no previous history of cutaneous disease. This always is a favorable indication. I have within the last year cured a case of several years standing who complained particularly of sick headaches, constipation, choking spells at night, sensitiveness of the spine, menstrual irregularities with backache, loss of appetite with great weakness, especially in the morning. About ten days after the first prescription there appeared a slight cutaneous eruption, accompanied by intense itching, and with it a decided improvement in the patient's condition. Although unpleasant to the patient I left the eruption alone for three weeks, I then prescribed Puls. and it disappeared in a few days. The case went on steadily to recovery. Puls. would never have cured this case to begin with. I will here offer a suggestion, it may be worth observing to see if there is anything in it or not, and that is this: when after prescribing a well chosen remedy in a chronic case of long standing and

an eruption appears, don't be in too great a hurry to change the remedy, that is to get rid of the eruption. I am inclined to think that the ultimate cure will be more perfect by leaving the eruption exist for a short period of time.

In acute diseases the importance of recognizing these underlying influences is hardly less than in the slow acting chronic affections. Their course is decidedly more decisive either for recovery or to a fatal determination, and a failure to recognize the underlying idiosyncrasy at once may prove fatal to the patient and embarrassing to the physician. We must learn to read between the lines; for I think, as a rule, the symptoms of which the patient complains the loudest, are not always the most indicative or important in selecting the simillimum. The first examination is the most important proceeding, and the measure of success depends largely upon its exactness and scope. Hahnemann devotes fifteen paragraphs of the *Organon* to this subject, in which he clearly shows that it is the foundation of all homœopathic prescribing. Upon its accuracy depends wholly the physician's ability to select the most appropriate remedy. If it is inadequate then the remedy selected must necessarily be inadequate to cure the diseased condition for which it was prescribed. We do not employ the deep-acting anti-psoric remedies often enough in treating acute troubles. I have had cases in which the apparently indicated remedy after persistent use in the various potencies failed to prove curative, but on a closer examination evidences of this underlying miasm were discovered and when prescribing according to the totality then found the case would respond promptly to the remedy thus employed. It is my conviction that we very often prescribe Bell. and its analogues, when Cal. carb. was indicated, and Bry. and that class of remedies when Sul. was the simillimum.

HOW A CASE OF GLEET OF SIX YEARS' STANDING WAS CURED.—Dr. H. E. Potter, of Clifton, Kan., writing, says: “A case of gleet of six years' standing, being the result of gonorrhœa, and which had resisted all other treatment, was cured by the use of one bottle of *Sanmetto*. The prostate in this case was very much enlarged and an attempt had been made to reduce it by means of saw palmetto, but the stomach rebelled against the nauseous taste of this drug, and it had to be discontinued before any impression was made. I consider *Sanmetto* an excellent preparation, and capable of doing all that is claimed for it. In addition I find it an excellent cardiac tonic. Its manufacturers have surely succeeded in making *palatable* two valuable but *nasty* remedies.”

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THE NATIONAL SOCIETY of Electro-Therapeutics held its first annual meeting in New York on September 28 and 29. The proceedings were opened with prayer by Rev. Mr. Campbell, of the Lexington Avenue Baptist church, after which the president, William Harvey King, M. D., read his address, an able paper. Papers were read by eminent physicians and specialists throughout the country and the attendance was large. The meeting was harmonious throughout. The officers elected for the ensuing year are: President, William Harvey King, M. D., of New York; vice-presidents, William L. Jackson, M. D., of Boston and Frank E. Caldwell, M. D., of Brooklyn, N. Y.; treasurer, F. A. Gardner, M. D., of Washington, D. C.; secretary, William H. Bleeker, M. D., of Brooklyn, N. Y.; members of the executive committee, Walter H. White, M. D., and A. J. Baker Flint, M. D., of Boston. The society adjourned to meet next September in New York city.

# THE CLINIC.

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## INTERMITTENT FEVER.

V. H. HALLMAN, M. D., HOT SPRINGS, ARK.

I made a beautiful cure in a case of intermittent a few weeks ago. One of those southern cases that can only be cured by Quinine (?).

The patient, a little girl about 7 years. She had had several hard chills; began in tertian type, anticipating every day  $1\frac{1}{2}$  to 2 hours until it became quotidian, paroxysms were well defined. I explained to the mother the importance of taking every symptom carefully, and she took observations to the best of her ability.

I prescribed several remedies with indifferent results. The remissions were complete; complexion yellow, at times ashy hue; appetite fairly good, but child became emaciated, seemed changed, irritable and physically sensitive.

Here I had an opportunity to note all stages one evening, beginning about seven o'clock. Child was playing about the house moderately, then came and sat in little rocker in a tired way, and seemed to be quietly meditating; in a few minutes she became drowsy, yawned, face became pale and cold, distressed expression, drank water freely and greedily with shuddering; this was soon followed by a violent chill, the thirst abated, nose and ears icy cold, body drawn in a heap, pulse small, teeth chattering, wants to be well covered, continued about thirty minutes.

Thirst during heat, temperature  $105\frac{1}{2}$ , bronze flush on face, skin dry and hot.

Profuse sweat with relief, strong odor, discolors linen.

I informed the mother I believed I could now relieve the child. I gave four doses of Lachesis, 30, about 15 drops in half-glass water; no more paroxysms, rapid improvement followed from that minute, and in a short time child was hearty and plump.

I have another Lachesis case even more interesting than

this, I had about two weeks ago. I have seen only two cases of pernicious malarial fever since I came south (three years). In one case I was called in in time to see the patient die; in the other case, and, by the way, a violent one (algid type), I had the privilege of the first prescription, Carbo, veg. 30; the results prompt and wonderful. I afterwards cleared the case with Meneganthos, 30.

#### CHRONIC GRANULAR CONJUNCTIVITIS.

Miss P., a school teacher, aged 42 years, had a serious case of trachomatous granulations, associated with pannus, affecting the entire palpebral surfaces of the upper lids, more extensively in the right eye; the granules were strictural in their formation, almost as hard as shot to the touch, packed together and crowded upon each other, till the whole lining membrane of the lids was one mass of proliferation, having the appearance of the surface of a huge raspberry, or, as it has been likened to the appearance of numerous and densely packed grains of boiled sago. When seen by me, the condition had lasted twelve years, with periods of exacerbation and amelioration, being worse in summer and better in winter, the intervals of discomfort gradually lengthening till the annoyance was seriously troublesome all the year round, but still influenced on the original plan of its condition at the onset, viz., alternately worse and better in the warmth and cold of the two seasons. The cornea, in consequence of the inoculating quality of the secretions, and the mechanical state of friction due to the rubbing of the lids over their surfaces with each motion of winking, or in closing the eyes, had caused extensive opacity in the upper half of each cornea, with inflammation, hypertrophy and roughness in the corneal tissue, the conjunctiva being traversed by numerous vesicles springing from the bulba conjunctiva and passing over the limbus and out upon the cornea, where they spread themselves generally upon a dull opaque base of hypertrophied tissue. In some places a marked ulceration had commenced in the corneal tissue. A decided disposition to entropion existed and some of the lashes actually touched and irritated the cornea, so as to necessitate their removal. Vision, of course, was seriously disturbed, as is always the case where a pannus encroaches

upon the pupillary area, especially upon the part that lies directly opposite the axis of vision.

The special symptoms associated with this case, beyond those already detailed, and for which the simillimum did its work beautifully, were as follows: Black spots and floating gnarls, as of entangled hairs in the visual field, moving *with* the eyes; these appearances being more marked before the right eye; photophobia was pronounced, especially so on exposure to the *sun* light; less so to artificial light. For the two years just preceding her report to me, she had had much smarting and itching of the eyes and lids, with an associated feeling, as if salt had been thrown into the eyes. Eyes were worse at night, and lachrymation then was abundant, when the feeling as of the presence of salt in the eyes became much augmented, till she was almost wild from the discomfort. The nostrils were obstructed much, with a condition of dry coryza; scabs forming in the nose and bleeding following their removal; these scabs sometimes passed through the posterior nares into the throat. Has had much indigestion with heavy weight in the stomach after eating, while sometimes bitter and sour vomiting occurred, with a disposition to eructations. Milk invariably disagreed. Menses were, at this time, late and delaying, as they had for several succeeding times, owing probably to the onset of the climactic state; formerly, however, the secretion had come too early and abundantly, though lasting for too short a period; there was usually no pain as an accompaniment. Before and after the menses she had an abundant, dark brown leucorrhœa, often acrid in quality. The condition of the bowels was one of habitual constipation, the stool being small, with a feeling as if it could not all be expelled; hemorrhoids were frequently present and painful, often swelling externally, becoming moist and sometimes bleeding. Had much sinking, gone feeling at the stomach, associated with a great disposition for yawning. She complained much of a dull pain in right hip and thigh, as if sprained, the pain being aggravated at night.

The curative process started at once and made rapid strides after the first dose of Nitric Acid. No other remedy was required to accomplish the cure; an occasional repetition of

the dose was all that was needed to effect an entire relief, and restoration to the host of disarranged tissues.

Six short months of treatment was enough to complete a curative process that for twelve long years had been an undermining progression—a change that nothing short of the simillimum can ever effect. The potencies used was at first the 30th, followed later by the 200th.

Boston, April 3, 1898.

DR. FRED'K W. PAYNE.



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MATERIA MEDICA  
AND  
THERAPEUTICS.

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H. C. ALLEN, M. D.,  
EDITOR.

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THE MEDICAL ADVANCE CO.,  
CHICAGO, ILL.

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**DARIS D. THORP, PRINTER AND BINDER,  
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# MATERIA MEDICA AND THERAPEUTICS

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## BORAX.\*

J. T. KENT.

There is very little to be observed on the exterior of the Borax patient. There have been but few eruptions so far as the proving has gone; so far only some hybrid vesicular eruptions, about the nose and mouth. This is in keeping with Natrum, to which Borax has many resemblances. There are purplish patches on the skin, looking like erysipelas, especially on the lower extremities.

The Borax patient is very nervous, very fidgety, hyper-sensitive: sensitive to surroundings, to noise, to the slamming of a door—as if an electric shock were going through the body; sensitive even to the moving of a latch or the rustling of paper.

There is relief from moving, from walking, from walking in the open air. The patient can not be quiet. He is often sensitive to cold, but better in motion in cold air. He is a warm patient, but sensitive to cold when quiet; worse in an over-heated room; sensitive when quiet to extremes of both heat and cold; worse in wet weather.

This sensitiveness through the body is taken from Natrum. The salts of sodium all have this. The patient is oversensitive to music. Pathetic music produces tearfulness, arouses melancholy, sadness. This sadness is often felt under other circumstances; he is low spirited, changeable, moody, sensitive to impressions.

There is anxiety from peculiar causes—especially from downward motion. The feeling is in the head, in the stomach, in the limbs, or as if a current of electricity spread over the whole body, as if dizzy. This comes on from going down in an elevator. The patient will not go down in an elevator; if he does, he does not know where he is; he loses himself with anxious excitement.

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\*Notes from lecture in Philadelphia Post Graduate School.

Borax cures the severest forms of dysmenorrhœa when this aggravation from downward motion is present. This symptom may be present only during the menses. It increases when the other symptoms increase.

There are basilar headaches, worse from motion; throbbing pain from motion; pulsation like hammers. (Borax takes this from *Natrum*.) Anxiety from downward motion. The vertigo is found especially in nervous, sympathetic, sensitive women. They are startled and jump when they hear noises. They have great difficulty in going down stairs; they cling to the banisters for fear of falling. Everything goes round and round; everything becomes black before the eyes. This state comes on from going down hill, from getting out of a carriage, etc. It is especially seen in infants; the child screams and even wakes from sleep if it is laid down in the crib. The child cannot go out of the arms—must be carried on the same level. Some cases are worse from *upward* motion. Especially is there screaming on being tossed up and down.

There are marked disturbances of mucous membranes. Aphthous patches in the mouth are sometimes very offensive, generally red, raw, covering the buccal mucous membrane—so raw and sore that the child lets go of the nipple. With this there is more or less vomiting; of food in curds, of slime, of glairy mucus. There is diarrhœa, with yellow, undigested stool, tinged with green; or slimy, like white of egg.

The catarrhal discharges are like white of egg—stringy, white, excoriating. Stringy white discharge from nose.

The leucorrhœa is a sudden gush of hot, watery fluid, which runs down the thighs; albuminous, like white of egg, worse midway between the menstrual periods, or coming at that time alone. This is a peculiar symptom, for leucorrhœa is generally worse before or after the menses.

Uterine symptoms: The menstrual pains are like labor pains, distressing, tormenting, grinding, making the patient cry out; in the back, hips, uterus—all the pelvic viscera. The flow is mingled with membranes. Borax will cure membranous dysmenorrhœa when the symptoms agree.

Borax is useful in complaints of the breast—in mothers who have never been able to nurse their babies; in disturbances,

when the milk is thick and ropy or thin and watery and very scanty.

The constipation is not a very important feature. The stool is in round balls, hard, and the patient goes many days without stool. There is diarrhœa in alternation—slimy, sometimes membranous, with mucous folds, casts off portions of the intestine and rectum. The stool is pappy, soft, yellowish. Borax cures chronic diarrhœa with yellow, pappy stool. (The Natrums have a reputation for curing chronic diarrhœa; Natrum sulph. is most frequently indicated).

Borax has a milder fever than Belladonna. In Belladonna the fever is intense. Many of the symptoms are the same—pain in the back of the head, rolling of the head, marked congestion of the head, with thrush, with vomiting, with abdominal disturbance. Borax is deeper acting than Belladonna.

Basilar headaches are found in Borax. This is not surprising, since Natrum mur., Natrum sulph. and Natrum carb. have produced symptoms in the back of the head and neck, like spinal meningitis. Borax also has terrible pain in the back of the neck. Natrum sulph.: pain in the back of the head like the gnawing of a dog. Borax: pain in the back of the head, worse from downward motion, with twitching of the muscles from every noise, as from the slamming of a door.

There is *tension* of the nervous system, in intense constitutions; in women who are intense. They are not feeble minded; they have an active brain, they enjoy and suffer intensely, are sensitive, sensitive to pain. All the Natrums are sensitive to pain, all suffer intensely, are oversensitive to everything. Seldom think of Borax without the intensity.

In institutions where infants are kept are a large proportion of Borax cases—in foundling asylums. These children are illegitimate, fraudulently conceived. Sometimes they are deformed. They often suffer with atrophy of the cerebellum. After a time they vomit milk. There is sinking in of the occiput. The parietal bones stand out over the occiput. The infant passes a clay colored, slate colored stool; bluish, greenish, pea-green, dry and crumbly. It breaks after being on the napkin, though it is soft and pappy. It looks as if it

had been squeezed tight and all the fluid pressed out—like slate ground with white chalk.

A large proportion of illegitimate infants die with this sort of trouble, in foundling homes. They are conceived under difficult, disappointing, clandestine relations. Borax may cure if given soon after birth. Many of them, however, die. This disease is hardly ever discovered in legitimate babies. The cerebellum has great power over the sexual organs. Here there is the clandestine conception, and afterward the atrophy of the cerebellum. These things are all connected. Borax has a profound impression on the posterior part of the head. It has cured basilar meningitis even when caused by suppressed ear discharge. M. A. J.

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#### ARGENTUM NITRICUM.\*

Argentum nitricum is one of the most abused of all drugs. It is used for a local cauterant for granular lids, sore throats erosions of surfaces, fungous ulcers, fungous surfaces and granulating surfaces of mucous membranes. Patients sometimes remain poisoned for years by its local use, and will not recover until the antidote is found. Symptoms are sometimes driven from one mucous membrane to another by its local use. We see patients with sore throat who have had an ulcerated cervix treated with silver nitrate. There may be granular lids, ulceration of the eyes. Often Natrum mur. is the remedy with which to begin. Formerly people were stuffed full of silver nitrate until the skin was black, when they had epilepsy. When the silver nitrate was implanted in the economy as a disease the original disease disappeared. If the silver nitrate could have been antidoted the epilepsy would have come back. So Quinine can suppress malarial fever when it is not similar enough to cure it. A dissimilar disease will suppress all the symptoms. If similar to the original disease it would cure it. The morphine disease suppresses the pain. If diseases could not cure each other, drugs could not cure disease.

Argentum nitricum has had a long and full proving. It is

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\* Notes from lecture in Philadelphia Post-Graduate School, by Prof. J. T. Kent.

a hard study, rich in in symptoms. It enters far into nervous manifestations.

• The symptoms come out through the emotions, through the mind, the will, the impulses. There are fanciful notions. The patient is a queer chap. He always has most singular reasons for what he does. He has a hidden motive for everything that he does, and he is ashamed of it.

The patient is very excitable, easily disturbed. The emotions are easily wrought up. There is latent anxiety. He is unable to wait, to control himself. He does things before the time—he feels hurry, anxiety to have things over with that must be done. He is in advance of time for a train, and in anxiety until it goes. He is emotional, excitable, when he has anything to do; so excitable when dressing for the opera or for church that a diarrhœa comes on. A singer or public speaker is not so much disturbed while performing his work as before it; there is excitement, anxiety, and a diarrhœa comes on.

He thinks all his friends have abandoned him. Things seem strange. There are all sorts of delusions. He lies in bed all day with the eyes closed when he is perfectly able to work, and says he is feeble, tired, sick. He imagines that he is going into softening of the brain, and says he has no friends, no reason. Yet he seems to his friends to work properly and with vigor; when he forgets himself he performs things all right.

There are queer notions of fear. The patient is afraid of a crowd. He thinks that if he goes by a certain door he will drop and create a sensation; he will go round a street corner to avoid that door, and will give all sorts of queer reasons for doing so. He has imaginations, illusions. He will not cross a certain river, or a certain bridge. He is seized with a desire to jump in the river when riding over that bridge. His friends consider him queer. Notions come up in everything that he does. He does everything differently from other people. He thinks that if he should do so-and-so, something would happen. Certain high buildings seem to him to approach each other, he thinks that if these buildings should come together they would crush him. He breaks out in sweat, trembles, sometimes is tearful; he turns and runs. He

will not go through that place. He knows his fear is unfounded, but he can not get rid of the idea. The anxiety and fear sometimes amount to melancholia and hypochondriasis.

There are disturbances of vision. Signs in the street seem to come down in his face, and he dodges them. He has visual vertigo—is dizzy with the eyes shut—must see everything.

Most of these symptoms carry these peculiar features with them.

The headaches are striking. They are bursting, severe, congestive, better from tight bandaging; pain in the forehead, over the eyes. With the headaches there is such an engorgement of the head and neck with heat that the patient must open the collar—there is choking of the collar.

In the highest potencies this remedy produces granular lids. After its external use in the crude form it has been noticed that the granulations remained away longer than after other applications. So blue stone will produce granular lids.

Argentum nitricum is a wonderful eye-remedy. It produces inflammation of the conjunctiva, chemosis, varicose veins. The eyes are red and tumid, burning, smarting, dry. There are peculiar growths from the canthi, looking like pterygium. This remedy has stopped the growth of pterygium and caused it to diminish. (Zincum has cured pterygium.) The eyes are raw like raw beef, with bleeding points. There is tumefaction of the lids, and they are cracked at the margins and sore. It is sometimes indicated in purulent ophthalmia and ophthalmia neonatorum. In the old school it is used for the cure of those conditions. It cures quicker in the highest potencies when indicated. It is useful also in scrofulous affections of the eyes.

In the nose there are marked catarrhal conditions: burning, smarting; discharge,—watery, bloody, thick, yellow or yellowish green, sometimes in crusts. The burning is a marked feature.

There is sticking and tearing in ulcers in the throat, like the sticking of sticks, like fish-bones in chronic, deep ulcers of the throat. (*Hepar* also has ulcers in the throat, jagged, inflamed, deep ulcers. But *Hepar* is chilly, freezing, and



wants to be covered; while *Argentum nitricum* is burning up and can never get cool enough. The distinction is not in the throat, but in the modality of the *patient*.)

*Argentum nitricum* is better from cold, except in the mouth. The toothache is better from warmth. The chest and stomach are better from cold.

There are catarrhal conditions in the chest; marked forms of rattling cough, in bronchitis, even associated with tuberculosis. In tuberculosis, although the patient is prostrated, emaciated to a skeleton, and has night-sweats, he still wants to go out to get cold lake or ocean breezes; he sits in the window with the wind coming in; he likes to breathe cold air into his lungs. *Argentum nitricum* will palliate this consumptive, will relieve his cough, strengthen him and give him an appetite.

There are *stomach* symptoms: the patient vomits everything—food, bile, blood. He craves cold water. He is worse one hour after eating. He feels engorged after eating. There are ulcers in the stomach; burning, tearing pain in the stomach—it fills up with gases, and food is vomited, a little at a time. When the stomach is empty there is relief.

There is flatulence with great distress, and passing of wind up and down. The bowels rumble and are distended. It seems as if the patient would burst. Involuntarily the mouth seems to open and the gas rolls out in volumes with great noise. The rumbling is constant and the abdomen is sensitive. Chronic diarrhœa then comes on, with stools at no given time.

*Argentum nitricum* cures most marked troubles in infants; diarrhœa, with grass-green stools; cholera infantum; great flatulence. The mother is a candy eater. The provers are great eaters of sweets. They crave sugar, sweets, sweetened water, and this produces diarrhœa. *Chamomilla*, *Aconite*, *Argentum nitricum* and *Mercurius* are prominent in such diarrhœas. In one that has come on suddenly from taking cold, with fever, the patient restless, nervous, nowhere satisfied, give *Aconite*. When the patient has grass-green stools, and wants to sit all the time at stool, or if too young for that strains constantly, passing little dabs, give *Mercurius*. When the child wants to be carried, it means *Chamomilla*. When

the mother has been eating candy, it is *Argentum nitricum*. The mother must stop eating candy.

There are heart symptoms: Enlargement with most violent palpitation affecting the whole body; throbbing all over that can be heard and felt; great heat—better in the open air, better from fanning. The patient cannot lie on the right side (most palpitations are aggravated by lying on the left side).

There are all sorts of disorders of menstruation; it is too soon, too late, scanty, or copious. The flows are generally black. Provers are mostly affected on the right side with the ovarian symptoms. Provers of *Argentum metallicum* are mostly affected on the left side. Clinical experience shows that *Argentum nitricum* affects both ovaries, one as often as the other. Clinical experience often rounds out a remedy and brings out its value.

This remedy has most dreadful dysmenorrhœa with palpitation of the heart and nervous anxiety, relieved in the open air or in a cold room; desire for ices and cold drinks; great bearing down; pain in the left ovary extending down to the knee; copious leucorrhœa. Ulcerations are often present. There is a peculiar condition of the surface: fullness, engorgement of the cellular tissues; the veins stand out; the hands puff; the eyes are glassy and protrude; the skin is hot and puffy; there is feverishness without rise of temperature.

There are pains in the back of the head with heart symptoms—occipital headaches relieved by pressure, worse from lying down, worse from heat; confusion of the mind with heat.

No other remedy looks just like *Argentum nitricum*.

M. A. J.

**PROVING OF GELSEMIUM SEMPER VIRENS.**

F. F. de Durky, M. D., at that time 34 years old, in perfect health; pulse, 64 to 68 beats per minute.

June 2, 1867, commenced proving of *Gelsemium Semper Virens* by taking 10 drops of mother tincture at noon; 5 o'clock P. M., 10 drops more; 7 o'clock P. M., 15 drops; 9:30 o'clock P. M., 25 drops, without any further effect than very slight flushes of heat, especially on upper part of body. Sleep during night somewhat restless.

June 3d—Morning, 8 o'clock, whilst at breakfast, 40 drops. Half an hour later, dizzy, almost reeling, with a dullness in the head, indistinct vision; pulse increased in rapidity, 16 beats.

Walking out almost staggering, with feeling as if intoxicated. At noon, pulse increased 20 beats; 2 o'clock, 20 drops. After lying down, a stiffness in both knees, painful on bending. More painful at the beginning to move about. During night woke up with a rheumatic drawing pain in both knees; when bending them a crackling sound, with a snapping of the tendons. Feel inclined to be morose and cross; eye and head symptoms all ameliorated.

June 4th—Morning, 8 o'clock, 25 drops; 10 o'clock, pulse 84. Slight humming in the ears, fullness in head, slight frontal headache; all day irritable mood. Deep-seated severe pain in both knees. Head symptoms all better in the afternoon, but pain in back, between the shoulders, instead.

Seven o'clock P. M., 35 drops; 9 o'clock, slight humming in the right ear. Pain in both knees increased. A dull, severe aching apparently in the bones of legs all the time; very much increased by motion, but worse in the left. Slight rheumatic like pain in right forearm. Went to bed restless; slept some; awoke about 12 o'clock with excruciating pains in both knee joints; could not go to sleep again for pain, which seemed to be in the bones. Soreness on the right side of the thorax, where the sixth rib joins the sternum, tender to the touch all along that rib, most so near the sternum. Slight toothache in upper jaw. Skin warm; pulse increased 20 beats or more, up to 90. All the symptoms getting better on being up a short time. Head, clear.

June 5th—Kept bed all day, suffering much; 7 o'clock P. M., pulse increased 35 or more beats, up to 100. Dull indistinct feeling in head, slight headache over right eye. Poppy taste in mouth; all day the same; pains in knee joints getting worse in the evening. Right forearm very painful, deepseated drawing and gnawing pains; no medicine all day; 8:30 o'clock pains increasing too much, took Bryonia to counteract them.

June 6th—Could not go to sleep all night on account of pains in both knees and right forearm; pulse this morning increased up to 100; symptoms generally better. Head feels dull and confused; sensation of numbness in both thighs. About 10 o'clock P. M., chilly sensation all over.

June 7th—Could not sleep all night, more from nervousness than pain. Hardly able to walk, not been out of the house for three days. In the afternoon another chilly sensation, followed by heat and perspiration. Towards evening pains began to be worse in right knee joint.

June 8th—Legs almost of no use, for the pain in both knees and all along the calves, almost unbearable. Aggravated at the beginning of the least motion; relieved by continued motion. Electricity (Forsdic) relieved them for the time being, but not lastingly. The warmth of the bed also aggravates the pains and makes moreover so nervous and restless as to prevent going to sleep. Elbow joints not quite as bad as before. Symptoms in general are commencing to ameliorate; pulse increased to 96-100; dull confused head, unable to study or read. Yesterday and day before teeth felt and feel now as if they were too long. No appetite, food tasted bad.

On June 4th and 5th the pain was worse in left knee. Since then it has been most excruciating in right knee, especially on first motion, preventing me almost from moving about, compelling once in a while suddenly to scream out. Applied a wet bandage about 5 o'clock P. M. Since then pain is easier.

June 9th—Almost completely paralyzed. A helpless, powerless feeling in both legs, combined with most excruciating pains in the knees. Elbow joints very tender, in fact almost every joint in the body seems to be attacked. There was

this morning a slight mucous discharge from the urethra, with slight tittillation. Head feels dull and confused.

June 10th—Pains are considerably easier, yet so severe still that they make me cry out once in a while. Ankle joints are more tender and painful than knee joints now. The right leg from the knee down is considerably swollen this morning and slightly reddish, feet have been very warm all along; heat predominating generally. Slept more last night than any night since proving began. On awakening this morning had been perspiring all over. Poppy taste in mouth with a secretion on the lips drying on. A small excoriation of the mucous membrane inside on the right side of the under lip.

June 11th—Rheumatic pains in the left upper arm and right forearm. All joints considerably better; was able to go out for the first time.

Symptoms got gradually better until by the 20th of June they had entirely disappeared.

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**EPISTAXIS (HÆMORRHAGIA NARIUM).\***

EDUARDO FORNIAS, M. D., PHILADELPHIA, PA.

The site of this bleeding is the mucous lining of the nasal fossæ, and it is one of the most common varieties of hæmorrhage, due probably to the great vascularity and little support of the blood vessels of the part. It may flow anteriorly, from both nostrils, but, as a rule, only one is the channel of exit; or posteriorly, constituting what is termed "Choanorrhagia." It is produced by an injury, such as a fall or blow, or is the result of an operation, or due to local congestion, brought about by running, coughing and blowing the nose too hard, especially when there is a predisposition to it; or depend upon passive congestion, with disease of the heart or lungs; or upon a medullary growth within the nose; or arise from an impoverished state of the blood, as in scurvy, purpura and anæmia. Frequently it is supplementary to the menses, when it is called vicarious, and even an essential variety is admitted, which occurs spontaneously and is ascribed to the hæmorrhagic diathesis. (Hæmophilia.)

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\* *Trans. Hom. Med. Society of Pennsylvania, 1887.*

According to Espanet of France, it is often one of the first manifestations of the hæmorrhoidal constitution, and later in years it is usually replaced by hæmorrhoids. There are cases on record in which the blood, after passing posteriorly into the larynx and stomach, has been coughed up or vomited back, giving rise to the belief that the bleeding was of pulmonary or gastric origin.

As a concomitant, epistaxis is sometimes observed in acute pneumonia, either as an early symptom or among the phenomena of the crisis. It is seen in chlorosis, and especially in that variety of anæmia known as Grave's disease. In purpura hæmorrhagica it constitutes the most common bleeding from the free surfaces. We may find it as a precursory symptom of fatal cerebral hæmorrhages. It is a frequent attendant of severe attacks of whooping cough, and whilst it shows how great is the interference with the circulation, it often becomes a valuable remedy. In measles it occurs as a complication, and in rare cases may be so great as to endanger life. Finally, bleeding from the nose has also been noticed in dengue, diphtheria, erysipelas, influenza, relapsing fever, scarlatina, variola maligna and yellow fever.

An attack of nasal hæmorrhage may occur without any prodromic symptoms, or be preceded by a heaviness of the head (more or less marked), a tickling which provokes rubbing of the nose and sneezing, or by congestive cephalic phenomena, such as heat and redness of the face, injected eyes, violent beating of the temporal and carotid arteries, frontal headache, buzzing in the ears, blurring of the sight, dilated pupils, photophobia, vertigo, and a full, quick, bounding pulse.

The period of life most common for its occurrence is puberty, but no age is exempt from it. Dr. Preston, in an article on nervous hæmorrhages, which he wrote some years ago, asserts that "epistaxis forms the most common hæmorrhage of childhood, and that in a great proportion of cases is simply and perfectly harmless. When it is dependent upon active congestion it is usually arterial, and proves its own remedy; when it is the result of mechanical congestion or forms one of the developments of the hæmorrhagic diathesis, it is passive and probably venous."

The amount of blood lost varies from 100 to 200 grammes. In certain individuals it recurs frequently, especially in summer, and the flow may be so profuse as to produce syncope. In those who suffer from hæmophilia it may prove fatal in spite of treatment.

*The local treatment* consists: First in the removal of the cause, such as foreign bodies, fragments of denuded or dead bones, etc., or in the restoration and retention of displaced parts in their normal position (in case of injury). Second, in diminishing the flow of blood by means of a convenient posture of the body, the recumbent being held by some the best. (The flow of blood has been arrested by directing the patient to stand up with the head elevated, compressing the nostril, whence the blood flows, with the fingers, raising the corresponding arm perpendicularly, and holding it in this position for about two minutes.) Third, in the dashing of cold water on the face, or its injection into the nostrils, or the injection of styptic cold solutions, in laying a bag of ice on the forehead, or in snuffing up powdered astringents (matteo or gallnuts) into the nose. Monsel's solution on pledgets of cotton carried up to the bleeding spots has been used with success, and, if in special cases these means fail, we can resort to the platinum wire loops of the galvano-cautery; and, fourth, in compression, either on the facial artery, where it reaches the alæ, or in the carotid, or by plugging, anteriorly or posteriorly, as the case may be.

The plugging of the posterior nares is best effected by passing a Bellocq's canula along the floor of the nose, with the piston drawn out, and after the curved point has projected below the soft palate, to push forward the piston which carries the eyelet into the cavity of the mouth then thread it and draw out the piston conveying the twine, and in this manner we have got a string passing along the floor of the nose, through the posterior nares, looped around the soft palate and emerging at the mouth. A roll of lint or a piece of sponge, somewhat larger than the opening of the nares, is next attached to the lower part of the cord, twelve or fifteen inches from its extremity, and by gently pulling the upper or nasal part the plug is drawn into the mouth, behind the soft palate and into the posterior nares. The ends of the string should then be secured

for withdrawal and the plug allowed to remain a day or two, as required. Bear in mind that "the long retention of the plug in position is followed by great fetor and the free formation of muco-pus, conditions which tend to debilitate the patient. If both nostrils are to be plugged, repeat the operation, and if the anterior and posterior nares, pass a double string, and after attaching the rolls of lint conveniently draw them in opposite directions.

#### INTERNAL TREATMENT.

*Aconite.*—This is a valuable remedy, if the approach of the bleeding is attended by marked anxiety and restlessness, indicating that the circulation and nervous system are greatly disturbed, or if such condition should supervene during the attack, especially in young and plethoric individuals. It precedes Bryonia or Nux vom. if the bleeding recurs from the least stimulating or heating cause, as for instance, wine. [Aconite is never indicated in hæmorrhage when the mind is calm and the patient cool and self possessed.—ED.]

*Amm. carb.*—If the epistaxis appears every morning on washing the face, after repeated sneezing, or after dinner, especially if after the flow has ceased a bloody mucous is frequently blown from the nose.

*Argent. met.*—If preceded by a tickling, crawling sensation in the nose, occurs after dinner, or if the bleeding starts at the least effort, as blowing the nose (*Rhus tox*).

*Arnica.*—Nose-bleed from mechanical causes, as blows or falls, copious on every exertion, preceded by tingling, frequently with bruised pain and repeated sneezing (*Amm. c.*); in the morning *Carbo v.*, *China*, *Bryon.*); after washing the face (*Amm. c.*); caused by cough, with blood shot eyes. The blood is bright-red or mixed with clots.

*Belladonna.*—If the patient shows signs of cephalic congestion, such as heat and redness of face, frontal headache, tingling in the nose (*Arn.*); beating of carotids, dilated pupils, vertigo, obscuration of sight or buzzing in the ears (*China*, *Nux. v.*), especially if the blood is bright, red and hot, flows freely even from both nostrils. The bleeding appears during the night, surprises during sleep, awakens and returns sometimes in the morning.



# MATERIA MEDICA AND THERAPEUTICS

## EPISTAXIS (HÆMORRHAGIA NARIUM).\*

EDUARDO FORNIAS, M. D., PHILADELPHIA, PA.

*Bryonia*.—For vicarious bleeding I do not know a better remedy. It is also indicated if the epistaxis is due to a general state of vascular erethism or congestion; the blood is bright-red, occurs principally in the morning as soon as patient moves about; about 3 A. M. (Sulph. 3 P. M.) or at night during sleep, or after being under the rays of an ardent sun.

*Calc. ost.*—When the blood flows from the right nostril, especially in the morning, with obstructed nose, with disturbed menstruation or fainting spells. Also in scrofulous children, if the bleeding is frequently repeated and without any apparent cause.

*Carbo an.*—When the bleeding takes place every morning and is preceded by a dull feeling in the head or by vertigo.

*Carbo veg.*—At night, in the morning, or in bed, especially if before and after every attack the face becomes pale and pulse small, intermittent. Every morning a few drops of blood flow from the nose, but during the rest of the day the bleeding is very profuse and long lasting, repeated several times daily for weeks, and provoked by the least movement. But worst of all, at night or in the forenoon, when it is followed by pain over the chest. Also after debauch (*Nux v.*), in old debilitated people (*Sec.*), and while straining at stool (*Coff.*)

*China*.—In habitual nose-bleed, especially if it occurs in the morning from six to seven o'clock, and is very often renewed. It is principally indicated when repeated losses of blood have left the patient in a weak, anæmic condition (*Ferr.*), with humming in the ears, pale face and fainting spells (*Calc.*)

*Cina*.—Indicated when the bleeding from the nose occurs

\* Notes from lecture in Philadelphia Post Graduate School.

in children who suffer with worms (Merc., Spig.) Constant desire to rub, pick or bore into the nose; extreme hunger; ill-humored; grinding the teeth during sleep; enuresis nocturna; crying out in sleep as if delirious; bluish rings around the eyes; pale or blue color around the mouth.

*Crocus sat.*—Is the remedy for women who menstruate profusely and long and are subject to fainting at the approach of the menses. At the moment of the attack, the forehead becomes bathed with a cold perspiration (Verat. alb.) The blood is black, thick and glutinous and hangs from the nose in long strings (Merc.) Periodicity and chronicity are characteristic.

*Dulcamara.*—If the blood is hot and clear, with pressure above the nose, or when it occurs immediately after getting the feet wet.

*Erigeron.*—When attended by fever, rush of blood to the head and red face. (*Erethites*, like *Erigeron*, is indicated when the primary hæmorrhages are attended by excitement of the circulation and the blood is of a bright red color.)

*Ferrum.*—Is the remedy, either for a profuse, repeated bleeding through one nostril only, or when both nostrils are continually filled with clotted blood, especially in anæmic persons, subject to ebullitions, with an ashy pale face, flushing easily—a kind of pseudo-plethora, who are always cold, even while in bed; emaciated and weak, from continuous losses (China). The blood is light or lumpy, coagulates easily (Merc., Puls.)

*Graphites.*—When preceded by rush of blood to the head and heat of the face, frequently repeated, in the evening, at night or in the morning, with running coryza, especially in women whose menses are too scanty and too pale, or too late (Puls.), with violent colics.

*Hamamelis.*—Indicated in vicarious bleeding from the nose, especially in young anæmic girls (Puls.), or when there is hæmoptysis at the same time, due also to a suppression of the menses. The blood is dark, venous, flows slowly, and does not coagulate. The mind is calm, and fullness in the head may be present.

*Hydrastis.*—If the bleeding is attended by burning raw-

ness and is followed by itching, especially through the left nostril (Rhod.)

*Ipecacuanha.*—If the bleeding occurs in the course of a continuous or intermittent fever or during whooping-cough (Mur. acid). Also for a profuse epistaxis, of bright red blood, especially if preceded or attended by nausea, or if the face becomes pale, bloated, with blue margins around the sunken eyes.

*Kali bich.*—I gave this remedy with good success in a case of nose bleed with dry coryza, preceded by pressure and tightness at the root of the nose, and where the blood was thick and of a dark red color. I was led to its use by a persistent tickling high up in the left nostril.

*Kali carb.*—In periodical nose-bleed, occurring every morning at 9 o'clock, or when washing the face. (Amm. c.) Also after great loss of blood. (China.)

*Mercurius.*—When the bleeding is preceded by pressure around the head, as from a band, and the blood coagulates so quickly that it hangs in long dark strings from the nostrils (Croc.) It may occur on coughing (Rhus); during sleep (Bry., Nux v.); or in children complaining of worms (Cina, Spig.)

*Millefolium.*—In arterial bleeding, flowing without apparent cause. Also when the blood is dark [?], and from upper part of the nose; to eradicate predisposition. Profuse nose-bleed in congestions to the chest and head.

*Nux vom.*—When preceded or accompanied by frontal headache, red cheeks and other signs of cephalic congestion especially in young persons, and if it occurs in the morning. Also during sleep (Bry., Merc., Verat. alb.); or from suppressed hæmorrhoidal flow, in those advanced in years. At any age; after too high living; abuse of coffee and alcoholic drinks. Debauchers who are irritable and thin. The blood is usually dark.

*Pulsatilla.*—Is the remedy for young and anæmic females, whose menses are late, scanty, or temporarily suppressed, with a mild and tearful disposition; especially if the epistaxis appears every month, a short time before the arrival of the menses; or if it occurs between noon and midnight. Also indicated in nose-bleed with dry coryza. It resembles *Hama-*

*melis*, but a difference is found in the mental condition and in the character of the blood. Both have dark, venous blood, but in the former it is easily coagulated, while in the latter it is non-coagulable.

*Rhus tox.*—Is indicated when the bleeding is due to some violent effort, as lifting heavy weights, hard coughing, straining at stool (Carbo v., Phos.), etc., especially if the blood is of a bright red color and coagulates quickly. It is more profuse at night, takes place in the morning, and recurs on blowing the nose (Lach.), or on stooping (Bry., Nux m.)

*Secale cor.*—When the blood flows continually, is of a dark color and thin (Crotal., Nit. ac.), with great prostration and a small, thready pulse, due to previous hæmorrhages. Either in old decrepit persons and drunkards (Nux v.), or in young feeble, cachectic women.

*Sepia.*—If the bleeding occurs during pregnancy, or child-bed, or in women suffering from uterine disorders in whom the menses have been absent for some time; especially if brought about by a fall or blow on the nose (Arn.), and frequently recurring at the least touch of the nose.

*Sulphur.*—When the epistaxis occurs at 3 P. M. (3 A. M. Bry.) with vertigo, and is followed by great soreness of nose to touch; especially if it returns on blowing the nose (Rhus, Lach., Spong.) It is a good remedy against the disposition to nose bleed.

*Verat alb.*—Is indicated in the worst conditions, when the face is deathly pale, the body cold and the pulse slow, or intermittent. The blood is black, viscid and tenacious. Right side bleeding; only at night in sleep.

#### REPERTORY.

Blood, black and thick:—Croc., Mer., Nux v., Puls.

thin:—Crot., Ham., Nit. ac., Sec., Sulph. ac.

tenacious:—Croc., Mer., Sec., Ver. alb.

dark and non-coagulable:—Ham., Lach.

easily coagulating: Croc., Mer., Puls., Rhus.

light and easily coagulating:—Ferr.

clotted:—Arn., Bell., Cham., Croc., Ferr., Ipec., Mer.,

Nit. ac., Nux v., Puls., Rhus., Stram.

pale:—Lach. (profuse), Led. (long lasting)

and thin:—Carbo v., Ferr., Graph., Puls., Sulph.

- Blood, dark:—Croc., Ham., Kali b., Mill., Nux v., Puls.,  
Ver. alb.  
bright red:—Acon., Arn., Bell., Bry., Erig., Ipec.,  
Mill., Rhus.  
hot and red:—Bell.  
hot and clear:—Dul.
- Bleeding, profuse and lasting:—Croc., Carbo v., Ferr., Mill.,  
Mur. ac., Phos., Trill.  
frequent and easy:—Carbo v. (Baryt. c.)  
copious, after every exertion:—Arn.  
slight, relieving headache:—Petr.  
profuse, soon ceasing:—Cactus.  
scanty:—Calad., Clem., Ferr., Lach., Nat. ars., Spong.,  
Sulph., Sulph. ac.  
long lasting:—Led., Mur, ac.  
continuously running:—Sec. (passive)  
violent:—Acon., Arn., Arg. m., Carbo v., China, Croc.,  
Ham., Kali j., Tereb., Trill., Sep., Spig.  
vicarious:—Bry., Lach., Puls. (Ham.)  
through r. nostril:—Calc., Cup., Magn. c., Ver. alb.  
l. nostril:—Amm. m., Hyd., Kalib., Rhod.,  
Tarax. (Rhus glab.)  
both nostrils (with congestion):—Bell.  
habitual, especially in A. M. on rising:—China.  
periodical:—Carbo v., Kali c.  
in young plethoric people:—Acon., Nux v.  
in young girls with amenorrhœa:—Bry., Ham., Puls.  
in scrofulous children:—Calc., Sil.  
in children with worms:—Cina., Mer., Spig.  
in old people:—Ferr. phos., Sec. (Carbo v.)  
anæmic patients:—China, Bry., Ferr., Hyd., Kali c.,  
Puls.  
in the debilitated:—Carbo v., China, Sec., Ver. alb.  
in drunkards:—Hyos., Nux v., Sec.  
in the A. M.:—Amm. c., Arn., Bry., Calc., Canth.,  
Caps., Carbo v., China, Lach., Nit. ac.,  
Nux v., Rhus., Sulph.  
in the afternoon:—Calc. ph., Graph., Puls.  
in the evening:—Ant. c., Ferr., Phos., Puls., Sulph.,  
Sulph. ac.

- Bleeding at night:—Bell., Carbo v., Graph., Rhus., Ver. alb.  
 in bed:—Alœ, Caps., Carbo v.  
 while sleeping:—Bell., Bry., Nux v., Mer., Puls.,  
 Ver. alb.  
 every A. M. on washing the face:—Amm. c., Kali c.  
 after “ “ —Arn.  
 at the same hour:—Carbo v.  
 month before menses:—Puls.  
 between noon and midnight:—Puls.  
 after dinner:—Amm. c., Arg. nit.  
 repeated several times daily, for weeks:—Carbo v.  
 at 6 to 7 A. M.:—China.  
 at 8 A. M.:—Bry.  
 at 9 A. M.;—Kali c. (periodical).  
 at 3 P. M.:—Sulph.  
 on blowing the nose:—Arg. m., Lach., Rhus, Spong.,  
 Sulph.  
 on coughing:—Mer., Natr. m., (at night) Rhus.  
 on sneezing:—Arn., Rumex., Sabad.  
 on stooping:—Bry., Carbo v., Natr. m., Nux m., Rhus.  
 while straining at stool:—Coff., Carbo v., Phos., Rhus.  
 while blowing on wind instruments:—Rhus.  
 at any bodily effort:—Rhus.  
 at least stimulating or heating cause:—Acon., Bry.,  
 Nux. v.  
 provoked by the least movement:—Carbo v., Rhus.  
 recurring after wine:—Acon., Nux v.  
 removing confusion of the head:—Cham.  
 stops and returns often (during menses):—Nat., Sulph.  
 in girls who grow too rapidly:—Phos. acid.  
 soon as patient moves about, after rising A. M.:—Bry.  
 preceded by tickling in the nose:—Arg. m., Carbo v.,  
 Lach., Bell., Rhus. (nares high up, Kali b.)  
 by tingling:—Arn., Bell., Rhus.  
 by crawling:—Arg. m., Carbo v.  
 by itching:—Amm. m.  
 by sneezing:—Amm. c., Arn., Con., Sabad.  
 by pressure above the nose:—Bry., Dul., Kali  
 b., Ruta.  
 by dullness of head:—Carbo a.

- Bleeding preceded by pressure around the head:—Mer.  
 by headache and throbbing:—Bell., Nux v.  
 by headache and red cheeks:—Nux v.  
 by hammering headache and flushed face:  
 —Ferr.  
 by ebullitions and flushings:—Ferr.  
 by cephalic congestion:—Acon., Bell., China,  
 Croc., Con., Graph., Nux v.  
 by piercing pain, eyes to root of nose:—Mill.  
 by buzzing in the ears:—Bell., China, Nux v.  
 by vertigo:—Bell., Carbo a., Nux v.  
 by nausea:—Ipec., Nux v.
- after debauch:—Carbo v., Nux v.  
 stimulants:—Acon., Bell., Bry., Nux v.  
 the abuse of coffee:—Nux v.  
 being in the rays of the hot sun:—Bry. (Acon.)  
 being over heated:—Acon., Bry., Thuja.  
 a fit of passion:—Ars.  
 crying:—Nit. ac.  
 sneezing:—Amm. c., (repeated) Con.  
 vomiting:—Ars.  
 headache:—Amm. c.  
 singing:—Hep., Rhus.  
 bodily efforts:—Arn., Bry., Carbo v., Rhus, Sulph.  
 fatigue:—Carbo v. China, Ferr., Sec.  
 lifting heavy weights:—Rhus.  
 a blow:—Arn., Elaps, Sepia (fall on nose).  
 getting the feet wet:—Dul., Rhus.
- with dry coryza:—Kali b., Puls.  
 running coryza:—Graph.  
 loss of smell:—Ipec.  
 obstructed nose:—Ars., Calc., Puls.  
 frequent sneezing:—Arn. (Amm. c.)  
 violent sneezing:—Rumex. Sabad.  
 painful nostrils:—Rumex.  
 burning rawness of nose:—Hyd.  
 cold tip of nose:—Lob. (carbo v.)  
 heaviness of head:—Coff., Kreos.  
 headache:—Bell., Bry., Carbo a., Dul., Kreos.,  
 Nux v.

Bleeding with vertigo.—Bell., Bov., Carbo a., Sulph.  
 heaviness and throbbing in forehead:—Kreos.  
 hot head and cold body:—Arn.  
 beating carotids and dilated pupils:—Bell.  
 congestion of the head:—Acon., Bell., Bry.,  
 China, Erig., Ferr., Graph., Nux v.  
 with vascular erethism:—Acon., Bry.  
 anxiety and restlessness:—Acon.  
 fear of death:—Acon., Ars.  
 fever:—Erig.  
 hard breathing:—Acon., Bell., Bry., Carbo v.,  
 Ipec., Phos., Puls., Spong., Sulph.  
 fainting spells:—Calc., China, Croc.  
 cough and bloodshot eyes:—Arn.  
 dry cough:—Indigo. (Bell.)  
 nausea:—Ipec., Ver. alb.  
 red face:—Bell., Erig., Nux v. (Ferr. flushed  
 face.)  
 very pale face:—Carbo v., China, Ferr., Ipec.,  
 Puls., Ver. alb.  
 cold sweat:—Croc., Ver. alb.  
 cold sweat and small pulse:—Ver. alb.  
 great prostration:—Ars., China, Ferr., Ver. alb.  
 great prostration and drawn features:—Sec.  
 ebullition and anæmia:—Ferr.  
 humming in the ears:—Bell., China, Graph., Nux v.  
 pressure at root of nose:—Dul., Ruta., Kali b.  
 spasmodic movements:—Mosch.  
 salivation:—Hyos.  
 relief of chest and eye symptoms:—Brom.  
 violent burning of nose:—Led.  
 hæmoptysis at the same time:—Ham.  
 disturbed menses:—Bry., Calc., Croc., Lach., Nux  
 v., Puls., Sab., Sec., Sep., etc.  
 amenorrhœa:—Bry., Ham., Lach., Puls., Sep.  
 (Phos.)  
 scanty menses:—Bry., Graph., Puls., Sec., Sep.  
 profuse menses:—Acon. Calc., Croc., Sabin.  
 late, long lasting and profuse menses—Ferr.  
 scanty, short menses, or intermittent flow:—Puls.



- Bleeding during pregnancy:—Coc. Sep.  
 child bed:—Sep.  
 continuous or intermittent fever:—Ipec.  
 typhus or typhoid fever:—Crotal., Lach. (Bry.)  
 with some relief:—Rhus.  
 with no relief:—Phos. ac.  
 during diphtheria:—Crotal., Phos. (profuse).  
 whooping cough:—Cina, Dros., Mur. ac.,  
 Stram. (Ipec.)  
 measles:—Puls., Sabad. (Bry. with late rash.)  
 endocarditis:—Cact., Spig.  
 catarrh:—Kali b., Ipec.  
 ulcerative ozæna:—Sang.  
 suppressed hæmorrhoidal flow:—Nux v., Sulph.  
 climaxis:—Bell., Bry., Ham., Lach., Nux v.,  
 Puls., Seph., Sulph., Sulph. ac.  
 menses, stopping and returning often:—Nat.  
 Sulph.  
 followed by fluent coryza, with sneezing:—Ant. tart.  
 by itching:—Hyd.  
 by soreness, in upper nose:—Led.  
 by soreness, on touch:—Sulph.  
 by pain over the chest:—Carbo v.

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**ACONITE.**

BY PROF. J. T. KENT. \*

Aconite is not frequently indicated. The older class of homœopaths used it more frequently than we use it now. Hahnemann used it properly, but many of his early followers used it "for fever."

Aconite is useful in acute diseases of *cold weather*. It is a short acting remedy, leaving no great marks of its presence: no purulent discharges, abscess, suppurations, no products of inflammation, as in Belladonna, Bryonia, Sulphur and Stramonium. It leaves inflammation in its first stage—that of irritation and hyperæmia. It comes on sharply and runs its course violently.

When we see the *pace* of a remedy, the rapidity of its

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\* Notes from lecture in Philadelphia Post Graduate school.

movements, we ask what kinds of subjects are most likely to take such complaints. With Aconite it is muscular, vigorous, plethoric, full blooded people. These come down suddenly, violently, with complaints, with excitability, great irritation, great suffering, lightning-like pains. Aconite cuts, tears, digs, thrusts, throbs; the blood rushes to the head, the face is red, the eyes flash. It is a picture of excitement—it rages like a thunderstorm and is soon over, with little left to tell the tale.

Sickly, feeble, weak subjects do not come down suddenly. They are not so vital—they have not the power to come down so suddenly with complaints. With them it may be many days before the cold or fever develops. The Aconite patient takes cold today, and tonight the inflammation is manifest, or not later than to-morrow. Bryonia takes many days to culminate; it has a slow action as in typhoids, in which the patient is disturbed for six weeks. This is the place of Bryonia. Sulphur has a still slower action—weeks, months, years. In Aconite the violence, the contagion, all comes with a rush and leaves no trace. It may be taken unto death and leave no pathological change. The patient dies with convulsions, cerebral congestion, horrible excitement and fear, with nothing left behind. We must thus see the general characteristics of a remedy first. We must learn how it operates, how fast its symptoms come on. It is useless to memorize key-notes of a remedy. Aconite has been misused for fevers. The ordinary homœopath will give Aconite for a fever, without considering how it came on or what sort of a patient is sick. Different remedies produce different kinds of fevers. We must learn to see at a glance, the pace, the velocity of a remedy. Give Aconite in fevers coming on rapidly in plethoric individuals.

*Fear* is a symptom which is natural from the great rapidity of the remedy—the rapid way in which a robust individual is taken down. He fears that he is going to die. He looks at the clock and predicts the day or hour of his death. This tapers off into milder forms of fear. There is a false clairvoyant state—the patient in imagination sees the spirit world. A pregnant woman predicts death in confinement. If she is a healthy woman without symptoms, give Aconite. Thus

Aconite has fear with predictions, as of death, anxiety, fear, throbbing carotids, thirst, active irritation of the cerebrum, the heart is throbbing, the pulse flying like lightning—all this makes an Aconite patient. If he raises the head he will vomit. There is rush of blood to the head, and hæmorrhages from eyes, nose, mucous membranes, throat.

There is congestion of organs over the body, with active symptoms—cutting, sticking, tearing, burning, jaggings; great soreness, sensitiveness of organs. So in uterine hæmorrhages with fear of death, rapid pains, great suffering, great anxiety, gush of bright red flow. Aconite removes the fear from the patient at once.

Aconite has labor-pains—irregular, flashing, with sensitiveness of the uterus, sensitiveness over the abdomen, anxiety, fear of death, quick pulse, throbbing carotids, flushed face, nausea on raising the head from the pillow.

If septic changes have taken place the case is different. These symptoms are such as paralyze and depress, and are not like Aconite. The physician knows the nature of a sickness, the interior of it. The language of nature tells him this.

Aconite has violent chill, fever, and sweat, the chill is violent, the sweat copious, the heat intense. There are thirst, anxiety, and the other general symptoms.

There is a bilious fever of the same type coming on suddenly from a cold, as after a sleigh-ride; a remittent fever appears before the day is over. Aconite does not produce an *intermittent* fever. There is no recurrence. It kills in the first shock. It makes one cut.

There are violent coryzas with copious discharge; thin watery mucus dropping from the nose, fear, anxiety, aggravation in a warm room, intense headaches. These are frequent in epidemic coryzas. There are also sore throats and earaches in babies.

Aconite is a great croup remedy. It is not always the croup itself that indicates Aconite, but the condition of the patient. A baby who has been out in a cold day arouses up before midnight with a hoarse bark—it seems as if it would die. We never have an Aconite croup in summer (for hot weather croup, give Bromium.) Remedies never deceive.

A croup which comes on to-morrow morning or evening from a cold taken today means Hepar.

In inflammation of the liver from a cold, if the patient is plethoric and has never had it before, is anxious, thirsty, hot—give Aconite. It is not the remedy in an old trouble.

Angina pectoris in a strong, robust patient, a man of nerve, excitement, spirit, means Aconite.

In inflammatory rheumatism, cases that were well yesterday, now the joints are swollen, the knees, elbows, the patient is anxious, restless, and fears death—Aconite will break that up in twenty-four hours. Never give it in an old rheumatism.

Measles has a rough rash, and so has Aconite—a bright red, rough rash, with conditions of excitement, in a strong, healthy child.

Never give Aconite for scarlet fever. It has no smooth, shining rash, like Belladonna—no prodromes, no deep seated blood changes. Do not give Aconite in zymotic states. Do not give it in measles in zymotic cases in feeble children. The robust, strong, vascular, red-faced child may have an Aconite case, with great excitement, cerebral disturbances and a rough rash.

Every remedy should stand out in bold relief. We can not describe all these things on a dog or a horse. Every remedy stands out in the image of man. Every fully proved remedy shows man in it—the feelings that a human being can have.

M. A. J.

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### THE SIMILLIMUM.\*

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BY A. P. HANCHETT, M. D. COUNCIL BLUFFS, IOWA.

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There is no occasion to discuss the truth of the law of cure that we inscribe upon our banner, before the members of The Hahnemann Medical Association of Iowa, however pleasant it might be to do so.

I assume, and I believe it to be true, that our doubting days are over. I am proud of the fact that the membership of this society almost to a man, has a firm and intelligent faith in the

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\*Read before the Hahnemann Medical Association of Iowa, May, 1892.

superior efficacy of the Simillimum. It was therefore, not with a purpose to discuss in any measure the truth, but the application of this principle that this paper was prepared; to consider some of the methods employed for finding the indicated remedy—the simillimum for our patient—and to elicit an interchange of ideas as to the usefulness and value of certain aids in this work that are now available.

We are all looking for the indicated remedy. Doubtless every member of this Association devotes a number of hours daily in trying to find the remedy covering the totality of symptoms in some of his perplexing cases, and that he could profitably, and would gladly devote double time to this research if the days were only longer.

Pioneers in our faith spent much time in proving and re-proving drugs, and thus became through tedious and often painful experiences so familiar with the remedies, that they were able to employ them with marvelous accuracy. Some writers have advocated the requirement of a certain amount of this work today of every student during his undergraduate years, and there are a number of very strong arguments in favor of such a course. Nothing establishes in the mind so indelible an impression as some personal experience, such as comes to the prover of a drug. There seems little occasion to increase the number of our remedies by proving new drugs; but no better method of studying those now in use than by re-proving, has ever been suggested, and by this method, unreliable symptoms can be cast out, reliable ones verified, and the value of our *Materia Medica* greatly increased.

It is conceded that our knowledge of the *Materia Medica* should be as complete as possible, but with the volume of symptoms now composing it, no memory can retain but a fragment. In the every day round of acute cases in which the symptoms are clear cut, and generally point with considerable positiveness to certain of our more commonly used remedies, the well informed studious man has little trouble in fitting a remedy to the case. But in the treatment of chronic ailments, when the patient has all sorts of conflicting and confusing symptoms, and it seems that any remedy in the entire range of proven drugs might be indicated, some more careful method than the off-hand prescription will generally be

necessary to obtain the perfect simillimum, the remedy that will cure.

It is a question whether we do not make a mistake in ever attempting to do this, and whether it would not be wiser to confess our inability to make the best prescription from memory, postponing our choice of the remedy for a careful study, even as the judge withholds an opinion until he has looked up authorities at his leisure.

Haste is one of the greatest obstacles to successful work on the part of the physician. With patients in the waiting room, the temptation is very great to listen to a brief statement from our patient, ask a few questions to confirm our impression in favor of some remedy the patient's story suggested, and prescribe, to make place for numbers two and three, etc.

What wonder that the sufferer returns weeks after week reporting little change, and finally, becoming utterly discouraged, gives up a fruitless effort to regain the greatest of earthly blessings, health, or drifts to some unprincipled quack.

Listen to the instructions of our master healer: "Individualization in the investigation of a case of disease demands on the part of the physician principally unbiased judgment and sound sense, attentive observation and fidelity, in noting down the image of the disease."

Unbiased judgment does not exhibit Bryonia for every cough, Mercurius for every sore throat, nor Belladonna for every headache. Haste does not admit of "attentive observation and fidelity in noting down the image of the disease." Yet these he considered requisite to success. Complete instructions for taking a case are given in this gospel of Homœopathy, the *Organon*, §§ 84 to 104, and will richly repay study, the summing up being as follows: "When all the prominent and characteristic symptoms collectively forming an image of a case have been carefully committed to writing, the most difficult part of the labor will have been accomplished."

The history of the most careful and successful men from the days of Hahnemann even to the present day, confirms the truth and wisdom of this statement, and the uniform opinion has been that the real secret of truly successful work, especially in the treatment of chronic diseases, rested in faith-

fully and fully eliciting everything pertaining to the case, and so recording this information, as to be able to use it to the best advantage.

All this must be done single handed and alone, but when this has been completed, we may call to our aid some of the valuable repertories that are now published.

If, as is sometimes the case, one or two *prominent, uncommon, and peculiar* symptoms stand out as especially characteristic, we may be through them directed to the similar remedy.

Gentry's Concordance Repertory will be helpful if some such symptoms cannot be located, but when the symptoms are numerous and confusing is the time and place for general repertory work; and now the reporting of a case and exhibiting our method of using the repertory in finding the Simillimum, will furnish this paper.

I will copy the record and the working out of a case just as it was taken in my case book.

Jan. 29th, 1892. Mrs. W. L., age 31, Danish, came to this country five years ago. Large, fleshy, light complexion. Mother of two children, ages respectively eight years and eight months. Has been in poor health over two years, during which time she has been treated by quite a number of doctors without benefit. Coughs much, expectorating white, slimy mucus; cough aggravated mornings; breathing cold air; deep breathing. Sensation of soreness through the chest, worse on right side. Pain in right side extends through to back. Taste of blood all the time. Sweats easily and profusely; easily chilled when sweating. Dull headache, frontal region. Constipated; ineffectual urging; stool brown and lumpy. Feet cold and damp; coldness extending to knees. Takes cold easily. Aggravated in open air. Feet often burn at night. Nervous; easily startled. Easily tired walking; worse up steps. Light headed. Listless. Despondent. Worse toward evening.

This constituted my first record of the case.

Arranging the most prominent, uncommon, and peculiar symptoms in form for ready reference in the repertory, I find the following:

1. Cough with expectoration.
2. Soreness inner chest.

3. Expectoration, white mucus.
4. Taste of blood.
5. Sweats profusely.
6. Feet cold to knees.
7. Feet burn at night.
8. Constipated; ineffectual urging.
9. Tires easily walking.
10. Tendency to catch cold easily.
11. Aggravations.
12. Cough mornings.
13. Chest, right side.
14. Deep breathing, inspiration.
15. Toward evening.

I have here the Repertory Checking List that I used in working out this case, which please see.

In Bönninghausen's Repertory under "Cough with expectoration," there are 112 remedies. He uses four styles of type to indicate the value he attaches to the remedy in the given symptoms. I indicate these values in numbers as I check against the remedy named, thus in the above group we would check as follows: (Reading group.) When each symptom or condition has been thus worked out and recorded, looking over the sheet we see at a glance certain remedies have more numbers placed to their credit than others. Adding the numbers opposite some ten or twelve most frequently checked, and in the case in hand, find totals to be as follows:—Sulphur 36, Bryonia 36, Sepia 35', Lycopodium 31, Calcarea 28, Silicea 28, Phosphorus 27, Nux vomica 24, Mercurius 24, Rhus tox. 24, Squilla 22, Causticum 22.

Sulphur, Bryonia and Sepia indicated so much more strength than the other remedies, that I felt reasonably certain I had taken my case correctly if I obtained pivotal symptoms, one of these remedies must contain the totality of symptoms, and I went to my *Materia Medica* to see. In Hering's *Guiding Symptoms*, I found Sulphur to be the remedy covering the case perfectly, and I administered it with most gratifying results.

I am well aware that this is a tedious process, but not to compare with a careful search of the whole *Materia Medica* by any other process, of which I have a knowledge, and when one has practiced it for a time and become familiar with all the details, it is not so tedious as it would seem. "And when we have to do with a profession whose end is the saving of human life, any neglect becomes a crime."



# MATERIA MEDICA AND THERAPEUTICS

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## THE DEPENDENCE OF HOMŒOPATHY UPON ITS MATERIA MEDICA.

JOSEPH C. GUERNSEY, M. D., PHILADELPHIA.

The foundation upon which Homœopathy was established; the rock upon which it was built; its very dependence, both now and for the future, is the Homœopathic Materia Medica. Hygiene and dietetics, pathology and physiology, besides other collateral branches, are as necessary to its existence as a system of medical practice, as are beams, bricks and mortar to an edifice; but of that edifice, the Materia Medica is the corner-stone. Or if, instead of an edifice, we regard Homœopathy as the arch of cure spanning all the diseases flesh is heir to, then the Materia Medica is its keystone.

But in spite of this, the tendency at the present day seems to be to make Homœopathy depend upon everything else *except* the Materia Medica. It therefore will be well for us to look at this matter and try to realize what it means.

Homœopathy—by this we mean the curing of disease according to the law of similars, that like cures like. By this we also mean that life-work which each of us has chosen as the best means of aiding and curing the sick. This curing of disease we can effect; this life-work we can carry on, only by the proper use of our Materia Medica.

I may be asked, "Why do you lay so much stress upon the Materia Medica? How about the Organon?"

"The Organon," I reply, "when rightly and thoroughly understood, directs the proper application of the Materia Medica. The early triumphs of Homœopathy were owing, not to talking about and explaining the Organon, but to the successful application of the Materia Medica, to the mitigation of suffering, thereby, and to the brilliant cures wrought.

Hahnemann and his immediate successors established Homœopathy, and they gave it the reputation and proud distinction which it enjoys to-day, through the wonder and

admiration they excited at the cures accomplished with the Homœopathic Materia Medica. Moreover, I assert that Homœopathy could never have been generated, born and brought into existence without its Materia Medica; and I further declare that Homœopathy has not made any progress whatever since the day of its birth, nor can it ever make any progress in all time to come, excepting by and through its Materia Medica. There are many collateral branches, which, when taken as a whole, may be termed the science of medicine, *i. e.*, of medicine in general. But the science of homœopathic medicine, *per se*, stands alone.

Homœopathy has a Materia Medica of its own, and a method of prescribing peculiarly its own.

1. We prescribe according to the law of similars;
2. We give the least possible dose (or quantity) that will cure;
3. We require that all repetition of the dose shall cease while improvement continues.

This is the way true Homœopathy was established; this gave it the great name and vast power it enjoys to-day.

Now, from the practice of medicine in general, drop out our provings, our clinical observations and confirmations, our method of administering drugs—for the Homœopathic Materia Medica predicates and requires all these—and where would be Homœopathy? It would be like the play of Hamlet with Hamlet left out; it would cease to exist. Observe, that I do not bring up any question of potency; I only ask for the smallest possible dose that will cure, and that it be prescribed as nearly as possible in accordance with the totality of the symptoms. Nor do I attack or defend the question whether, if Homœopathy should cease to be practiced, there is or is not, or whether there will or will not arise, a simpler or more successful method of cure. I only desire that we shall ever bear in mind *the dependence of Homœopathy for its very existence upon Materia Medica.*

It seems to me that at the present day our Materia Medica receives much less attention from us than any other branch. On the contrary, all sorts of make-shifts and palliatives are employed. I greatly fear that many of our number are as ready to tamper with phenacetine, anti-febrine, sulphonal,

and the numberless other passing illusions which are hailed as wonderful "new discoveries," as are our opponents Koch, who discovered (?) the tuberculosis cure; as Brown-Sequard with his elixir of life; or as Bergeon with his positive cure for consumption by rectal inflation with sulphuretted hydrogen. But while our school is chasing such phantoms, Homœopathy is standing still. The provings of the grand old polychrests remain, and are still used, and almost exclusively depended upon. Let us have a change! Let us determine to boom Homœopathy in the right of way, that we may keep her abreast with the progress of this justly styled progressive era! To do this, let every physician professing to practice Homœopathy determine within himself never to administer a drug empirically; never to prescribe with a view to palliate only; let him never administer a remedy unless it be in full accord with the presenting symptoms—like cures like. Away with the giving of anti-febrine to reduce the temperature; with acetanilide to destroy pain! This is only a waste of time; is only treating an effect without seeking to remove the cause of that effect. Also, we must have new remedies, carefully and accurately proved, and then administered, not empirically, as is too much the present tendency, but homœopathically. We also need still more confirmations of the old remedies, with careful weeding out of their possibly still-remaining errors, coupled at all times with earnest and continuous study of the remedies we now have.

In conclusion, we must not forget that we are homœopathic physicians by virtue of our graduation and diplomas. For the sake of consistency, and in honor bound, we ought to feel ourselves committed to uphold and preserve our system of medicine in all its purity, and to develop it to its fullest strength.

#### NEURAL ANALYSIS AS APPLIED TO TESTING THE HIGH POTENCIES UPON THE HUMAN ORGANISM.

B. FINCKE, M. D., BROOKLYN, DECEMBER, 1892.

*1. Chronoscopic Method.* Professor Dr. Gustav Jaeger, in Stuttgart, with three of his pupils, has proved the Tinctura fortis, low and high potencies of Aconitum, Thuja occid., Aurum and Natrum muriat. from different apothecaries by means of Hipp's chronoscope, an electric clock which is designed to

measure exceedingly minute divisions of time. In our case it measures the time required for the conveyance of an impression from the eye to a finger, called by the astronomers *personal equation*, and by Jaeger *nerve-time*. The impression is made by looking at the hand upon a dial of the clock on the point to move, and the movement takes place only when after setting the clock going by the pressure of the finger upon a key, an electric current is introduced into the machinery, after which by attraction of the axle of the hand to the wheels, the hand goes round the circle five times in a second. As the dial is divided into 100 parts, every part passed over indicates 1-500 second or two mill-seconds. In order to make the observation easier, a second dial is attached below the one described, where the hand passes over five parts in a second, so that every part passed over—1-5 second consequently hundred times a part on the upper dial. The operator, then, sits quietly before the measuring table upon which the clock stands, with his finger upon the key, looking at the dial. As soon as on closing the circuit he sees the hand move he opens it again and reads off the mill-seconds from the dial where the hand has been arrested.

In order to get the necessary data for comparison, first ten observations are taken, which give the physiological condition of the observer before taking alcohol or medicine, which Jaeger calls the *psychogram*. I rather would call it the *hygiogram* because it expresses the Hahnemannian conception of the necessarily sound condition of the organism in proving the medicine. For in as much as they indicate the action upon Jaeger's soul, all the results of the observation, whether in the sound or sick state, are *psychograms*. But since the correctness of the conception of the soul of Jaeger as yet is problematic, and in Neural Analysis the action is related to the nerve-system, perhaps the term *neurogram* might be preferable for the observation at the chronoscope in general. Therefore we have *neurogram* for the gram in general; *hygiogram* for the gram in the normal healthy state; *pathogram* for the gram in the sick state; *pharmacogram* for the gram of medicine action or pathopoësis or proving; *osmogram* for the gram obtained by smelling; *genogram* for the gram obtained by tasting.

The first ten observations above mentioned are marked with points on a slip of paper with a millimeter-net, every base-line counting four mill-seconds from above downward, so that a point high up is shorter nerve-time than below. These points are connected by lines from the *detail-curve*.

After the hygiogram has been disposed of, the observer inhales the alcohol with which the medicine to be tested has been prepared, and during this inhalation, which lasts over a quarter of an hour, 90 observations are taken and likewise noted as a detail-curve. From these observations, then, the *decade-curve* is formed which, consequently, consists of two parts, the first the mean out of ten observations of the hygiogram, or the *rest-decade*, the second the mean out of 90 observations with alcohol, or the alcohol-decade. This constitutes the first half of the *osmogram*, rather of the *pharmaco-osmogram*. The second half contains the mean out of 100 observations obtained whilst inhaling the alcoholic tincture of the medicine to be proved. This furnishes the complete *pharmaco-osmogram*. For the sake of gaining a safer result from the inhalation of alcohol, every observer must, after the alcohol-osmogram is obtained, take a second portion of the same alcohol in like manner; this is called the *normal-osmogram*, and the difference which may appear in comparing the two alcohol-osmograms is deducted or added in calculating the per centage of the pharmaco-osmogram as the case may be.

The figures expressing the mean of ten observations are written above each decade, and one can easily get an idea of the various nerve-times by this graphic illustration. The difference in mill-seconds and the per centages are added.

For the present purpose it is not necessary to go into all the minutiae of this analysis, which to advantage can only be studied in the original: "Die Neural Analyse insbesondere in ihrer Amendung auf die homœopathischen Verdummungen von professor Dr. Gustav Jaeger mit 6 colorirten und einer phototypischen. Tafel Motto: Zahlen beweisen.— Leipzig, Ernst Gunther's Verlag, 1881."

The following table will give the practical result of Jaeger's chronoscopic method of Neural Analysis in its application

upon Homœopathy, by testing the medicines and especially high potencies upon the human organism.

The first figures indicate the nerve-time of rest; the hygiogram, the second the nerve-time of alcohol, the alcohol-osmogram and the third the nerve-time of the medicine or the pharmaco-gram, and the per centage of the difference between the hygiogram and the pharmaco-gram is added in a special column.

The potencies tested are understood to be decimal, made with alcohol on the Korsakoffian plan, erroneously called the Hahnemannian. It is much to be regretted that the centesimal scale has not been adopted for the experiments, because it militates against the uniformity of preparation after which the majority of the homœopathic profession and the apothecaries hanker so much, though they themselves are to blame because they prefer the decimal scale. The centesimal scale is obtained by dividing the decimal figure by 2, e. g., 2000 decimal = 1000 centesimal.

*Table I.—Observations of Prof. Dr. G. Jaeger at the Chromoscope.*

The first thing that strikes us on looking at this table is the undeniable fact that the higher potencies exert a greater action upon the human organism than the strong tinctures and lower potencies; nay, the action of the highest potencies applied in this investigation, the 2,000th (dec.) shows such an extraordinary superiority, that no clear sighted man or woman can escape the tremendous consequences of this fact. It means, simply, that, for the sake of healing the sick, it does not require dangerous and even material remedies, but the gentle power of refined preparations or high potencies, such as Hahnemann first taught us to make.

From the greater percentage shown by several observers at the 15th dec. potency, the low potentialist must have derived not a little comfort, indeed, since Dr. C. Wesselhoeft and W. L. Breyfogle, two ex-presidents of the American Institute of Homœopathy claim, that the 11th and resp. the 10th centesimal potency should be adopted as the practical limit of our method of attenuating medicines, but what must have been their surprise when they learned that the 2,000th decimal exerts a superior power of 60 %? If, now, they would



(1) of the application of *alcohol*, and (2) of what Jaeger terms the *neuro-analytical disposition* which with perfect justice, he considers to be the basis upon which the edifice of neural analysis is to be erected.

1. As to the application of *alcohol*. Already when looking over the figures of the few detail-curves of the physiological neurograms we find a great want of uniformity. In the only four osmograms giving the detail of the Aconite-series, in testing the alcohol, the hygiograms show two and three maxima varying between

1. 40 and 76 mill-seconds;
2. 16 and 96 mill-seconds;
3. 80 and 0 mill-seconds;
4. 96 and 24 mill-seconds;

whilst the alcohol-curve, obtained after the hygiogram, varies between

1. 0 and 62 mill-seconds;
2. 0 and 88 mill-seconds;

Then the curve of Aconite tinct. fort. varies between

1. 0 and 104 mill-seconds;
2. 0 and 108 mill-seconds;

The curve of Acon. 10 dec. between

1. 0 and 82 mill-seconds;

2. 0 and 64 mill-seconds, and the curve of Acon. 100 dec. between

1. 0 and 82 mill-seconds;
2. 0 and 124 mill-seconds;

But though the result of the analysis can not be as it would be if more uniform hygiograms could have been obtained, the curves of the medicines show still such decided fluctuations that the value of Jaeger's Neural Analysis on the chronoscopic method is vindicated and established on a firm basis for evermore.

2. As to the *neuro-analytical disposition*.

On the other hand, Jaeger's neuro-analytical disposition is by no means obtained correctly in the manner indicated by him, which is the more to be regretted, as he justly puts the value of the analysis into the art always before operating to establish the equal neuro-analytical disposition, because only with equal disposition, we obtain from equal proving-matter the



equal neuro-analytical curve. With regard to food and drink this desired disposition results from the law that every peculiar beverage answers a corresponding neuro-analytical curve. Two hygiograms, therefore, only then allow a certain comparison, and lead to certainty of conclusion, if, on obtaining them, the contents of the alimentary canal are always the same, viz: always consist of the same food, and are in the same state of digestion. Therefore, the time for operating on the chronoscope must be between the defecation in the morning and the midday meal, and the breakfast must be always the same. This morning-disposition, he says, makes the curves very similar, but it does not look so on examining his diagrams of the physiological observations given, as above shown by the figures. Still greater is the uncertainty, Jaeger continues, if the evening, previous to the operation, likewise sameness of food and drink is observed. Those who smoke should either cease smoking altogether, or always smoke and use the same tobacco. Then he insists upon the operating room being entirely free from odors. For the removal of any if present, he recommends the dissemination of ozogen a deodorizing substance from the firm of Burk, in Stuttgart. No other person should enter the room during the operation. Odors from outside, such as from the kitchen, must be guarded against. The operation must be a little postponed, if the operator comes from another room, because every room has its own neuro-analytical disposition, and even when sitting down to the measuring table the operator must wait till the nervous system has equalized itself after the influence exerted by the olfactory disposition of things round about. And last, but not least, Jaeger maintains that people with least mixed clothing and only dressed in woolen stuffs according to his dress reform, will give purer neurograms than others wearing wool, cotton and linen at once, because they are exempt from the influence of antagonistic odors of the woolen fibre. If one odorous substance has been proved chronoscopically, another one must not be proved till the pure condition of the room has been restored by disseminating ozogen around, and on the body of the observer, and then a neurogram must first be taken as a proof that the deodorization has succeeded. The observations should be taken at the same time of day, in order



limit the maximum of the dose generally to be given to that 11th and resp. 10th centesimal which they advise, it might, for the present, be acceptable as it would avoid much of that pseudo-homœopathic practice which we see nowadays.

In *Faeger's* case, the tinctura fortis of Aconite gave an increase of the nerve-time of — 14.7 %, whilst all the following potencies range between + 10.6 % and + 47.5 % (+ meaning the nerve-time shortened, — the same lengthened), the minimum with + 47 % at the 15th, the maximum with — 10.6 % at the 5th.

In *Schlichter's* case, the Aconite — osmograms also show the shorter nerve-time in the higher potencies which is the longest at the 2d potency with 16.7 % and the shortest at the 15th with 30 %.

Even in *Panzer's* case with the long physiological nerve-time which he has in common with Schlichter, the shortest time at the 200th with 37.4 % compares favorably with the longest time at the 10th with 15 % and at the 5th with 17.5 %.

*Goehrum* with a physiological nerve-time resembling *Faeger's*, is, however, different from all the other observers in as much as he, with a short physiological nerve-time combines a long Alcohol nerve-time, which seems to have interfered with the action of Aconite. But his percentage shows decidedly the stronger action of the higher potencies from the 15th upward to the 200th, the 15th with 39.1 %, the 200th with 35.9 %.

In his *Thuja series* the longest nerve-time is in the 2d with 40.7 %, and gets shorter from the 3d with 56.3 %, rising to 70 % in the 15th, and 63.1 % in the 1000th.

In the *Aurum series* the longest time in the 5th with 1.1 %, rising to 38 % in the 200th and to 33 % in the 500th.

Finally the *Natrum muriaticum series* gives the most striking proof of the greater power of the higher potencies, for *Jaeger's* nerve-time was longest in the 2d with 10 % and shortest in the 2000th with 55.3 %, 56 % and 60 % in three measurements at different days.

In examining the figures of the table still more, we find fluctuations among the different observers which do not allow certain conclusions on account of the uncertainties growing out

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to allow a comparison. Thus the homœopathic medicines have always been tried at the same hour, and only one a day. It is understood that the neural analysis should be effected with the greatest composure of mind, and all mental and muscular activity should be avoided. Deodorization by ozogen is often efficient in counteracting emotions which according to Jaeger's theory create a special odor acting upon the nervous system, if not open air must be resorted to. One can easily find by a tentative experiment of a neurogram whether the quiet tenor of the mind has been restored. Of course, the operator must be in good health. The temperature of the room should be agreeable to the operator.

We see from the elaborate precept how a reliable neuro-analytical disposition is to be obtained, that it is in the same vein as Hahnemann's dietetic rules for proving medicine upon the healthy, and for applying them upon the sick, and the effort to obtain an always equal disposition, is indeed, as Jaeger remarks, the groundwork for Neural Analysis, as it is that of *Materia Medica Pura*.

But what shall we say, when looking at the curves of the few neurograms given in detail we find, that the hygiograms and after them the alcohol-osmograms were taken at a forenoon at 9 o'clock, when, the evening before, the operator had partaken of young beer followed after a bad night's rest at 2 A. M. by diarrhœa? The second osmogram of *Aconit. fort.* shows an evening-disposition consisting of good beer, good sleep and eating bretzel instead of roll. The third osmogram of *Acon. 10* has the evening-disposition: beer, liquor, good night, disturbance by a visitor before the operation. The fourth osmogram of *Acon. 100* has the following evening-disposition: out as a guest, wine, beer, coffee, cognac. In the morning defecation. Though all honor is due to the professor for the honest rendering of the facts, as they were, this is like swallowing a camel and straining at a gnat. What would a homœopathician think of a proving of *Aconit. 100* after a night as the one described, spent in jolly company, very likely in a cloud of smoke? This is the other drawback of this procedure, and Jaeger himself seems to have felt it when he intends to create an as it were overwhelming neuro-analytical disposition by the inhalation of the alcohol

from which the medicine to be tested, had been prepared. But the escape from the insufficiency of the neuro-analytic disposition does not give any more certainty for the correctness of the value of the pharmacograms on account of the powerful action of alcohol upon the system which shows itself already in the much varying figures of the four observers, since alcohol alone is enough to produce neuro-analytic osmograms as the experiments show. Therefore, if the probation of the medicine made with alcohol follows close upon it, we do not have the correct representation of the pathopoëtic action of the drug, because the presence of the alcohol in the medicine taken by inhalation and the previous ingestion of the same contaminates the result: And yet in spite of all these shortcomings which constitute serious sources of error the medicine-osmograms show not only decided manifestations of the existence of the remedial power upon the nerve-system, but it even clearly appears in the characteristic form of their curves, and in the undeniable facts, that the high potencies exert a far stronger action than the crude tinctures and low potencies.

1. There was one experiment of importance made by Jaeger in order to test the value of succussion in preparing homœopathic potencies. As from allopathic side doubts have been expressed about the preparations which Jaeger had received, ready made by the apothecaries, he had the 100th potency of Aconite prepared under his own eyes in his own room, probably also on the decimal scale and the Korsakoffian plan on the remaining drop. This genuine 100th when tested confirmed the correctness of the other 100th received and tested before. From homœopathic side now it was intimated that only then efficacious remedies were obtained if the mixture of vehicle and drug is always supported by strong succussion. If this measure were omitted, there would, in the 30th potency, only be a liquid in no way different from alcohol.

In order to settle this question, Jaeger had before his eyes prepared a 30th potency of Aconite, using the same alcohol from which the afore-mentioned 100th was prepared, and in such a manner that no shaking was applied, but at every pouring the vehicle in on the medicine—drop and putting on

the cork, the bottle was simply turned over and back again. This was done at 4 P. M. The next morning at 9:30 A. M. this 30th was tested by Jaeger, and the result was a difference of + 11 %. Five days later another observation was taken which resulted in a difference of + 45 %, and showed a remarkable resemblance to the curve of the 15th potency in the coincidence of the maxima and minima. This makes Jaeger sanguine that by means of neural analysis not only the remedy, but also the potency-number might be ascertained. In regard to the practical question of potentiation he maintains that the stronger succussion does not, as the homœopathic doctrine teaches, heighten the remedial power, but it is only necessary to reach the desired degree of attenuation, since without strong succussion it depends upon accident whether a lower or higher potency will be gained. In this present case, says Jaeger, we have got the 15th in the place of the 30th potency. However, the great difference between the osmogram of the day after the preparation of the potency and the second one after the fifth day is remarkable, and Jaeger inclines to the opinion; if succussion takes place the Aconite enters immediately into the aggregate state, representing its remedial power; if it is omitted, this factor must be replaced by a certain duration of time. Very likely it is so, and from that it follows that the higher potencies made by Drs. Swan, Skinner, Boericke and Deschere with an enormous speed do not come up to the high figures which they are represented to be.

But Jaeger has not compared the 30th potency unshaken with a difference of + 45 % with the 30th potency shaken which yielded only a difference of + 25.3 %, consequently the superiority of the 15th with a difference of + 47.5 % can not be laid to the shaking, but the 15th acted naturally stronger upon him than the 30th. At the same time it shows that the duration of time was more favorable to the exertion of power on him than the shaking, because the difference is so much greater.

Jaeger made also another experiment in order to test the value of succussion in potentiation. He was, after the astonishing result of the enormous action of the 2000th (dec.) of Natr. mur. doubtful whether this might not be owing to the



kitchen salt being present in considerable quantity in the atmosphere, as is proved in spectral analysis. He therefore had a 100th potency of alcohol prepared with succussion, and on testing it found a difference of + 0.2 %, which on comparison with the normal osmogram, with a difference of 0.5 % gives a difference of 0.7 %, the value of which, indeed, as he says, vanishes in comparison with the giant difference of 60 % in *Natr. m.* 2000, 58 % in *Aurum* 500 and 44.6 % in *Thuja* 1000. Still there is the small difference of + 0.2 % which Jaeger is inclined to lay to the shaking, also the form of the curves is different from the other observations. In order to make sure he had another experiment made by Schlichter with this *Alcohol* 100 (dec.) which led to quite a different result. For Schlichter's normal osmogram shows a difference of — 4.2 %, whilst the pharmacogram of the 100th shows one of — 24 %. Jaeger lays this great difference to the liability of the disposition of alcohol of this gentleman, and comes to the decision that alcohol by the succussion is either not changed at all, or only in a minimal degree: "a result which can be called astonishing and invites further investigation." Without entering upon this investigation now which will find a place further down in this paper, yet the following remark will be in point.

The action of alcohol upon the observers was quite different as will be seen from the normal osmograms in the following differences:

- |                |                |                      |        |           |
|----------------|----------------|----------------------|--------|-----------|
| 1. Jaeger:     | <i>Alcohol</i> | <i>ad Acon.</i>      | — 1.4  | per cent. |
|                |                | <i>ad Nat. mur.</i>  | — 0    | per cent. |
|                |                | <i>ad do</i>         | — 1.2  | per cent. |
|                |                | <i>ad Alcohol</i>    | — 0.5  | per cent. |
| 2. Schlichter: | <i>do</i>      | <i>ad Acon.</i>      | — 8.3  | per cent. |
|                |                | <i>ad do</i>         | — 1.3  | per cent. |
|                |                | <i>ad Alcohol.</i>   | — 4.2  | per cent. |
|                |                | <i>ad Aurum</i>      | + 5    | per cent. |
|                |                | <i>ad do</i>         | — 32   | per cent. |
| 3. Goehrum:    | <i>do</i>      | <i>ad Acon.</i>      | — 17.4 | per cent. |
|                |                | <i>ad Thuj.</i>      | — 12.5 | per cent. |
|                |                | <i>ad do</i>         | — 4.5  | per cent. |
|                |                | <i>ad Natr. mur.</i> | — 9    | per cent. |
| 4. Panzer:     | <i>do</i>      | <i>ad Acon.</i>      | — 7    | per cent. |

The tacit premise of Jaeger is, that Alcohol is taken in two pulses of 100 observations each (strictly only 90 and 100) in succession will have the same effect upon an individual as if taken at once. Therefore, if the alcohol of the second part shows a retardation of nerve-time, the difference between the alcohol and potency-time must be added, if the signs are unequal and they must be subtracted if they are equal. For if the alcohol was retarding the nerve-time, the medicine taken afterward, if it accelerates the nerve time, must make up for the loss, by the alcohol, and the two differences with unequal signs must be added. And if the alcohol-time was accelerated, and the potency-time likewise, the acceleration difference must be minus the acceleration of the alcohol with unequal sign. But the very fact which Jaeger blames for the inconsistent behavior of the nerve-time of Schlichter, the liability of his disposition for alcohol, shows the defect in the method. There is no certainty about the action of alcohol upon the organism, it will act upon it in the most varying manner. Nay, it is medicinal substance itself as Jaeger himself proves by his own and Schlichter's observation. Jaeger's surplus of action in alcohol 100 was, though small, still a surplus of + 0.2 %, and Schlichter's — 4.2 %, and to — 32 %. There is, then, no doubt, about some potency residing in the 100 attenuation obtained on the Korsakoffian plan with succussion from ten drops of alcohol with the same substance. This points to some as yet mysterious power of expansion and distribution of the remedial power of some few drops in many which distinctly can be discerned by the action of such potencies upon the organism, and now also by Neural Analysis.

The observers also noticed many subjective symptoms from the potencies which correspond with our provings, and some were able to smell all the potencies up to the highest 2000 (dec.). Many perceived the difference between Alcohol and Aurum 500 (dec.) in this manner.

These are the main points in Jaeger's Neural Analysis bearing directly upon the science of homœopathics. The inferences drawn by Jaeger for his theories of the soul in relation to Biology are not the subject of this paper.

As soon as I got sight of his book (*Die Neural Analysis*, etc.) I congratulated Prof. Dr. G. Jaeger upon the eminent

service which he had rendered to our profession by making our much-doubted and ridiculed potencies and especially high potencies amenable to Mathematics, and offered him a series of my centesimal fluxion potencies for investigation. He kindly accepted the offer, and selected Natrum mur. which so far had given him the happiest results. I sent him the following potencies: 7, 30, 1c, 2c, 3c, 4c, 5c, 6c, 7c, 8c, 9c, 1m, 2m, 3m, 4m, 5m, 6m, 7m, 8m, 9m, 10m, 15m, 20m, 30m, 40m, 50m, 60m, 70m, 80m, 90m, cm, together with a bottle of Alcohol which had been used in their preparation.

The Professor wrote me in August, 1881, that his testing of my high potencies had given him the most remarkable result:

1. That the increase of nervous irritation continues as far as the 4m which furnishes the maximum of + 55.4%; (the 2000th (dec.) had yielded on three different measurements a maximum of + 55.3 %, + 56 % and + 60 %).

2. That this is the end of it. All the following potencies from 5m. up to cm. are in no way different from the Alcohol used in their preparations, and show a depression of ca. 5%.

3. The pulse-curve observed from the 4m (cent.) upon the Kymographion of Rothe in Prague is in every way distinctly different from the alcohol used for it by the great decrease of the pulse-altitude. This result he communicated to the meeting of physicians and naturalists in Salsburg and he extended the limit of divisibility of matter as far as the 4000th centesimal potency.

But it is the value of Neural Analysis to bring these wonderful observations down to the hardpan of facts and figures which no man can gainsay any more.

For the practical bearing of Neural Analysis upon Homœopathy is in the following points:

1. It gives us a reliable instrument for eliminating the susceptibility of our provers and patients by taking their nerve-time.

2. It enables us to prove the existence and power of high potencies which so far only could be demonstrated by their hygio. and pathopoëtic action in provings and cures.

3. It lifts the subject of *Potentiation* out of the mystery of

empiricism into the clear light of science by rendering it capable of being treated mathematically.

4. It confirms the teachings of Hahnemann whose practical foresight anticipated the time coming after him, *the nerve-time*.

Great thanks are due to Prof. Dr. G. Jaeger for establishing this neural analysis on a firm basis and with a courage unequaled, throwing the gauntlet at the universities and the allopathic profession, to which there has been only one shining example before, viz., our own Hahnemann who threw the infinitesimal dose into the face of the scientific world in his time.

The common kitchen salt in Jaeger's hand has been the means to open up these treasures to the many who are clear-sighted enough to accept truth from whatever quarter it may come. May now the homœopaths who have been the custodians of the truth of Potentiation for more than half a century prove themselves the salt of the earth, and spread it far and wide for the benefit of mankind!

*II. The electromagnetic method.* Ever since convincing myself of the efficacy and superiority of high potencies in practice I was trying to find means to make their action amenable to the senses. The galvanometer soon attracted my attention, which in the hands of Dubois, Reymond and others had obtained a delicacy of reaction not known before, and I fell to work in contriving an instrument for my special object. After twenty-one trials I succeeded in building an instrument of 4,050 feet length of wire and 8,930 convolutions with an astatic needle (Gill No. 7) which proved delicate enough for the following experiment:

1862, June 9, my servant complained that she had not slept all night on account of grief. I had attached two copper handles to the ends of the wires, and on grasping them with her hands the needle was deflected 22°. I placed about a dozen of globules of Ignatia 3m upon the tongue of the woman, and on grasping the poles again when the globules were hardly melted, the deflection was 30°. Then she went in the adjoining room and made the bed, and after that the deflection was 45°. Then she went out saying that she felt

# MATERIA MEDICA AND THERAPEUTICS

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## NEURAL ANALYSIS AS APPLIED TO TESTING THE HIGH POTENCIES UPON THE HUMAN ORGANISM.

H. FINCKE, M. D., BROOKLYN, DECEMBER, 1892.

*Continued from Medical Advances for March.*

oppression on the chest and thought the medicine commenced to act, and now she got 15°. This was a most gratifying result. But on experimenting further and trying to make improvements the instrument got out of order and gave me much trouble. At last I resolved to rebuild No. 22, and added more wire so that Galvanometer No. 23 contained 4,500 feet and 11,700 convolutions. Other things, however, engaged my attention, especially the invention of the fluxion process and the preparation of high potencies on the new plan, and the galvano-meter was put to rest on a shelf, together with another of 38,000 windings, for which to the present day I could not succeed in constructing a proper needle.

Now, when in March last year the book on Neural Analysis by Professor Dr. G. Jaeger came to my hand, I was delighted to see an eminent scholar from the ranks of our habitual opponents come over to us, and teach us the way in which we could prove our high potencies not only to exist, but also to surpass the lower potencies in remedial power, by means of the ingenious chronoscope of Kipp which so far had been used only for astronomical and physiological purposes. After I had expressed my joy and gratitude to our new friend, it occurred to me, that I should follow up the labor commenced 20 years ago, and took down the old instruments for reparation and experimentation. Then I succeeded in giving to the galvanometer No. 23 a still greater capacity by constructing an astatic needle which will always return to a certain degree in the circle, and seems to give the highest deflection the instrument is capable of. The following is a description of it:

4,500 feet of copper wire No. 34 covered with silk have been used for two helices, the one containing 5,700,

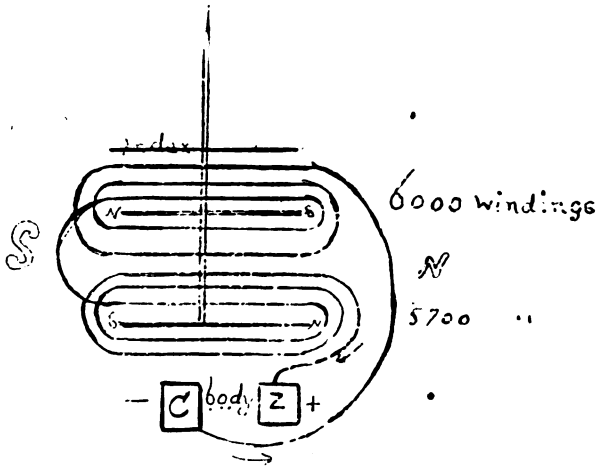
the other 6,000 windings. The two frames upon which the wire is wound are of equal dimensions and have a vertical and horizontal playroom of 18 in. breadth and  $1\frac{3}{4}$  in. length. The two coils, then, have been placed one upon the other. The ends of the wire of each coil coming from the inside are connected, and the ends of the outside run into two small plates of copper and zinc  $\frac{1}{4}$  inch square, which constitute the poles. The astatic needle is constructed of two magnetized needles, No. 6, Milward Milliner,  $1\frac{1}{2}$  inches long, upon a little stick of wood and hung with a silk fibre into the slits left in the coils. In the upper part of the stick an index of whalebone is inserted parallel with the needle which swings above a dial marked with 360 degrees. The instrument is placed near the wall with the 0-point of the dial pointing north. From  $60^\circ$  northeast, the regular position of the upper south pole of the needle an additional scale is marked on the dial making this point 0, and extending  $270^\circ$  west, which is the maximum reached by closing the battery, a moistened cotton rag only intervening between the poles.

The object of this paper being of a practical nature, I must confine myself to the manner in which the Neural Analysis by this method is accomplished, and then give some of the results as far as the newness of the method will allow.

From the sameness of the needle's position, and the equal unvarying size of the poles, and the simple and uniform application of the same part of the human body, it follows, that the instrument must be a reliable instrument of precision, and a true indicator of the physiological facts appearing after closing the circuit. The poles are attached to a small board immovably fixed to the wall. Then both thumbs are immersed in common water and placed upon the two plates, the right, upon the zinc, the left, upon the copper-pole. At the instant of closing, the needle begins to move, and is deflected to a maximum point which is noted down together with the time of observation. As soon as this maximum of deflection is reached, the thumbs are withdrawn, and the needle returns in oscillations back to its normal position ( $60^\circ$  N.E.) within at least three minutes. Sometimes on account, probably, of the torsion of the silk fibre or of unknown causes, the needle will not occupy the desired

point or go a few degrees right or left, then the needle must, by a slight circular motion on the top of the glass-cover of the instrument, be placed in its proper position.

The current which runs from the positive or Zinc-pole through the body to the Copper-pole and thence through the multiplier, is shown by the following diagram:



Now, the question arises what do we expect to see. We see a slight galvanic current generated and conveyed through our body from thumb to thumb, and running through the wire of the instrument deflecting the needle more or less in a certain direction. I give some observations taken upon myself in good health, living according to homœopathic rules year in year out, with remarks bearing upon certain influences which may have been at work. Of late I have added the time in third-seconds which was consumed during deflection. A Maeltzel's metronome set to third-seconds, is yet going, and with the closing of the circuit, the counting commences till the maximum of deflection is reached. This time is noted beside the deflection.

*Table II. Observations on the healthy subject.*

1882.	A. M.	3rd Sec.	Defl.	
Nov. 22.	6:30	45	100°	after rising and normal stool.
	7:15	46	113°	after going out in the cold.
	7:30	37	135°	after studying.

1882.		A. M. 3rd Sec. Defl.			
Nov. 22	8:40	36	144°	after breakfast.	
	8:45	35	156°	inclination to stool.	
	8:52	37	135°	after normal stool.	
	9:07	40	139°	after being out, cold hands.	
	-:14	37	154°	after surprising news.	
	10:40	37	155°	} after mental work.	
	-:55	34	165°		
	11:30	33	168°		
	P. M.				
	-:22	35	164°	before dinner.	
5:-	29	195°	after working in the garden.		
6:42	32	170°	after tea.		
7:30	34	171°	after walking out.		
-:45	34	170°			
10:50	45	140°	after concert.		
A. M.					
Nov. 23.	7	40	120°		
	7:50	41	135°	after going out.	
	8:21	40	130°	after breakfast.	
	P. M.				
	0:40	33	170°	hungry, before eating.	
	1:07	30	174°	after dinner.	
	2:10	32	170°	after nap.	
2:35	37	142°	after mesmerising a patient.		
5:55	35	153°	before tea.		
7:30	33	158°	after going out.		
9:11	34	164°			
A. M.					
Nov. 24.	6:30	39	135°	after stool.	
	7:15	39	138°	after going out.	
	8:45	41	125°	after breakfast.	
	-:55	37	146°	after motion, inclination to stool.	
	9:05	39	139°	after stool.	
	-:20	39	140°	after going out.	
	10:05	33	168°	after manual work.	
	11:30	32	182°	after mental work.	
	-:50	33	173°	smell from burnt hair.	
	P. M.				
0:52	37	157°	after dinner.		
1:50	39	130°	after nap.		



1882.	P. M.	3rd Sec.	Defl.	
Nov. 24	3:35	36	159°	
	5:30	33	174°	after sawing wood.
	—:50	35	160°	after going out, cold wind.
	6:40	34	167°	after tea.
	7:25	35	155°	after going out.
	9:—	34	165°	after studying Jaeger.
	9:40	36	155°	
	A. M.			
Nov. 25.	6:45	42	122°	after rising, stool.
	7:35	40	130°	after going out, cold.
	8:55	39	145°	after breakfast.
	9:30	38	154°	after going out.
	10:—	39	160°	high wind.
	11:—	40	165°	
	P. M.			
	0:23	39	144°	before dinner.
	3:50	31	177°	
	4:17	34	165°	tired from talking.
	5:30	37	140°	after nap.
	6:35	37	153°	after tea.
	9:50	38	138°	
	A. M.			
Nov. 26.	7:—	40	118°	
	7:50	42	110°	after walking in the cold.
	10:30	37	148°	
	—:40	35	159°	filling 3 vials.
	11:12	35	159°	after prescribing.
	—:50	35	165°	after filling vials.
	P. M.			
	0:22	35	167°	first snow.
	1:—	37	140°	after dinner.
	2:10	36	159°	
	3:35	37	140°	after mesmerising a patient.
	5:45	40	115°	after a nap.
	7:15	38	130°	after going out in snow.
	9:30	45	110°	

*Remark:* In spite of much mental work in the evening, the deflections remarkably low, probably on account of the cold.

1882.

		A. M. 3rd Sec. Defl.	
Nov. 27.	6:50	41	100° after rising.
	7:50	37	145° snowing.
	9:—	39	128° after breakfast, inclination to stool.
	9:12	39	132° after stool.
	9:22	40	138° after going out.
	11:30	39	135° mental work.

## P. M.

	0:15	49	95°
	1:20	41	125° after dinner.
	2:10	41	130° after nap.
	3:50	35	165° after writing.
	6:10	30	180° after calculating.
	6:45	35	167° after tea.
	7:37	34	163° after going out.
	8:17	32	177° after talking.

## A. M.

Nov. 28.	7:—	43	120° cold.
	9:—	35	150°
	9:30	39	147° going out, cold.
	10:40	36	156°

## P. M.

	0:15	31	175°
	0:45	31	173° after dinner.
	1:10	36	158° after nap.
	1:30	35	160° after stool.
	3:—	31	178°
	5:45	35	159°
	6:30	35	162° after eating.
	10:30	44	90° tired after reading aloud.
	—:33	44	106° snowfall.

## A. M.

Nov. 29.	6:45	45	100° after rising.
	7:30	44	116° after walking in snow.
	8:45	41	129° after breakfast.
	—:53	40	135° after stool.
	9:30	41	130°
	10:45	45	112°
	M.	45	105°

} in spite of mental work, because  
it is so cold.

1882.	A. M.	3rd Sec.	Defl.		
Nov. 29	0:45	42	112°	after dinner.	
	2:—	45	103°	after nap.	
	2:40	34	168°		
	3:30	36	150°	after mesmerising.	
	6:40	41	131°	after going out.	
	7:15	36	157°	after tea.	
	—:50	38	150°	after going out in snow.	
	A. M.				
Dec. 2.	6:54	44	126°	after rising.	
	7:50	38	153°	after going out.	
	8:37	37	155°	after breakfast.	
	9:37	33	173°	after talking much.	
	10:55	30	181°	after explaining things.	
	11:15	36	163°		
		P. M.			
	1:15	37	160°	after dinner.	
	4:—	26	196°	after mesmerising.	
	7:50	31	177°	after tea and going out.	
	10:45	33	175°	after music and wine, sleepy.	
	A. M.				
Dec. 3.	7:—	44	135°	after rising.	
	7:45	47	110°	after going out, cold.	
	8:24	43	132°	before breakfast.	
	9:45	39	145°		
	10:05	43	130°	going out, cold, inclination to stool.	
	10:12	30	153°		
	12:—	41	133°	after stool.	
		P. M.			
		0:30	43	176°	
		1:30	33	172°	after dinner.
	52	37	152°	after nap.	
	4:—	33	170°	} mental work.	
	7:10	31	185°		
	8:10	35	174°	after going out.	
	9:—	32	184°	mental work.	

\*These are observations from morning to night upon one observer, without medicinal influence, living regularly, and homœopathically, not using tobacco. They represent the oscillations of the oscillatory equilibrium within certain limits

during the day, and the figures allow some conclusions, though I do not pretend to exhaust the subject by them.

There is, for instance, always the low figure in the morning after rising with a long time 45x100, 40x120, 39x135, 42x122, 40x118, 41x100, 43x120, 45x100, 44x126, 44x135; an increase after breakfast, but not always (36x144), also after mental work 40x130, 41x125, 39x145, 39x128, 41x129, 37x155; generally there is a falling off; there is a falling off after normal stool from 35x156 to 37x135, from 37x146 to 39x139, and a decrease when the stool occurs after rising; 45x100, 39x135, 42x122, 42x122, 41x133; and a slight increase from 39x128 to 39x132, from 36x158 to 35x160, from 41x129 to 40x135; there is an increase after dinner from 33x170 to 30x174, from 49x95 to 41x125, from 45x105 to 42x112; and a falling off from 35x167 to 39x140, from 31x175 to 31x173, 37x160 from 43x176 to 33x172°; there is always a decrease after a nap from 10x174 to 32x170, from 37x157 to 39x130, from 34x165 to 37x140, from 31x173 to 36x158, from 42x112 to 45x103, from 33x172 to 37x152, except only once an increase of 5°. Cold invariably lowers the figure, so does fatigue, but mental and muscular work preeminently makes the figures rise. After mesmerising a patient, there was two times a great lowering of the figure, but the third time it was much higher. Though in the first two cases the patient felt better, I felt worse, but in the third instance, physician and patient both were benefited. The evening observations show lower figures except when there was any special excitement by mental effort or music or wine.

What, then, do these figures signify? The galvanic current generated by the wet contact of the thumbs with the poles runs through the body without doubt before reaching the instrument of precision, therefore the body serves as a generator and conductor of the galvanic or contact-electricity. But as the figures of deflection following the contact are not always the same as they would be if the connection were made by copper wire, there must be a special road for the current to travel, and it appears from the observations presented that there can be nothing else capable of serving as conductor than the nervous system. To keep on the practical side of the matter, then, if the figure is low, it indicates that the cur-

rent finds so much resistance in the nerve-system, that also the electromotor action of the needle is diminished; it, therefore, indicates a retardation of nervous action caused by physiological necessities in the system at large or by external influences such as heat and cold, moisture, atmospheric pressure, etc. On the contrary, if the needle reaches a high figure, it indicates that the electric current finds less resistance in the body, and it, therefore, indicates the acceleration of the nervous action caused by the absence of any impediment in the organism and a favorable complexion of outside influences. Such would seem to be the answer to the question of what the deflections signify by judging from the observations furnished by the healthy subject.

But now come the observations upon the sick subject of which I can offer only a few at present.

*Table III. Observations upon the sick subject.*

1. A little girl about four years old, complained of headache in the forehead, and gave a rapid deflection of  $195^{\circ}$  which after a few pellets of Bellad. cm. went down to  $165^{\circ}$  within three minutes. Shortly after the headache was gone. Children generally give larger deflections than adults.

2. A young man with a severe gonorrhœa gave  $200^{\circ}$  which after Canthar. gom. went down to  $185^{\circ}$  in five minutes. At the next consultation he gave  $180^{\circ}$ , after Canthar. 4om.  $160^{\circ}$  in a few minutes; the next time  $160^{\circ}$  and after Canthar. 4om.  $162^{\circ}$ . At the next consultation  $165^{\circ}$ , after Canthar. 4om.  $185^{\circ}$ , therefore  $20^{\circ}+$  difference, probably because two hours before he had taken a good deal of wine and was still excited.

3. A lady with a felon badly treated, gave  $190^{\circ}$  (cured by Hep. s. c. 10m. in water, a teaspoonful every three hours without external treatment, and without any further pains).

4. A boy five years old with intermittent, had a chill at 10 A. M., gave the same evening at 9 o'clock  $222^{\circ}$ , after Natr. mur. 4om.  $212^{\circ}$  after three minutes, and the same after fifteen minutes more.

5. A lady with sore throat gave  $175^{\circ}$  then  $180^{\circ}$  and after Caust. 9c. it went down to  $155^{\circ}$  in a few minutes.

6. A boy 10 years with headache and beginning coryza gave  $190^{\circ}$  and after Ceba. 9c.  $180^{\circ}$  in three minutes.

7. A lady with epileptic fits gave 127°, then 122° which after Calc. carb. cm. went down to 27° in a few minutes, and then rose to 95°. An hour later after reading and thinking 170°.

8. A woman with severe headache, great weakness, pulse 104, gave 160°. After Puls. 9c. it remained the same in two observations.

9. The same gave the next time 165°, then 172° being better, but bowed down by grief. After Ignat. 9m. 199° in a few minutes.

10. Her son, 12½ years with a hollow, deep cough, like whooping-cough, gave 205°, after Acon. M. (million cent.) in five minutes 180°, two minutes later 192°, seven minutes later 205° again. I now gave him his remedy Dros. 9c. three minutes later he gave 203° and seven minutes later 195°.

11. A very sensitive lady with beginning erysipelas under the left eye gave 105°, three minutes later after Euphorb. offic. 9c. 125°.

12. A boy five years with eczema gave 150°, after Rhus. tox. 50m, 162° in three minutes.

13. A doctor tall and robust with swelling of the whole palate, dryness of nose and darting in temples and crown of head, gave 175°, three minutes later 145°. After Nux. vom. 90m in three minutes 157° (four days later a severe form of Diphtheria rapidly carried him off).

14. An old gentleman of great mental power, but afflicted with Aphasia gave 102°, then 115°, then 100°, and after Ammon. Carb. Cm. 127° in a few minutes.

15. A young man with Tonsillitis gave 150°, then 120°, then 119°, then after Merc. viv. 9c. in two minutes 120°, and five minutes later 158°, 10 minutes later 135°.

16. An elderly man with gonorrhœa gave 80°, then 100°. After Cannab. sat. 9c. 94°, after muscular exercise 104°. At the next consultation 75°, and after Canthar. 40m 114°. The next consultation 112°, 102° and after Cann. sat. 3m 112°.

17. A girl 17 years with a cough like an old consumptive, gave 112°, then 128° twice, and after Arsen. a. 7c. in five minutes 133°, three minutes later 125°.

18. An old soldier, asthmatic in a light degree gave 197°, after Grindelia rob. 9c. 192°.

19. Dr. Walker of Denver, worn out by practice and somewhat asthmatic gave  $60^{\circ}$  twice, before he went to Florida to recruit his health; when he returned, he gave  $110^{\circ}$ , being hungry at that, then  $126$ .

20. A man with *Ozæna syphilitica* (living on a generous diet, beef, wine, etc.,) gave  $200^{\circ}$ , 18 days later  $170^{\circ}$ , then  $140^{\circ}$ , a month later  $170^{\circ}$ .

21. Mrs. Dr. Campbell with intermittent fever gave  $160^{\circ}$ ,  $154^{\circ}$ ,  $118^{\circ}$ . After *Arsen. a Cm.* prescribed by Dr. P. P. Wells  $140^{\circ}$ , then  $125^{\circ}$ .

22. A girl seven years, chilly, headache, dizziness, nausea, pain in limbs, pulse 124, gave  $215^{\circ}$ .

23. An old lady with *paralysis agitans* gave  $142^{\circ}$ .

24. A girl 18 years with intermittent, pulse 104, gave  $203^{\circ}$ , then  $200^{\circ}$ , a week later pulse 119, gave twice  $193^{\circ}$ .

25. An old lady hursting out crying at every little occasion gave  $150^{\circ}$ , after *Conium. mac. 9c.*  $85^{\circ}$ , then  $100^{\circ}$ .

26. An old woman who had taken too much Quinine and suffered from the consequences, gave  $70^{\circ}$ , after Quinine sulph. cm.  $150^{\circ}$ , then  $130^{\circ}$ .

27. A young man with sunburnt hands, large blisters on the brown skin, gave  $207^{\circ}$ , while generally he gives only  $80^{\circ}$ .

28. A boy 13 years, fever, headache, nausea, frequent pulse, gave  $200^{\circ}$ .

29. The lady with *paralysis agitans* (s. 23) gave  $125^{\circ}$ . After *Ammon. carb. 9c.*  $115^{\circ}$ , 18 days later,  $115^{\circ}$ ,  $117^{\circ}$  and after *Ammon. carb. 45m.*  $147^{\circ}$ .

30. A girl with *schirrus ventriculi*  $165^{\circ}$ , after *Ammon. carb. cm.*  $175^{\circ}$ .

These observations upon the sick which of course have been taken with the greatest care, show, in conformity with those upon the healthy, one undeniable fact, that the instrument always shows the action of the medicine placed in the form of dry globules upon the tongue generally within two or three minutes, even often as soon as they touch the tongue, before they had time fairly to melt. How the action proceeds afterward, I have not been able so far to prove sufficiently by observation. But the one observation with Camphor gum which I published in the *Hahnemannian Monthly*, June number, 1881, shows the distinct action in the varying figures

from morning to night. For the present I must confine myself to the immediate action of the medicine of which I have given enough cases to justify the conclusion arrived at which does not admit of any doubt.

How does medicine, then, act upon the healthy? From the changes up and down taking place from morning to night, given from my own body, it would seem almost impossible to arrive at a certain conclusion, yet the observations taken with medicine which now follow in order will speak by themselves. I have only extracted the observations bearing upon Alcohol and Aconite in order to be able to appreciate the Neural Analysis by the electromagnetic method.

*Table IV. Observations upon the healthy after taking Aconite and Alcohol.*

*Remark:* The notation of the remedies is according to the centesimal scale as follows:

- o for tinctura fortis,
- c " hundred,
- m " thousand,
- Cm " hundred thousand,
- M " millions.

N is the sign that the open vial of medicine has been held for one minute under the nose for olfaction; N<sub>1</sub>, when globules; N<sub>2</sub>, when fluid; T<sub>1</sub> signifies the administration of dry medicated globules upon the tongue; T<sub>2</sub>, one drop of the medicinal tincture upon the tongue. Where the time is not given it means the time in which the needle comes to rest: 3 minutes.

1881. May 13.	B. F.	1881 June 28.	B. F.
P. M. 5 10.....	90°	P. M. 9 32.....	172°
B Acon. M T		9 35.....	172°
5 13.....	70°	9 38.....	172°
5 16.....	73°	9 41.....	172°
5 40.....	79°	June 29.	B. F.
June 27.	B. F.	A. M. 7 45.....	126°
7 40.....	167°	B Acon. M T	131°
B Alcohol. pur. T <sub>2</sub>		7 54.....	132°
7 42.....	172°	8.....	144°
7 43.....	172°	8 3.....	132°
7 45½.....	172°	8 6.....	144°
June 28.	B. F.	8 9.....	139°
9 29.....	162°	8 12.....	144°
B Acon. M T		8 15.....	144°



1881.	Dec. 17.	B. F.	1882.	Feb. 1.	B. F.
P. M.	3 57	165°	P. M.	12 7	170°
	℞ Alcoh. o T			12 12	179°
	4	172°		2 18	169°
	4 3	150°		3 5	190°
	4 6	150°		5 50	180°
	4 16	152°		7 37	179°
	Dec. 30.	T.		Feb. 12.	S.
	3	135°	A. M.	11 25	205°
		140°		℞ Acon. M T	
	℞ Acon. M T	140°		11 32	180°
		140°		11 34	192°
		140°		11 39	205°
	℞ Acon. Cm T			Feb. 20.	S.
		125°			210°
		T.		℞ Acon. M T	
1882.	Jan. 2.	192°			202°
	℞ Acon. Cm T			April 17.	Dr. Lewis.
		185°	P. M.	2 10	205°
	Jan. 10.	Mrs. R.			195°
A. M.	9	152°		℞ Acon. 1m T	
		148°			180°
		145°			165°
	9 5	150°		April 9.	Mrs. S.
	℞ Acon. M T		A. M.	9 35	185°
	9 8	162°		℞ Acon. 1m T	
	9 12	155°			155°
	9 18	155°			150°
		162°		May 13.	S.
		165°		8	160°
	9 55	122°			165°
	9 57	155°		℞ Acon. 9c T	
	10 2	168°			155°
	10 2 ℞ Acon. Cm T			May 13.	Dr. Lassen.
	10 4	171°		11 4	158°
		177°		℞ Acon. Cm T	
	Jan. 18.	B. F.		11 7	178°
P. M.	8 15	175°		11 17	178°
	8 38	180°		July 7.	G.
	8 42 ℞ Acon. M T				180°
	8 43	170°		℞ Acon. 10m T	
	Feb. 1.	B. F.			123°
A. M.	11 31	187°			126°
		175°		Nov. 18.	H.
		187°			67°
	12	184°			87°
	℞ Acon. M T			℞ Acon. 1m T	
					83°

1882.	Nov. 29.	B. F.	1882.	Nov. 30.	B. F.
P. M.	8 57 35 third sec.	163°	A. M.	11 17.....	38 140°
	℞ Acon. 1m N for one			11 22.....	39 147°
	36 third sec.	160°		11 45.....	40 142°
	℞ Acon. 7c N			As two hours ago.	
		155°		Nov. 30.	B. F.
	Nov. 29.	Mrs. F.		11 45.....	40 142°
	9 22.....	75°		11 54.....	40 142°
	℞ Alcoh. o N			℞ Alcoh. 2c N (23 y. old).	
	9 24.....	80°		11 57.....	36 138°
	℞ Acon. 7c N			12.....	38 142°
		87°		℞ Alcoh. 3o N (24 y. old).	
	Nov. 30.	B. F.	P. M.		43 118°
A. M.	9 30.....	thibbs 38 142°		12 32.....	38 144°
	9 31.....	" " 38 142°		℞ Alcoh. 6om N	
	9 34.....	" " 38 142°		(18 yrs old).	
	℞ Alcoh o N			12 35.....	37 153°
	9 37.....	41 128°		1 22 after dinner..	35 155°
	Nov. 30.	B. F.		2 18 " sleep....	41 127°
	9 45.....	th. s. 38 141°		3 25 mentally active	
	℞ Alcoh. o N				45 107°
	9 47.....	39 135°		℞ Alcohol o N	
	℞ Acon. Cm N			Nov. 30.	B. F.
	th s	37 139°		4 34.....	38 144°
	Nov. 30.	B. F.		4 37.....	39 135°
	9 54.....	th. s. 39 130°		4 40.....	44 125°
	10 11.....	38 136°		6 45.....	33 178°
	10 13.....	39 134°		℞ Acon. o N	
	℞ Alcoh. o N			6 48.....	31 183°
	10 15.....	37 123°		6 51.....	33 178°
	℞ Acon. Cm N			6 53.....	34 176°
		41 123°		6 56.....	34 176°
	Nov. 30.	H. F.		7 12.....	34 170°
	10 30.....	41 123°		7 35.....	33 171°
	℞ Acon. 9c N			Dec. 1.	B. F.
	10 32.....	43 110°		6 45.....	33 178°
	℞ Acon. 1 N			℞ Acon. o N	
		38 127°			31 183°
	℞ Acon. 6 R (32 yr old).			Nov. 30.	Mrs. F.
		40 122°		4 11.....	47 88°
	℞ Acon. o N				48 88°
		36 150°			48 92°
	10 52.....	36 136°		℞ Alcoh. o N	
	Nov. 30.	B. F.		4 21.....	46 103°
	11 3.....	36 153°		4 22.....	48 104°
	11 11 ℞ Alcho. o N			4 24 ℞ Acon. 1 N	
		36 127°			
	℞ Acon. o N				

1882. Nov. 30.	Mrs. F.	1882. Dec. 9	B. F.
P. M. 4 26.....46	115°	A. M. 11 13.....37	150°
4 28 $\beta$ Acon. Cm N		$\beta$ Acon. o N	
4 29.....47	105°		40 138°
Dec. 2.	Miss B.	11 22.....36	152°
A. M 9 20.....42	132°	$\beta$ Acon. o N	
$\beta$ Acon. 1m N		11 25.....37	153°
9 22.....45	137°	11 28.....38	145°
9 25.....44	122°	11 30.....40	138°
9 42.....45	120°	11 37.....39	146°
		11 43.....34	166°
Dec. 9	Mrs. F.	Dec. 9.	Mrs. F.
10 48 Tired, sleepy. 45	55°	P. M. S .....	33 156°
$\beta$ Acon. o N		$\beta$ Acon. o N	
10 50.....43	68°		33 163°
10 52.....43	70°		33 163°
10 55.....45	67°	$\beta$ Acon Cm N	
Dec. 9.	B. F.		34 159°
10 57.....37	149°		34 157°
$\beta$ Acon. o N		$\beta$ Acon. o N	
10 59.....39	140°		33 162°
11 1 .....	146°		36 162°
11 10.....39	153°		

With subjective symptoms.

In order to facilitate the conclusion to be drawn from these facts, I have to add another table where more than one or two physiological observations were taken in order to gain a mean value according to Jaeger's method; first, ten observations upon the healthy, then after taking the medicine, ten observations from half to half hours repeated.

*Table V. Observations upon the healthy in pulses of 10 in about half an hour.*

1. 1882. May 5. B. F., 61 years old, healthy, keeps homœopathic diet, has regular habits, does not smoke nor chew tobacco, nor take beer, and very seldom wine. Trying to be as indifferent as possible he gave in 10 observations from 4 to 4:25 P. M., in intervals of 2-3 minutes the following deflections:

153, 153, 163, 158, 128, 148, 143, 126, 147, 151, the sum of..... 1,470°

$\beta$  Natrum muriat Cm 9 globules on the tongue.

Ten observations from 4:28 to 4:55 P. M.: 148, 141, 134, 139, 136,

127, 133, 141, 143..... = 1,372°

Therefore a decrease of..... = 98°

within thirty minutes or a pathœtic difference of..... = 6.6%

The next half hour from 5:12 to 5:39 P. M. gave the figures: 149,  
 121, 114, 118, 141, 125, 150, 140, 127, 130 ..... = 1,315°  
 Therefore a further decrease of ..... — 155°  
 or a pathopætic difference of ..... — 10.6 %  
 The third half hour gave 136, 122, 130, 135, 147, 145, 137, 157 = 1,383°  
 Therefore, likewise, a decrease of ..... — 87°  
 or a pathopætic difference of ..... — 5.9 %

2. 1882. May 19. The former observer gave the following ten physiological observations from 3:34 to 4:08 P. M.:

125, 135, 130, 136, 150, 140, 142, 134, 140, 131 ..... = 1,363°  
 R Lachesis 5M (5 million cent) about a dozen globules on  
 the tongue at 4:0½ P. M., and gave till 4:43 P. M. as  
 follows:

133, 143, 150, 145, 152, 151, 143, 154, 160, 146 ..... = 1,477°  
 Hence an increase of ..... + 114°  
 or a pathopætic difference of ..... + 8.4 %

Ten further observations from 4:48 to 5:34 P. M. gave: 135, 139,  
 144, 150, 154, 154, 155, 150, 148, 143 ..... = 1,472°

Hence again an increase of ..... + 109°  
 or a pathopætic difference of ..... + 8 %

3. 1882. July 7. Miss F., 15 years, healthy, gave from  
 3 to 3:32 P. M.:

178, 180, 182, 182, 175, 177, 181, 190, 174, 181 ..... = 1,700°  
 At 3:34½ P. M. without knowing what it was  
 R Lachesis 5M about a dozen globules.

The next ten observations gave till 4:30 P. M.: 175, 190, 187, 183,  
 184, 175, 183, 199, 200, 190 ..... = 1,866°

Hence an increase of ..... + 166°  
 or a pathopætic difference of ..... + 9.8 %

The next ten observations from 4:35 to 5:05 P. M. gave: 193, 182,  
 178, 182, 175, 178, 194, 194, 188, 198 ..... = 1,862°

Hence again an increase of ..... + 162°  
 or a pathopætic difference of ..... + 9.5 %

4. May 20. 8:04 A. M. B. F.:

140, 156, 160, 156, 157, 150, 145, 145, 154, 151 ..... = 1,514°  
 P. M., 8:42. R Emerald 10m, a few pellets on the  
 tongue.

From 8:45 to 9:22 A. M.: 155, 154, 145, 140, 132, 145, 147, 150,  
 132, 138 ..... = 1,438°

Hence a decrease of ..... — 76°  
 or a pathopætic difference of ..... — 5.1 %

# MATERIA MEDICA AND THERAPEUTICS

## NEURAL ANALYSIS AS APPLIED TO TESTING THE HIGH POTENCIES UPON THE HUMAN ORGANISM.

B. FINCKE, M. D., BROOKLYN, DECEMBER, 1892.

*Continued from Medical Advances for April.*

From 9:25 to 10 A. M.: 140, 145, 150, 143, 145, 155, 163, 154, 152—1,492°

Hence a further decrease of ..... 12°  
and pathopœtic difference of ..... 0.8 %

5. May 30. B. F. From 9:30 to 9:52 A. M.:

134, 137, 136, 127, 150, 152, 130, 125, 131, 149 ..... —1,371°

    B Emerald Cm Some globules on tongue.

159, 140, 145, 145, 141, 145, 153, 144, 137, 155 ..... —1,464°

Hence an increase of ..... + 93°  
or pathopœtic difference of ..... + 6 %

But on commencing the second series after taking the medicine, they began to roast coffee in the house, which makes it uncertain whether the rise was from the Emerald or from the coffee.

May 30. P. M. 4. (Tired.) Ten observations:

120, 112, 112, 112, 100, 100, 105, 111, 130, 134 ..... —1,136°

    P. M. 4:51. B Emerald Cm in globules.

Ten observations from 4:52 to 6:22 ..... —1,222°

Hence an increase of ..... + 86°  
or pathopœtic difference of ..... + 7.6%  
proving that the increased action was owing to Emerald and not to the coffee.

6. June 3. B. F. Ten observations from 10:48 to 11:22 A. M.:

138, 148, 148, 139, 143, 150, 150, 132, 115, 123 ..... =1,386°

    A. M. 11:23. B Sapphir Cm globules.

Ten observations from 11:52 to 12:18 A. M., 190, 177, 174, 149,

167, 163, 160, 180, 164, 159 ..... —1,683°

Hence the enormous increase of ..... + 297°  
or a pathopœtic difference of ..... + 21.4 %

7. June 5. B. F. Five observations, 4:17 to 4:30 P. M.:  
 155, 157, 164, 164, 169..... = 809°  
 ℞ Rubinus Cm globules.  
 Five observations from 4:33 to 5 P. M.: 155, 172, 159, 159, 154.. = 799°

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Decrease..... — 10°  
 pathopœtic difference..... 1.2 %

8. June 11. B. F. Ten observations from 4:38 to 5:15  
 P. M.:  
 135, 154, 165, 155, 145, 153, 148, 160, 159, 168..... = 1,442°  
 ℞ Rubinus Cm globules.  
 Ten observations 5:19 to 5:58 P. M..... = 1,633°

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Hence in  $\frac{3}{4}$  hour an increase of..... + 191°  
 and a pathopœtic difference of..... + 13.2 %

Since there was no alcohol contaminating the observations, and they were taken without interruption with calm mind uninfluenced by anything out—or inside, and then finally the third half hour shows an increase of the figures which taken the next morning gave a sum of 1,473°, and amounted to almost the same sum as the physiological observations at the beginning of the test, there seems to be no reason to doubt the action of the Natrum muriaticum Cm upon the healthy subject with a pathopœtic negative difference of—6.6% in the first half hour—10.6% in the second, and—5.2% in the third half hour. This in homœopathic language, means, that the primary action was a depression of the system amounting to the differences indicated. Comparing this result with that of Jaeger's 4,000 (cent.) of my own preparation, his method seems to yield a fuller harvest from the greater percentage obtained. His observations were taken with a view to ascertain the time consumed in the act of looking at the hand of the chronoscope on the point to move and the pressure of a finger. The space traveled over is something less, than that from thumb to thumb, (67in.) being about 37 in. from eye to index finger which makes a difference of almost 45%. Then the mode of action in the nervous system is quite a different one, for in Jaeger's case it is nothing than the sensual impression upon the eye which is reflected to the brain and then and there converted into neurometer action moving the finger to manage the circuit. But in the electromagnetic method there is the galvanic electricity running through the nerve-

channel from thumb to thumb which offers a resistance varying with the value of the biological forces. For, if it would run through the instrument without interposing the body, it would with the battery used, give a deflection of  $270^{\circ}$  whilst the physiological deflections rarely go as high as  $200^{\circ}$ . Then, Jaeger has used the alcoholic tincture by inhalation lasting, over a quarter of an hour, whilst I have used only a few dry globules of smallest size upon the tongue which was perhaps the thousandth part of a number of globules moistened with 2 or 3 drops of the alcoholic tincture of the Cm. Finally, Jaeger found no action at all after the 4,000th (cent.) and my test gives a pathopœtic difference of  $-10.6\%$  for Cm, and even shows the action of a 5 M (million). It would be interesting to know how the mode of taking the medicine in dry form would appear at the chronoscopic examinations. The instrument, indeed, has such a delicacy of construction, that with sensitive observers it ought to give good results.

To return to the *modus operandi* of the electromagnetic Neural Analysis the resistance which the nerve-system opposes to the galvanic current represents the equivalent of the vital force of the organism. If, therefore, a greater deflection is obtained upon the healthy, it means that the motion in the nerves, mediating that force, is accelerated and on the contrary, a smaller deflection means the retardation of this motion. This motion can be accelerated to the same amount in the sick as in the healthy, but then it has a different meaning: the life-force accelerates the nerve-motion in order to make up for the defects in other organs, and what in the healthy was a sign of vigor, is in the sick a sign of weakness. The retardation of the nerve-motion shown by smaller deflection in the healthy means the decrease of vigor from natural causes, work and fatigue, mental and bodily, absence of any exertion, sleepiness, and is restored by rest, food, work and sleep. But in sick people a low figure means much more, and is a sign, that the life-force is in a feeble condition, unable to restore sufficiently the nerve-motion necessary to the government of the whole. And if it is forced by exertion or disease to a higher figure, this indicates severity of disease and danger to the organism. In my own case

(Tab. V) Natrum muriat. has made me sick, decreasing the nerve-motion in such a manner that the electric current which is constant, and arrives with equal velocity at the point of starting, lost in intensity and caused the needle to make a shorter deflection, it has, in one word, lowered my vitality. Jaeger says the 4,000th (cent.) with the short nerve-time has increased the irritability (Erregung) of his nerves enormously in proportion to the lower potency. He, of course, by inhaling the tincture for over a quarter of an hour, made himself sick likewise, and the result was the opposite of my experience, the decrease of the irritability of the nerves. But in as much as the increased irritability is the sign of disease, it is essentially the same, since his vitality is lowered by it, the shorter nerve-time under the influence of medicine is parallel to the lower deflection of the needle. These remarks may suffice for the present to explain the smaller percentage on the electromagnetic method.

To return to the observations upon the sick, a curious fact strikes one, that they, too, mostly show the decreasing deflection after taking medicine. There are also increased deflections but they are rare in comparison with the others. How can that be? The boy who had intermittent and was treated and cured with Natr. mur. gave after the 40m (cent.) 10° less after three minutes, and I being in good health, had likewise marked decreasing deflections from even the higher potency of Natr. mur. viz. Cm. To be sure, I was sick, too, with the Natr. mur. similar to the complex of symptoms of intermittent after I had taken it, and hence the deflection and lowering of my vitality, but that boy was sick with Natr. mur. symptoms, and ought to show by increased deflection the heightening of his vitality after the homœopathic remedy. But he don't.

Dr. P. P. Wells who kindly listened to the reading of this paper after this passage remarked at once, this is the homœopathic aggravation of Hahnemann which always occurs after taking the medicine homœopathically selected, before any healing action can take place. See Organon, 5th edition §§157-159.

“The smaller the dose of the homœopathic remedy, the smaller and shorter is this apparent increase of disease in the



first hours." This depends upon the fact, stated by Hahnemann, §148, that the artificial disease represented by the homœopathic remedy is always stronger than the natural disease which it must overcome by its superior power in order to restore health. And no homœopathic medicine can be given fine enough, that it should not be stronger than the diseases, §279. Hence the homœopathic high potency has the advantage of overcoming the disease by the least quantity of action, and it leaves no after-action, because there is no body to it, but the most inert (B. Fincke High Potencies and Homœopathics. Tafel, 1865). This apparent contradiction, then, is explained already under the teaching of Hahnemann. Still it leads to some other considerations and questions.

Could it be, that the galvanometer only shows the rate of conveyance through the nerves to the nerve-center where the most intricate physiological and biological processes occur which result in the proving or cure? But why, then, should there be an exception to the rule, that some will show an increased deflection upon taking medicine whether sick or well? In all probability this phenomenon is governed by the laws of posology which require, that just so much of a dose should be given as is sufficient to cure, and then it would indicate in the sick, that the given potency, provided the selection of the remedy to be correct, was not the right potency, either too low or too high? But, then, why should there be this discrepancy also in the healthy? If *Natr. mur.* lowers the vitality and *Lachesis* and *Sapphir* heightens it, it would seem to be owing to the greater or lesser susceptibility for the remedy and potency. Here more comparative experiments must be made with different potencies in order to develop their peculiar differences, a property which I propose to call *Allœopoesis*, i. e., the property of remedies to act differently in high or low potency or crude substance, and also differently under different application of the body. (Sharp's *Antipraxy* refers only to the property of opposite action in large and small doses) though all these actions belong to the collective action of the remedy and from the remedial individual.

Such an allœopoesis is in the experiment of Nov. 30. The first two physiological observations gave the same time

40.142 and figure. Then I smelled alcohol 2c (94°) such as is used for potentiation for one minute holding the open vial containing dry globules, moistened as early as 1859, under the nose without taking any pains to inhale. Three minutes later the needle showed a loss of  $-4^\circ$  and three minutes later it returned to its former deflection but with two third-seconds less time, viz., 38.142°. From that I concluded that the action of alcohol 2c, so far as the Neurometer was concerned, had ceased. I then smelled in the manner described, Alcohol 30, made 1858, for one minute, and in due time noticed a still lesser deflection of 43.118°, a result which is very remarkable; about half an hour afterward the needle pointed to 38.144° again, which I thought indicated the cessation of the action of Alcohol 30, and now I smelled Alcohol 60m, made 1864, for one minute. The result was in three minutes an increase of 9° showing 37.153° an action which was kept up till after dinner when the deflection was 35.155°. Then it went lower in the afternoon to 41.127° and at 3:25 P. M. to 45.107°, which looked to me very much like an after-action of the 60m, because such figures are quite unusual at that time of day, when I am very active. Here the lower potencies 30 and 2c acted negatively while the high potency 60m had a positive action. There is another experiment of allœopoetic action under the same date of Alcohol and Aconite.

It remains to refer to a remark made above when speaking about the application of alcoholic tinctures in Neural Analysis. The experiment with the potencies of Alcohol is also here in point. When Alcohol itself is capable of potentiation which is nothing else than developing additional forces, it can not be used in testing medicines without giving rise to errors. These potencies of Alcohol used for smelling have been kept in closed vials for 18 and 24 years; they have hardly been opened in the meantime, they were surely dry, and what there is in the globules, can only be a potency. Moreover they have been prepared in a different way from how Jaeger had prepared his 100th potency. The pure Alcohol (94°) was triturated three times according to Hahnemann, and then carried up on the Korsakoffian plan with pure rain-water, first to 30 and then to 200, finally by fluxion

to 60m. This time, therefore, the action of Alcohol was the opposite, viz., an increase of 9° which kept up till after dinner, and then by 3:25 P. M., nearly 3 hours after the last dose of Alcohol, to 45.107°. This might, then, be an after-action of the Alcohol potencies taken in the forenoon. From the table it appears that crude Alcohol such as used for potentiation, on tasting gave a positive result with me, see table.

May 13.	167° after Alcohol T	172°
Dec. 17.	165° after Alcohol	172°
	followed by	150°

But on merely holding the vial under the nose for a minute, it gave a negative result.

Nov. 29	163° after Alcohol N	160°
Nov. 30.	38 142° 3 times then	41.128°
	38.141° " "	39.135°
	39 134° " "	37.123°
	36.153° " "	36.127°
	38.144° " "	39.135°
	followed by	44.125°

This is, then, the allœpoesis which a remedy presents in its action under various forms, as crude substance, or potency, and in its different application upon the organism. It follows from that, that the Alcohol should be omitted in the neuro-analytical test for high potencies.

But there is also to be considered the homœopathic action necessarily exerted under the influence of Alcohol which must be different from the action, if no Alcohol had preceded it. For that purpose I made some experiments with crude Alcohol followed by Aconite as will be seen from the following table.

Table VI, Observations on Alcohol followed by Aconite.

1.	Nov. 29.	B. F.	
		35.163° after Alcohol N	36.160°
		" Acon. 7c N	36.155°
2.		The same.	
		38.141° B Alcohol. N	39.135°
		B Acon. Cm N	37.139°
3.		The same.	
		39.130°	
		38.136°	
		39.134°	
		B Alcohol. N	37.123°
		B Acon. Cm N	41.123°

	℞ Acon. 9c N.....	43.110°
	℞ " 1c N.....	38.127°
	℞ " 6c N.....	40.122°
	℞ " 0 N.....	36.150°
	20 minutes later.....	37.136°
4.	The same.	
	36.153° ℞ Alcoh. N in 8 minutes.....	36.127°
	Acon. 0 N.....	38.140°
5.	Nov. 30. Mrs. F.	
	75° ℞ Alcoh. N.....	80°
	Acon. 7c N.....	87°
6.	Nov. 30. B. F.	
	47.88°.....	
	48.88°.....	
	48.92°.....	
	℞ Alcoh. 0 N.....	
	after 10 minutes.....	46.103°
		48.104°
	℞ Acon. 1 N.....	46.115°
	℞ " Cm N.....	47.105°

N. B. The smelling was always for one minute.

If in the fourth observation the tinctura fortis of Aconite gave a difference of  $-13^\circ$ , and the Alcohol previously taken one of  $-26^\circ$ , according to Jaeger the Alcohol deflection would have to be subtracted from the Aconite deflection, because the Aconite has to make up the Alcohol action whether increasing or decreasing, consequently  $(-13) - (-26) = +13^\circ$ , or 8.5% absolute Aconite difference, which means, that without the action of Alcohol, the Aconite would have given a deflection or  $13^\circ$  more, than the original deflection of this hygiopoetic observation, viz.  $166^\circ$

There is an observation under Dec. 1, on Table IV. where the action of Aconite tinc. fort. was lessening the normal deflection of  $178^\circ$  by  $-5^\circ$  without previous application of Alcohol. The difference in the former case was + 8.5%, and in this case  $-2.8\%$ .

The fifth observation gives an Alcohol difference of  $+5^\circ$ , and an Acon. 7c difference of  $+12^\circ$ , therefore  $(+12^\circ) - (+5^\circ) = 7^\circ$  or + 9.3% absolute Aconite-difference.

The first observation gives an Alcohol-difference of  $-3^\circ$  and an Acon. 7c difference of  $-8^\circ$  hence  $(-8^\circ) - (-3^\circ) = -5^\circ$ , or 1.8% absolute Acon. 7c difference.

There would, then, between the first and fifth observation

be a difference of  $-1.8\%$  in the first case against  $+9.3\%$  in the second case.

Besides, the fact that the Alcohol acted upon the two observers in opposite direction, adds to the incorrectness of testing the potencies in alcoholic form, and the fault lies in applying for Neural Analysis, a vehicle which in itself is a remedy.

It might be said, that these observations have been made in too short intervals to which can only be replied, that it grows out of the nature of the investigation and that the observer used such care not to deceive himself, that he willingly waits for the observations which others may make to confirm his statements.

From the facts gained, it appeared to me, that the action by the tongue has been more marked, than that by inhalation and the latter seemed to me more fleet.

So far as it goes, Neural Analysis by the electromagnetic method, will be closely linked with that by the chronoscope, and more comparative points, as I tried to give, may be found, which can only serve to confirm the truth of what Hahnemann taught.

Hahnemann contended, and all his true followers have found it so, that potentiation heightens the healing power of the medicines, that remedies can hardly be potentiated high enough, that they would not be still strong enough when homœopathically selected, to overcome disease, that the application by tongue and nose is the most proper and effective, that the most inert and the most poisonous substances, and the food we eat, equally get remedial power by potentiation.

With what persistence and luxury of scorn have they persecuted that great and good man during his life-time and even in his grave on account of his provings of the kitchen-salt which we eat with our daily bread, and which abounds in the atmosphere we breathe; how have they ridiculed him on account of his administration of medicines by olfaction, and peddled the anecdote of how the patient he had treated in this manner, paid him by applying (*similia similibus*) a banknote to his olfactories, and now that very administration of the medicines, and of the high potencies of the kitchen-salt at that forms the subject of that new discovery which comes

from the fatherland of Hahnemann out of the ranks of our bitter opponents of the *alœopathic* and materialistic school. Verily, the world does move yet as at the time of Galileo, and the coming generations will see, how the greatest discovery of this century, **POTENTIATION**, leads into new green fields and pastures of the scientific mind, of the philanthropist and of the genius of government.

The drift of the natural sciences naturally goes to the discovery of the essence of things, and it is well, it is so, or else mankind would sink into a slough of despond, and fall into a brute state, never to rise again. But in spite of all searching for final causes in things, there is no end to it. Just as with the increasing powers of the telescope new suns are discovered of which though the field of the instrument appears like being paved with them, every one has its own vast solar system around it, so it is with the subject of potentiation. It is utterly impossible to conceive either the minuteness of a five-millionth centesimal potency or the expansion of the medicinal power through its vehicle in reaching that height, and yet we can prove its existence by its action upon the healthy and sick, and now by Neural Analysis. And this we owe to none else than to our own

SAMUEL HAHNEMANN.

May his name be blessed for evermore. Amen.

*Ceterum censeo macrodosiam esse delendam.*

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#### **RHUS RADICANS.**

The provings of *Rhus Rad.* which have been kept separately are very meager, so that regarding *Rhus Rad.* we know but little about it until more thorough provings have been made.

All the botanical works that have come under my observation, have described them as one and the same plant, with the exception of Wood in his school botany, in which he says, "if *Rhus Rad.* is but a variety, it is a most remarkable one."

There is a considerable difference in the appearance of the two plants. The *Rhus Rad.* may be found from an eighth of an inch in diameter to that of four inches; when small it is

covered with a brownish bark, which is smooth, but when large the bark is a dark brown, and corrugated, and somewhat scaly. It may be found of any size, from that of two inches in height to that of the tallest trees, which it will climb and spread out over the whole tops; it will fasten itself to its object by myriads of rootlets which are close together.

It does not leaf out quite as early in the spring as that of *Rhus Tox.* the leaflets are from six to eight inches in length, and from one to one and quarter inches in breadth, they are acute, lanceolate, serrate, partially lobed, of a dark green shining color on top, of a lighter green and hairy on the under side, the petioles on some specimens are a foot or more in length, and of very dark brownish green.

The flowers are diœcious and appear late in comparison to that of the *Rhus Tox*; the berry is much larger and of a darker color, and will remain until the coldest weather in the winter.

The *Rhus Tox.* is smaller; it may be found from one inch in height to that of twenty feet, and from one-sixteenth of an inch in diameter to that of one inch; it throws out its rootlets in bunches at some distance apart; the bark is of dark gray, with oblong spots, of a lighter color; the leaflets are from four to six inches in length, by one and a half to two inches in breadth, deeply serrated and partially lobed, petioles from four to six inches in length, the leaves are of a lighter green, and not so glossy and lightly hirsute. Its flowers are polygamous (i. e.) male and female flowers on the same plant. It seems to me that with these differentiations, the two plants could be easily distinguished from each other, and the liability to mistake the one for the other reduced to the minimum.

I will endeavor to give my experience with the plant, and all that I can find from others, so as to make it as complete as possible at the present time. The plant should be more thoroughly proven and from perfectly reliable plants, and kept separate and distinct from those of the *Rhus Tox.*

The compilers of our materia medica have placed their symptoms under one heading, and have made no distinction between them, with the exception of Jahr in his *Symptomen Codex*, where he gives under the head of *Rhus Rad.*, the

symptoms of nine provers, but as no description of the plant is given, there may possibly have been some mistake in the selection of it, as a large sized *Rhus Tox.* may have been mistaken for the *Rhus Rad.*

**MIND—Melancholy.**

*Mental depression.*

*Mental apathy.*

*Unusual irritability.*

*Depression of spirits—peevish, out of humor.*

*Wants to be let alone; does not want to be spoken to.*

*Discouraged.*

*Anxiety and apprehension; believes that he is not going to recover from his illness.*

*Apprehension about the future.*

*Extreme peevishness and impatience, especially in the morning.*

*Great discouragement with mental indolence.*

*Wants to be quiet and wants to be let alone.*

*Does not want to think.*

**SENSORIUM—Great exhaustion, feels as if he would have to use great effort to move.**

*Wants to be quiet, and let alone.*

*Mental dullness, and indisposition even to answer questions.*

*Cross and peevish.*

*Vertigo on attempting to move, or raise the head.*

*Faintly feeling on attempting to raise up, feels as if he was going to fall, if not supported.*

*Vertigo when walking.*

*Vertigo when raising, when stooping.*

*Vertigo and faint feeling when suddenly raising the head.*

*Confusion in the head.*

*Momentary loss of consciousness when moving.*

*The head feels too large and heavy, as if he could not hold it up.*

**HEAD—Heaviness in the head.**

**FULLNESS OF THE HEAD.**

*Semilateral pain in the temples.*

*Pain above the eyes.*

*Shooting pains through the whole head.*



*Dull aching pain in the occiput.*

Pressing pain in the whole head.

*Remitting pains in the head.*

Darting pains in and through the forehead and temples.

*Dull and continued PAIN IN THE forehead.*

Violent and *unceasing pain across the forehead*, and on the top of the head.

Headache, followed by griping pains in the stomach and bowels.

*Headache with nausea.*

*Quotidianperiodical headache.*

*Dull headache on waking in the morning; better after rising and moving about.*

Dull headache in the forenoon.

Dull headache in the whole head.

Headache in the forenoon, with sleepiness, dull pain in the forehead, temples, and occiput, in the morning. *Dull pain in the whole head*, commencing in the anterior part.

Pain in the top of the head in the morning. Transient, but severe semilateral headache, from intellectual labor.

Shooting pains through the head. The headache is worse and the pains are sharper when lying down.

*Darting pains through the head.* PAIN IN THE HEAD AND NAPE OF THE NECK. *Pain in the occiput and neck.*

Severe headache, with nausea, vomiting, and pain in the stomach. Headache increased by movement and stooping.

*Throbbing in the head.*

*Heat in the head.* Heat, pain, and throbbing of the head.

*Itching and burning of the scalp.*

*Dark colored eruptions on the scalp.*

EYES.—Pain in the eyes on opening them.

Heaviness and pain over the eyes.

Smarting and burning of the eye-lids. *Itching of the eye-lids.*

*Burning in the eye balls.*

Heat and itching of the eyes.

*Sensation of heat in the eyelids.*

Congestion and inflammation of the conjunctivæ. *Redness and swelling of the eye-lids, with itching and burning.*

Œdematous swelling of the eye-lids, with smarting and burning.

Photophobia on waking in the morning.

*Confusion of sight.*

*Obscurity of vision, when suddenly raising the head.*

EARS—*Pain in the ears.*

Heat and swelling of the ears.

*Sensation as if the beating of the heart or arteries were heard in the ears.*

Parotitis after scarlatina, with œdematous swelling of the hands.

NOSE—Itching in the nostril.

*Epistaxis, bleeding from the nose in the morning. Dryness of the nostrils.*

SNEEZING.

*Fluent coryza. Fluent and burning coryza, with copious discharge of serum or mucus, and attended with severe headache.*

FACE—Complexion pale, and yellow.

Pain at the left mixillary joint on moving of the jaw.

*Itching in the face.*

*Furunculi, pustules, pimples, or vesicles on the face.*

*Burning in the face with dark redness, and itching.*

*Erysipelatous redness of the lips.*

*Pimples upon the face and forehead.*

Excoriated, smarting, and burning spot below the nose.

Eruption of small granules across the forehead. Pricking eruption on the face, extending to the ears.

TEETH—*Darting* pain in carious teeth.

Dull pain in the sockets of all the teeth.

*Transient throbbing in the teeth, pain in carious roots in the upper jaw.*

Toothache attended with a flow of saliva.

*Toothache in the evening. The gums bleed readily.*

*Inflammation of the gums. Gum boils. Tenderness and swelling near the roots of painful teeth.*

MOUTH—Breath fetid. Dryness of the mouth.

INCREASE OF SALIVA.

Saliva a dense viscid froth.

Soreness of the palate with INCREASED SALIVATION.

*Ulcers of the mouth*, below the cheek, and inside the lip.  
 Burning and smarting of the tongue, with increase of saliva.

*Yellow COAT ON THE TONGUE.*

*PRICKING IN THE TONGUE.*

*BURNING IN THE TONGUE.*

*REDNESS OF THE TIP OF THE TONGUE.*

*TONGUE FEELS SORE AT THE TIP.*

*Excoriation with vesicles at the tip of the tongue.*

**THROAT**—*Pricking in the throat. Constriction and irritation in the throat. Roughness in the throat. Burning in the throat.* Pain and burning in the œsophagus. Sensation of swelling, of fullness, and of rawness in the throat. *Redness of the fauces.* Inflammation of the throat.

*Soreness at the root of the tongue.*

*The tonsils, especially the right one, swollen, red and partly covered with a slough like membrane.*

**PAINFUL DEGLUTITION.** Sensation as if a foreign body were in the throat. Dryness of the throat.

*Appetite and taste.* Disagreeable taste in the mouth. *Bitter taste. No appetite, disgusted at the sight of food.*

*Thirst at night. Gastric. Empty eructations.*

*Burning in the stomach,* sometimes preceded by burning in the throat.

**NAUSEA**—Nausea with faintness, followed by general chilliness with perspiration. Nausea soon accompanied by severe headache.

**STOMACH. PAIN IN THE STOMACH.** Severe pain in the stomach with dizziness in the head.

Gripping in the stomach.

Pain in the stomach after meals.

Weakness and oppression in the stomach.

Weakness and sinking feeling at the stomach, with salivation.

Sensation of fullness in the stomach.

*Pressure and fullness in the epigastrium, relieved by putrid eructations.*

Cramping pains in the stomach. Severe pains in the stomach at intervals, extending to the chest. Periodical attacks of sharp lacerating pains in the stomach.

*Shooting pains in the stomach.*

*Great sensibility of the stomach to pressure.*

*Hypochondria.* Constriction of the hypochondria.

*Severe pain in the region of the liver.*

*Pain in the left hypochondria.*

ABDOMEN—Pain bearing or pressing down towards the hypogastric region.

Constipation, with sense of dragging and falling in the abdomen.

Severe griping pains in the upper part of the abdomen, at intervals. Twisting colic pains.

*Sharp pains in the abdomen.* Sharp griping pains, with looseness of the bowels.

*Colic pains in the lower part of the abdomen.* Colic followed by loose stool.

Colic with frequent loose stools. Shooting pains in the abdomen after drinking cold water. .

*Pain in the umbilical region,* with soreness on bending.

Twisting colicky pains succeeded by a loose stool.

Flatulence, with borborygmus.

Sharp shootings in the groins.

STOOL AND ANUS—*Constipation, urgency to stool.* *Brown stools.* *Slimy stools.* Loose stools, pappy, slimy, sour smelling stools.

*Blood with the diarrhæic stools.* Stool slightly streaked with blood. Blood from the anus after the stool.

DIARRHŒA, the evacuation *preceded by lassitude, Dysenteric diarrhæa,* preceded by lassitude.

Diarrhœa with frothy slimy, and yellow stools.

Painful burning in the anus.

*Evacuations preceded by a pain in the abdomen.*

Diarrhœa, with burning in the anus after evacuation.

*Evacuation painless,* but urgent.

Pressing down at the anus, with dull aching pain in the rectum. Intolerable itching and burning at the anus.

URINE—Frequent urging to urinate. Frequent and small discharge of urine.

Pressure on the bladder, with difficult urination.

Frequent and painful desire to urinate.

*Urine red and discharged in small quantities.*

*Deep red urine.*

Pink colored sediment.

Pressure on the vesica, not relieved by urinating.

Putrid smelling urine.

GENITAL ORGANS—Dull aching pain in the penis.

*Miliary eruption on the back of the penis, with stinging and itching.*

The penis is bloated up, a sort of false erection as in syphilis.

Inflammation of the scrotum, scrotum inflamed, dark red, and irritated by walking.

*Vesicles on the scrotum which turn to ulcers, with dark red margins.*

*Diminished sexual desire.*

Nocturnal seminal emissions.

*VARICOSE swelling of the left spermatic veins, hard and painful, aggravated by walking or standing.*

*Hard knotty feeling of the left scrotum.*

FEMALE GENITAL ORGANS—*Catamenia profuse.*

*Menses too early, profuse.*

*Flow, light colored, acrid, causing smarting, itching, burning in the vulva.*

*External genitals inflamed, burning, itching, erysipelalous.*

LARYNX AND TRACHEA—Influenza.

Weakness of the voice.

Fatigue in speaking.

*Feeling of soreness in the larynx.*

*Bronchial catarrh, with sore scraping in the throat.*

Inflammation of the larynx descending from the fauces, with heat, soreness, and a sense of suffocation.

*Acute bronchitis.* Soreness, extending from the throat downward through the chest, cough with expectoration of frothy mucus, of a salty taste.

*Dry cough, often short.*

Dry cough in the morning, with sore throat.

Cough from irritation in the chest.

Pain in the chest when coughing.

Hacking cough, excited by tickling in the chest.

**CHEST**—Aching heavy or pressing pains in the region of the heart.

Pain in the chest at night.

Pain in the chest aggravated by rest.

Chronic rheumatic pain in the chest.

Feeling of lameness in the muscles of the chest.

*Sensation of excoriation in the chest behind the sternum.*

Drawing pains in the chest.

Pain in the chest commencing in the stomach.

Pain in the chest when walking.

*Pain in the chest, worse on movement.*

*Pain in the chest, increased by deep inspiration*

PAIN IN THE CHEST WORSE ON INSPIRATION.

Shock of pain in the chest.

Sensation of heat in the chest. Burning in the chest and throat, as if in the œsophagus.

Aching pains about the heart, and occasionally sudden shootings.

*Palpitation of the heart in the evening.*

Palpitation of the heart, with a sensation of fullness in the head.

Severe palpitation at midnight, in bed, with pulse hard, small, and very frequent, with dyspnœa, pain in the chest.

Palpitation of the heart, increased by sitting still.

*Sensibility of the chest to pressure.*

**SPINAL REGION**—Spinal weakness. PAINS IN THE LOINS, also on moving the part, especially at first.

*Aching in the loins when lying in bed at night.*

Aching in the lumbar spinal region and ilia when lying at night.

Rheumatic, burning and semi-acute pain in the side.

*Pain and rigidity in the posterior lumbar regions.*

Aching pain in the region of the kidneys, attended with a sense of weariness and languor with stiffness.

Pain in the dorsal spinal region, worse in bed.

Drawing in the dorsal spine on stooping.

Backache worse in the morning, and in bed.

*Pain between the shoulders.*

*Chills in the back.*

Weakness of the back with lameness.

*Pains in the scapulae.*

*Side of the neck sensitive to pressure.*

Rigidity of the neck, with frequent small pulse.

Rigidity of the neck, increased at night.

*Muscles of the neck pained by movement and sensitive to pressure.*

**ARMS**—*Severe pain in the right shoulder in the evening.*

*Rheumatic pains in the shoulder and arm.*

*Pain in the Deltoid muscle.*

Drawing, aching, and shooting in the arms, wrist, hands, and fingers.

Pain in the shoulder, then immediately in the upper arm.

Numbness and dead feeling in the arms and hands at night.

*Numbness of the arms with pricking in the fingers.*

Rheumatic pain in the upper arm, increased by movement.

*Pain in the elbow.*

Sudden attack of severe rheumatic pain about the elbow joint.

*Pain in the left fore-arm.*

*Deep-seated aching of the fore-arm.*

*Numbness of the fore-arm, hand, and fingers.*

*Aching of the wrist.*

*Vesicles on the wrist, hands and fingers.*

*Aching in the wrist.*

Pressing fullness of the hands.

*Numbness of the hands, and fingers.*

Stinging of the hands and fingers.

Coldness of the hands.

*Swelling of the hands.*

*Inflammation of the hands, with heat, redness, and swelling.*

Heat, throbbing, redness, and shining of the hands, with swelling and stiffness.

*Inflammation of the hand, from external injury (cl.).*

Inflammation of the hand extending from a burn on the fingers (cl.)

*Vesicles on the hands.*

*Pain at the finger joints.*

*Sharp pain in the fingers.*

*Tingling in the fingers.*

*Pricking in the fingers.*

*Itching suppurating eruption on the fingers.*

After a wound on the finger, inflammation extends up the arm.

*Suffering from a wound on the finger.*

LEGS—*Pain in the hip-joint.*

Rheumatic pains from the hips and nates to the legs.  
Pain in the hips and legs.

Aching pain, with soreness along the crest of the ilium.

*Inflammation and excoriation of the inside of the nates,*

*Feeling of weakness, heaviness, and instability of the lower limbs when walking.*

*Weakness of the lower limbs with rigidity in the evening.*

*Shooting pains in the long muscles of the lower extremities.*

*Eruption on the thighs.*

*Weakness of the knees and legs.*

Lameness in the knees.

*Aching in the knees and ankles.*

*Rheumatic pain in the inner and lower edge of the patella, extending into the knee joint, aggravated by motion.*

THE LEGS FEEL WEAK.

*Weakness of the legs when walking.*

*Heaviness of the legs when walking.*

*Aching of the legs.*

Dull aching and sensation of weakness in the legs and ankles.

*Tiresome aching of the legs.*

Pains as if in the long bones, like rheumatism.

PAIN IN THE CALF OF THE LEG WHEN WALKING.

Restlessness of the legs.

Drawing pains in the legs.

*Cramp in the legs.*

Numbness and a sense of torpor of the legs.

Shooting pains in the legs. Numbness and paralytic weakness of the legs at night, with a sense of deadness in the limbs.



*Itching of the legs.*

*Dark red eruption encircling the lower part of the legs.*

*Pain in the ankles some times very severe—Pain in the ankles in the evening.*

*Aching in the knees and ankles.*

Pain in the right ankle.

Rheumatic pains in the legs and ankles, worse towards evening.

*Swelling with pain in the right ankle.*

*Lameness, weakness and aching of the feet and ankle joints after walking.*

*Drawing pains in the feet.*

*Coldness of the feet.*

*Heat and burning of the feet.*

Redness of the top of the foot, with internal soreness.

Pain on stepping or moving the foot.

Pain between the joints of the toes.

Soreness of the toes.

Burning eruption on the feet and toes, with itching.

SKIN—General feeling of heat in the skin.

ITCHING OF THE SKIN IN VARIOUS PARTS.

*Itching, tickling, prickling, and burning of the skin.*

DARK RED CUTANEOUS ERUPTIONS, WITH BURNING, ITCHING AND PRICKLING.

Hard dark red itching eruptions.

Hard red, and burning, itching blotches on the extremities, face, eye-lids, and neck, with raised swollen appearance of the surrounding parts.

*Red inflamed, tuberculoid elevations of the skin.*

VESICULAR ERUPTIONS—Eruption of watery pimples, in children, itching, bleeding, and scabbing.

Vesicular eruptions, with innumerable small points.

*Itching eruptions in warm weather.*

Eruption is attended with pricking, biting, and burning.

ERYSIPELAS.

Erysipelas during hot weather.

Heat and redness of the skin.

*Burning sensation in a part of a mucous membrane.*

*Swelling of the lymphatic glands.*

*Inflammation along the track of the lymphatic glands.*

*Ulcers on the legs, with bluish borders*

*Deep ulcers on the legs, with dark borders, the dark color remaining a long time after the ulcers were healed. Burning, pricking, and itching around the ulcers, which were a long time in healing, and the dark color remained for months after the sores were healed.*

SLEEP—*Frequent yawning.*

*Sleepiness in the day time.*

SLEEP IMPERFECT.

*Sleepless at night.*

*Could not sleep before midnight.*

*Dreamy unrefreshing sleep.*

*Sleep disturbed by frequent wakings. Restless sleep, dreaming of everything that was ever thought of, when dosing, or partially awake.*

*Amorous, and voluptuous dreams.*

*Emissions during sleep.*

*Dreams of danger.*

*Frightful dreams.*

*Anxious, uneasy sleep, with frightful dreams.*

FEVER—*Chills.*

*General, or partial, especially in the back.*

*Chilliness in the back, with weakness of the legs, desire to lie down, and shootings in the abdomen.*

*Coldness of the extremities.*

*Coldness, with aching of the limbs.*

*Chills and fever, with slight thirst.*

*Coldness of the extremities, with heat and bloatedness of the face and head.*

*Fever, inflammatory fever.*

INTERMITTENT FEVER.

*Quotidian intermittent fever, chills between nine and ten in the forenoon, followed by heat, with frequent pulse.*

*Quotidian intermittent, chills commencing every day at one o'clock in the afternoon, increased by movement, and attended with pain in the bones.*

*Double tertian, chills predominant.*

*Fever with pains in the legs.*

Intermittent fever, quartan, commencing in the evening with heat, followed by heat with perspiration, yellow coated tongue.

Remittent fever.

*Fever with debility.*

Nervous fever.

*Typhoid fever.* Typhoid fever, frequent pulse, pains in the limbs, vertigo on rising, *thick coat on the tongue and redness of the tip.* Typhoid fever, saliva, consisting of a white, dense, and extremely viscid froth; urine depositing, a pinkish sediment; trembling and jerking of the hands. Typhoid fever, with rheumatic pains in the neck.

*Typhus fever in the early stage.*

Fever in consequence of a burn, frequent pulse, hot and dry skin, headache increased by movement and stooping, very disagreeable putrid taste in the mouth (cl.).

Fever with slough like appearance on the tonsils, throbbings in the head, cough, and burning of the eyes and cheeks.

*Universal heat with dryness of the skin.*

PULSE FREQUENT.

Pulse slow, especially when lying down.

Pulse frequent, feeble, and small.

Pulse frequent and small, with rigidity of the neck.

*Easy perspiration.* Constant perspiration, with a sticky feeling. Perspiration with the least exercise. Easy perspiration, with *dryness of the mouth, yet without thirst.*

CHARACTERISTICS—*This remedy appears to act especially upon the brain, bones, tendons, muscles, skin, and mucous membranes.* THE PAINS OFTEN APPEAR SEMILATERAL. PAINS IN VARIOUS PARTS OFTEN REMOTE AND SUCCESSIVE. *Pains where the tendons are attached to the bones, especially during the action of the muscles. Stiffness of the joints.* The symptoms often occur successively in parts either transversely or diagonally opposite. PAINS IN THE MUSCLES DURING THE EARLY PART OF THE TIME IN WHICH THEY ARE EXERTED, DISAPPEARING AFTER LONG CONTINUED ACTION. *The pains are worse in the morning when beginning to move.* Pains when lying on the painless side, the sufferings are some times mitigated by movement, and by walking, and some times by rest and when

lying down. *Many of the pains are relieved while walking in the open air, and when the mind is fully occupied; worse when beginning to move; or from the agitation of laughing, and in the house. Many sufferings after drinking cold water.* Languor on attempting to rise in the morning at seven o'clock. Many of the sufferings occur between four and seven o'clock in the evening, and especially about six o'clock in the evening. Exacerbations, or new symptoms often occur in the *morning or evening. Some symptoms are increased in the evening and at night. Sufferings aggravated by a change of the weather.* Drowsiness, pains, and other symptoms on the approach of a storm. *Many symptoms are partially relieved after the storm has thoroughly set in, especially if an electric storm with heavy thunder and vivid lightnings.*

Most of the pains are deep seated, as if in the bones, or deep muscular tissues.

INDIANAPOLIS, IND.

J. R. HAYNES.

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#### HOW SHALL WE STUDY MATERIA MEDICA ?

This question has perplexed me as much as any other connected with medicine. To the surgeon or the specialist, whose time is taken up with his special work, or preparation therefore, this can be no vital question. He has no time for it. He can not do it. Life is too short for everything. The physician should be a physician, the surgeon a surgeon. Neither should attempt the work of the other. Has the physician a surgical case ? Let him send it to the surgeon. Our surgeons and our specialists must be encouraged if we would have operators of whom we can be justly proud, and this is the way to encourage them. If this be the doctor's duty towards the surgeon, the obligation is no less binding upon the surgeon; the same rule should govern him. By this plan the best interests of both are conserved; neither has lost anything; both have worked where their labor is most efficient. The patient has received what his confidence and money have merited—the best advice and the best treatment that could be given him. After a physician has mastered physiological processes and pathological conditions, he needs all the time at his command, all the attention he can give, the

concentration of every faculty to the selection of the remedy in any diseased condition, as manifested by the symptoms in each individual case. How to select this remedy with unerring certainty is the burden of the doctor's song.

How sure to know if that means this,  
Or this means that. To know for sure  
These symptoms point to Lachesis,  
Those symptoms point to Hellebore

This case needs Venom of the bee,  
We think. We pause—It may be Bell ;  
No, wait—so far as I can see,  
The symptoms mostly point to Hell—  
Or Heaven, perhaps; for while we wait,  
The sick man's soul may not remain,  
But wing its tireless, upward flight,  
From earth and illness, sin and pain,  
To fairer lands and brighter light ;  
And to the watchman at the gate  
Of highest heaven, thus complain :  
“ The doctor's aid came late, so late  
That all his efforts were in vain.”

This statement will not much redound  
To our credit, when, bye and bye,  
O'er land and sea the awful sound  
Of Gabriel's trumpet, from on high,  
Proclaims that time shall be no more.

Then, down on us the gloom of night  
Descends. Our deeds have gone before,  
And, by the fitful, lurid light  
Of Hell, our final doom we read;  
“ The pearly gates are closed. Depart !  
Ye cannot enter here. Indeed,  
Ye have no share, or lot, or part;  
Ye may not, cannot enter here.  
No word, no prayer, nor any deed  
Can now avail. Your duty there  
Was positive and plain. Now, then  
The things of time are done. No more  
Shall ye have need or use again,  
For Apis, Bell, or Hellebore.”

Then down on us the deep'ning night  
Drops darker still, and evermore,  
Forever hidden, “ Out of sight,”  
Are Apis, Bell and Hellebore.

Please pardon the rhymes. They may neither point a

moral nor adorn a tale, yet if they but dimly foreshadow a penalty for opportunities neglected, talents perverted or energies wasted—if they but awaken within us a clearer perception of duty, and a keener appreciation of the fact that upon our knowledge as physicians often hang the issues of life or death; their object shall have been accomplished.

The *Materia Medica* is a ponderous volume; it can not be committed to memory; as well might one attempt to commit verbatim et literatim et seriatim, the unabridged dictionary of the English language. Indeed the dictionary would have the advantage claimed by the Irishman, of a frequent change of subjects, which the dull monotony of an interminable list of symptoms has not. The symptoms of any well proven remedy would test the patience of Job, if he were hunting the similitum for a boil in a good place, viz., on some other fellow. The very condensation of our *Materia Medica* makes it more difficult. To the beginner the stupendous task before him is appalling, "He is a stranger in a strangeland." Guide-post or land-mark, there is none. There is but the wild, wide, dreary waste, bounded only by the horizon.

He views the barren landscape o'er  
From sea to sea, from shore to shore,  
Too much, too much alike, says he,  
I can't endure monotony.  
In all this dreary vast expanse,  
I see no chance, or *ghost* of chance  
To win the race; I cannot win it,  
So therefore I shall not be in it;  
I give it up. Henceforth the knife  
Shall save or lose the patient's life.

So straightway he equips himself with the surgeon's lancet and bistoury, preferring to make a lop-sided surgeon, or even a butcher to nothing. No wonder that he turns aside into meandering paths, loses hope, courage, aye, sad story, even faith. All else may be regained. Courage returns with the breaking day. "Hope springs eternal in the human breast." But faith, the handmaid of courage, "the substance of hope," "the evidence of things unseen (greater by far than those which do appear)." Faith once lost is gone forever. In the multitudinous drug symptoms, in the closely parallel lines, in the net work of similar and contradictory indications, he sees

nothing but chaos and confusion. My suggestion then to the student of medicine or the tyro in practice, is to take one remedy at a time—a prominent remedy—as *Nux. Vom.*, *Pulsatilla*, *Arsenicum*,—study it first in its broadest, biggest sense, get its prominent symptoms, its chief characteristics, learn upon what organs or tissues it spends its force, and how it affects them. Familiarize yourself then with its lighter shadings; become acquainted with it as with a human friend. Its friendship, unlike the human sort, will stay by you always, accompany you everywhere, be always at your side, go where you will, and help you in many a time of need. To gain this friendship it must be cultivated. It will not be thrust upon you. You must make the advances. Maidenly modesty characterizes the entire personality, but you will be well repaid for all your wooing, for faithfulness and fidelity, no less than modesty, are characteristics. Finally, when friendship has ripened into close companionship, when your friend is recognizable anywhere, any time, when known as you know a personal friend by form, figure, stature, style, complexion, gait, tone of voice, any way and always, then add the closest congener. Study this one, just as closely, just as carefully, and when you have become as thoroughly acquainted with the latter as with the former, place them side by side, compare their similarities, contrast their differences, especially note wherein they differ, for these are the marks which individualize them. Between *Apis* and *Hellebore* for instance there are many symptoms common to both. In the mental sphere each has: mental confusion, impaired memory, delirium; yet while *Apis* delirium is restless, changeful, busy, hurrying, skurrying, hither and thither, the delirium of *Hellebore* is sombre, silent and sad. *Apis* breaks out in fitful gusts, *Hellebore* is characterized by sullen gloom. *Apis* is an April day, now wreathed in smiling sunshine, now bursting into rainy tears. *Hellebore* is the dreariest day in chill November, no rent in the leaden sky, no rainy tear drops to bring relief, and the dirge like wind sighs mournfully. *Apis* has a fear and dread of death. *Hellebore* seeks oblivion in a watery grave. *Apis* is awkward and clumsy, lets things fall from careless hands. *Hellebore* loses hold upon an object only when the attention is strongly attracted to another.

Apis is jealous, Hellebore indifferent. Apis has vertigo when sitting erect and still, Hellebore, only when stooping.

The Apis headache is characterized by fullness—a sense of swelling inside and out, actual swelling of the loose integuments (as seen in the eyelids). Hellebore has heaviness rather than fullness, shooting, than stinging pain, and bruised soreness instead of swelling.

The Apis head may sweat profusely, Hellebore scantily, if at all.

Apis eyes dance, tremble, oscillate, squint, keep in constant motion. They dread the light, yet will not be covered. The lower lids hook like bags of tears, which are constantly sloping over and scalding where they touch.

The eyes of Hellebore are wide open, still, staring, tearless and insensible to light. The eyeballs may turn upward and inward, but the motions are slow. The pupils may be dilated or contracted or may be either, alternately.

The Apis nose is red edematous and discharges thick, offensive, bloody, mucous.

Hellebore has dry, dirty sooty nostrils.

The expression of Apis may be pleasant and happy one moment,—full of terror the next. The face may be bloated and red or waxy and pale.

The expression of Hellebore is stupid, besotted or distorted; the complexion red, pale or livid.

The Apis patient is thirstless and without appetite. The Hellebore patient may eat or drink greedily. In the pectoral region Apis has hurried breathing, dyspnoea, worse lying on left side or from anything tight about the throat. The Hellebore patient sits propped up in bed with wide open mouth, sighing and gasping for breath.

Apis has deep sleep, or drowsiness with inability to sleep from nervousness, and incessant dreams of traveling or flying. Hellebore has sleepiness, with inability to stay awake if left alone, and dreams which cannot be remembered.

Apis can not endure heat. Hellebore must keep warm. Apis will be uncovered during the chill. Hellebore must be closely covered even during fever.

It is this closeness of comparison alone, which must enable us to distinguish between remedies closely allied. It is this



intimate acquaintance with, and certain knowledge of a remedy which allows us to distinguish it from any and all others.

Assiduous application and careful comparison will make us masters in *Materia Medica*, and vouchsafe to us knowledge that will pay a thousand per cent on the investment.

Oftentimes it will enable us to forego the infliction of torture, and the danger of the surgeon's knife. It will empower us to alleviate pain, control suffering and avert impending death. It will give us reputation among men, fame among doctors, and a name above allopathic reproach. It will fill our pockets with money fairly earned, and our hearts with thankfulness, that for every wound there is a healing balm.

It will enable us to minister to the poor, assist the unfortunate, associate with good people, live in comfortable homes, and perhaps incidentally entitle us to a mansion in the skies.

KANSAS CITY, MO.

T. H. HUDSON.

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#### **THE IDEAS OF A CRANK ON TEACHING MATERIA MEDICA.**

First, every student of medicine should bring with him to the class a thorough and comprehensive knowledge of botany, natural history and chemistry, and not make the lectures a preparatory school to the study of medicine. Each and every deficiency in the branches mentioned is a bar to rapid progress in the science of *materia medica*, for, if we cannot claim for and teach this branch of medicine as a science, then are we not advanced to a sufficient standard of excellence to make good the boast that we are the scientific school of medicine.

There should be no guess or presume so, but positive knowledge of the value of action of the drug discussed, so far as its curative powers have been tested. The teacher of this branch of medicine has no time, or should have none, in which to teach the natural order of the plant, the different names under which it is known, or when, where or under what circumstances it may be found, when it flowers, or what parts are used, whether its flowers are few or numerous, its leaves abundant or scarce, whether its bloom is regular or irregular, blue, green or yellow, when to collect or how to prepare

when collected. There should be in every medical college not only a chair on chemistry, but on natural history and botany as well, teaching the general truths of these branches, but working in accord with the chair of materia medica, particularizing the ground covered by the latter, in order that the mind of the student receive its drilling in a systematic manner, instead of being crammed indiscriminately, leaving the student to discover, after leaving school and going into practice work, that years of practice and experience will be necessary to straighten and untangle the mass of rubbish that has been piled up in his mind in a disorderly heap, and to realize after years that what should have been sound mental timber is but the accumulation of so much useless trash. For while many a good stick may be thrown into the brush heap, so long as the two are together, they each form part and parcel of the pile of trash, and though the good may be of the best, it is practically useless until separated from the bad.

I would have the student study the text books on this subject carefully and fully under the care of his preceptor before listening to a single lecture, taking the remedies not in alphabetical order, but by their analogy, as proven by their pathogenesis and the experience of years of practice in the hands of the older students of Homœopathy.

Then I would teach them the distinctive and differential action of remedies in their application to a given condition, or in other words the action of the remedy peculiar to itself and not in common with others; it is the great mass of similar symptoms occurring in great numbers of remedies that puzzles the brain of the Homœopathic student of *Materia Medica*. For instance, taking up Aconite, Arsenicum, Aurum, Baryta carb, Belladonna, Bryonia, Calc. carb., Lyc. and Puls. in a given line of symptoms to wit:

- Anxiety of mind.
- Irritability of disposition.
- Weakened memory.
- Suffering through the temples.
- Watering of the eyes.
- Gauze or mistiness before the eyes.
- Paralysis of the optic nerve.
- Noises in the ears.

Tingling in the ears.  
Epistaxis.  
Smell too sensitive.  
Paleness, redness or yellowness of the face.  
Increase of saliva.  
Bitter taste in the mouth.  
Vomit with empty retching.  
Constipation.  
Urine dark. Too frequent, issue ineffectual.  
Breath having smell.  
Quick respiration.  
Cough with expectoration moving.  
Without in the evening.  
Expectoration like the white of an egg.  
Palpitation of the heart.  
Desire for the open air.  
Pains in the joints.  
Pain as if bruised.  
Sensitive of fatigue.  
Restless unrefreshing sleep.  
Sleepy in daytime.  
Anxious or vivid dreams.  
Quick pulse synchronous with the heart.  
Worse during inspiration.  
Worse while coughing or after lying down, and having risen again.  
Worse from motion and better lying in bed.

Each and all the remedies named cover this supposed case completely with barely one exception, to wit, the character of the expectoration which belongs alone to Arsenicum of the list used.

While in the given case are numerous, readily recognized key notes, under ordinary circumstances they each in this instance denote the wrong key to the situation, in short let the student study his books for generations and let the teacher deal only in special instruction, and pointing out the best methods of continuing special study, let the teacher teach only that part of the remedy which characterizes it from all others of its class; should he go further than this he infringes on the chair of Theory and Practice or of Pathology.

The Homœopathic student should not be sent into the field at a disadvantage. The Allopath has laid down for him diagnosis and treatment. The name of the malady and a prescription for the same and all he has to do is to divide the dose properly from six months to 16 years old, after which everything goes regardless, while the Homœopath is left to discover the conditions from the symptoms and then wade through labyrinth of medicaments searching for the true similimum. It is no wonder so many of us drift into routineism. Let us remember for ourselves and teach our students in a comprehensive manner that Homœopathy is the Science of Medication, rather than that the whole realm of medicine is the guess work of the ages.

W. H. LEMON.

# MATERIA MEDICA AND THERAPEUTICS

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## LUNA.

BY MRS. DR. WHITE.

SAMUEL SWAN, M. D., NEW YORK.

### MIND.

Irritable on being spoken to.

Mind not quite clear.

Disinclination to mental or physical labor, with irritability; did not want to be spoken to; wanted to be let alone.

Irritability on waking in morning, with headache, continuing all day.

Sensitive to coming into contact with people.

Sad, depressed and irritable.

Mental faculties, especially the ability to receive, retain and express ideas, are most powerfully affected by the full rays of the moon in tropical countries. The influences are felt the day before the full moon, and rapidly decreases a day or two after.

### SENSORIUM.

Slight feeling of giddiness.

Slight giddiness with slightly bitter taste on left side of tongue, with increased flow of saliva.

### HEAD.

Headache, passing away in open air.

Headache all day, mostly on left side, while occiput feels as if it had a weight in it, with an occasional sharp pain.

Headache with slight nausea.

Head a little heavy.

Pain in occiput extending to between scapulæ.

Pain in occiput, changing to lame feeling on retiring, and preventing turning in bed with ease.

Woke at 3 A. M. with severe headache, which kept her awake some time, then after a short sleep awoke with the pain still so severe that she could not rise.

Headache on awaking in morning.

Severe headache > by magnetic passes.

Severe frontal headache.

Congestion of blood to head, with sensation of great fullness at 8 a. m.

#### EYES.

Feeling of sand in eyes.

Sharp, momentary, stinging pain in right eye, leaving it with a smarting sensation.

Stinging pain in right eye after going to bed.

Swelling of eyelids, and profuse discharge of purulent matter, with a painful, smarting and profuse lachrymation; the swollen parts are neither red or discolored, or hot to touch.

Stinging in right eye as though stung by some insect.

#### NOSE.

Sensation as of cold in head, at 4 p. m.; one side of nose stopped, eyes weak, and lachrymation.

Sensation of cold in head with feeling of irritability, and distress in stomach.

#### FACE.

Sharp pain above root of nose, while reading, followed instantly by pain in left temple, then by general headache.

Pain in left temple, and in left side of upper part of frontal bone, of a deep, burning, scraping character, > by eating and walking in open air.

Excessive œdema of face, neck and hands, with neuralgic pains in the swollen parts.

#### MOUTH.

Increased flow of saliva all day.

Bitter taste on left side of tongue, with increased flow of saliva, and slight giddiness.

Bitter taste on left side of tongue soon after waking in morning, with faint, weak feeling in stomach.

#### THROAT.

Soreness in throat on going to bed in evening.

Soreness in throat from 3 p. m. to 10 p. m.

## DESIRES—AVERSIONS.

No appetite, with loathing of food and slight nausea.

No appetite for supper.

## STOMACH.

Burning in stomach, followed by flatulency.

Faint, weak feeling in stomach, with bitter taste on left side of tongue.

Burning in pit of stomach.

Burning in stomach after drinking milk.

Faint feeling in stomach on awaking in the morning, and sensation of great distension of abdomen, and slight pain around umbilicus, relieved by eructations.

Eructations sour and tasting of ingesta.

Sour regurgitation immediately after drinking tea.

Severe heartburn and great distress in stomach, preventing sleep; must get out of bed.

## ABDOMEN.

Colic, commencing above umbilicus, and seeming to pass directly upward to stomach, in a direct line, creating a desire to bend forward.

Feeling of something tight about hypochondria.

On awaking faint feeling in stomach and sensation of great distension of abdomen, with slight pain around umbilicus, relieved by eructations.

Pain around umbilicus coming and going through the day.

Flatulency.

Colicky pains in stomach and bowels, with urging to stool.

Pain through liver and spleen at 3 p. m.

## STOOL.

Urgent desire to stool, relieved by passing flatus.

Soft, scanty stools at 10 a. m. and 2 p. m., preceded by an escape of flatus.

Somewhat constipated.

Great urgency to stool as if she would have diarrhœa, but it passed away without stool.

## URINE.

Urine somewhat profuse; at times clear and watery, at others darker.

## FEMALE SEXUAL ORGANS.

Sharp pain in left side of vagina, leaving a dull, aching pain, which seems to extend through the left external parts, and then grow suddenly sharper than ever, again returning to vagina, passing through to rectum.

Sharp pains flying from vagina through abdomen, ceasing in stomach pit.

Sharp, quick pain in vagina, with bearing down sensation relieved by passing flatus from vagina.

Pain in uterine region as if menses were coming on.

Menses stopped.

During menses a severe frontal headache.

Acrid, yellow leucorrhœa through the day, with backache and pain in right ovary.

Itching of labia through the day.

Intense itching of labia majora, after going to bed, extending into vagina, relieved by bathing parts in cold water.

Leucorrhœa, causing itching.

Cramp-like pains in pelvic region, at 4 p. m., very sharp, as though uterus were being contracted by a strong electric current.

4 p. m., sensation as though menses would appear again.

## HEART.

Peculiar feeling about heart on going to bed, as though it stopped beating; relieved by eructations.

Suffocative sensation about heart, relieved by eructations, followed by irregular pulse beats; pulse first slow and strong, then weak.

Heart symptoms aggravated by lying down.

Pulse rapid.

## OUTER CHEST.

After ascending flight of steps, peculiar beating sensation, commencing at lower extremity of sternum and extending outwards, following somewhat the attachment of the diaphragm on each side to a point under each arm; at the same time a warm glow down the arms to the finger tips, more perceptible in left arm.



## BACK.

Pain commencing between scapulæ passed downwards to left side, then to left kidney, continuing from 4 to 10 p. m.

Severe pain in sacral region, in evening.

Pain in sacral region, worse when sitting.

## UPPER EXTREMITIES.

Slight rheumatic pain in shoulders and fingers, principally in left shoulder.

Excessive œdema of face, neck and hands; with neuralgic pains in swollen parts.

Rheumatic pains in right shoulder, wrist and hand, and left knee.

## LOWER EXTREMITIES.

Sharp, quick pain attacks left crural nerve, continuing for a few seconds, then ceasing for a short time, and again returning.

Sharp pain in left great toe.

Sensation in right leg as if gastrocnemius muscle were swollen, broadened and flattened, with something bound upon it, at the same time feeling of something tight about hypochondria.

While sitting, pain in left leg, above and below knee, like growing pains in children, passing away when walking.

After going to bed, aching of bones of lower extremities, with pain in lumbar and upper sacral region.

## SLEEP.

Sleeps well, but dreams.

Awakes laguid.

Restless and unrefreshing sleep.

Sleep, though sound, disturbed by distracting visions of the events of the day.

At 2:30 p. m., feeling of languor and sleepiness.

Horrible dreams of death.

Dreams of murder, awakens in fright, with pain in occiput.

## CHILL.

Severe chill at 6 a. m., followed by hard headache.

In a feverish condition in the night; first hot, then cold, with thirst after the chill.

## SKIN.

Peculiar stinging, itching on right side of body, as though an insect were biting, more on foot, leg and forearm, at night in bed.

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**INJURIOUS EFFECTS OF AMALGAM FILLINGS.\***

BY CHARLES H. TAFT, A. B., D. M. D. PROFESSOR OF DENTAL SURGERY AND THERAPEUTICS IN HERING MEDICAL COLLEGE, CHICAGO.

*Mr. President and Members of the Massachusetts Dental Society:*

It will be remembered that upon the program of the last annual meeting of this society, there appeared the announcement of a paper to be read by Rufus L. Thurston, M. D., upon the subject, "Injurious Effects of Amalgam Fillings." Through a misunderstanding between the secretary of the executive committee and Dr. Thurston, the latter did not appear before the society at the appointed time and place; and, to quote the language of the *Boston Herald* of the following day, "The paper was about to be passed by when Dr. L. D. Shepard arose and made a stirring protest against the program of the society being permitted to go forth to the community bearing upon it an uncontradicted statement which the great majority of the dental profession believed to be false," and after considerable discussion it will be recalled that the following resolution was then submitted by Dr. Shepard and adopted with only two dissenting votes.

"*Resolved,* That it is the sentiment of the Massachusetts Dental Society that the wording of the subject of a paper as follows: 'Injurious Effects of Amalgam Fillings,' is unfortunate as it is in the form of an affirmation of what the dental profession do not admit to be a fact."

In view of the very wide, and to me, somewhat unexpected interest awakened by the publication in the November issue of the *International Dental Journal*, 1892, of my paper, entitled "The philosophy of the Homœopathic law of cure and the advantage to the dentist of a correct understanding of

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\*Read before the Massachusetts Dental Society at its twenty-eighth annual meeting, held at Boston, June 8th, 1893.

its application," read at the evening session of the same meeting, as manifested by the letters which I have been and am still receiving from many of the most eminent men in our profession, from all parts of the country, assuring me of their earnest desire to read, study, and investigate the subject for themselves, I am prompted to choose the same—perhaps to some—objectionable title for my text, and to defend to the best of my ability the position I took at that meeting, namely, that the wording of Dr. Thurston's paper was not only not unfortunate, but was an eminently straightforward wording of a subject that should have been presented, in my opinion, long ago to every member of our profession; for I believe we have reached a point where it is time to call a halt to the continued reckless and indiscriminate plugging of teeth with amalgams.

Bear in mind, gentlemen, as I have said on previous occasions, that my views are not brought before you to provoke unpleasant antagonisms or personal animosities, but rather to present a few plain statements and facts, from which you must draw your own conclusions.

It is generally admitted that the source of offense which has given rise to so much antagonism between physicians and dentists lies in the mercury which is employed solely to effect an amalgamation of one or more metals in a finely divided state.

It is claimed by many physicians of both the leading schools, but more particularly by those of the Homœopathic school, that the indicated remedy given for any diseased condition of the vital force very often fails in its curative effect, when there is apparently no good reason in view for its so doing. An examination of the mouth reveals the presence of one or more amalgam fillings in the teeth. The physician at once instructs the patient to go to the dentist and have the fillings removed. The patient obeys in spite of the dentist's assurance that it is all bosh, humbug or nonsense to rely on such advice. What is the result of their removal? Chronic diseases which have hitherto failed to yield to treatment begin at once to respond more quickly and permanently to the medicines; the patient is quick to perceive the improvement in his general health;

the action of each new drug which is prescribed as the character of the symptoms change, advances the patient steadily on to renewed health instead of having but a temporary effect for the better, only to allow the patient to slide back again to where he originally was, as is the case before the amalgams were removed.

The fact that I have many patients sent to me with instructions from the physician to remove all amalgam fillings found in the mouth, and the rapid improvement which I have noticed has taken place in the condition of every patient who has had such fillings removed at my hands, has made me reflect very seriously, not only upon the injurious effects of amalgam fillings and the almost untold number which I have been guilty of inserting during the first six years of my practice, but has led to the almost total abandonment of amalgams of every kind in my practice.

It is surprising to find how easily one can get along without them when once you have educated yourself and your patients to do so.

Now then, right here, the question may be very pertinently asked, how then do you account for the very frequent desired action of the indicated remedy in the treatment of a patient whose teeth have one or more amalgam fillings, while in the treatment of other patients, whose teeth are similarly filled, the indicated remedy fails? and this brings me to the point I wish to emphasize, namely, that all persons are not susceptible to the same drugs at all times, nor in the same degree; that is to say, one person may have only to *smell* of a bottle containing phosphorus, for instance, in the one hundred thousandth or a much higher potency even, to get well marked phosphorus symptoms or provings so called; whereas another person might smell of the bottle all day long without perceiving the slightest effect. Bear in mind that if my assertion appears to you a reckless and utterly absurd one, it is capable of verification at any time. Again, one person sleeps for a night in a room, the wall paper of which contains arsenic, and gets well marked symptoms of arsenical poisoning, while another person may sleep in such a room, for an indefinite period without perceiving the slightest ill effect. In neither

case is there any of the crude material of the drug taken into the system, and yet there is an altered or perverted condition of the vital force, with symptoms produced by each which could not possibly be mistaken for, or confounded with, those of any other drug.

If it is clear, then, that in neither case is there any of the crude substance to produce the given symptoms, but that the symptoms nevertheless unmistakably exist, we must face the question, What is it that produces them in either case? and this brings us to the question, What is the vital force—that unseen and intangible something that constitutes the difference between a live man and a dead man? Is it a material substance that can be seen with the eye or felt with the hand? If not what else can it be but a spirit-like substance or force and which, when becoming deranged by disease, must be treated with a similar dynamic force rather than with a material force?

This, then, is just the kind of force we get when any drug or material substance is dynamized or potentized, and which, despite the ridicule that many delight to make of high potencies, becomes more powerful the higher the trituration or potentization of the material is carried up. To prove this one has only to make their own investigations to be convinced of the accuracy of my statement, for I would not for a moment ask anyone to accept the fact of the dynamic influence of a drug when thus potentized upon my own *ipse dixit* or with that “happy blind faith of childhood” which some of my friends across the water declare they no longer possess.

I may be pardoned for saying that I have enjoyed such opportunities during the past year of noting the curative action of drugs administered almost exclusively in the highest potencies in the hospital and dispensary of the medical college with which it is my privilege to be associated, such as I can safely assert has never before fallen to any member of our profession; and what better place is there to investigate for one's self the action of medicines than at the bedside or in the dispensary of an institution which not only *teaches* but *practices* the art of medicine in strictest accordance with a well-established principle or law of cure—that is to say, the

administration of the single indicated remedy in the potentized form and in the minimum dose?

My observations and experience have only made still firmer the conviction I have been steadily coming to, viz., that the majority of physicians are entirely right and the majority of dentists are entirely wrong, each in their respective views as to the injurious effects of amalgam fillings.

I would not be understood however, as claiming from what I have said that amalgam fillings are injurious in all cases and under all circumstances, for I hold that it is only when a person—whose teeth are filled with amalgams—is peculiarly susceptible to mercury, that medicines will not have their curative effect when administered in diseased conditions; but the fact that a person may be susceptible to mercury tomorrow if not today should compel us to abandon the use of amalgam absolutely, so far as it is practicable to do so.

Let us discard the idea as worthless that because there is no free mercury in an amalgam filling there can be no dynamic effect to retard the action of any drug which the physician may find it necessary to prescribe.

Whenever we deal with drugs of any kind, so far as their toxic and medicinal properties are concerned, we are dealing with forces as subtle and powerful as any of the natural or physical forces which govern the universe. What matters it how small or in what form the substance exists provided its force apparently dormant or inert is unmistakably manifest?

A member of our profession across the Atlantic has declared that his complete abandonment of high attenuations dates from the time when he discovered that he must either give up this method of treatment or avow his disbelief in the atomic and molecular theories of chemistry.

Has any one ever seen a molecule of any material substance? Has any one ever been able to prove that when a molecule has been divided and subdivided for an infinite number of times there has been a limit reached to its further subdivision? We may search as hard to find with the highest powers of the microscope a single molecule of the material substance of aconite and of many other drugs in the third decimal potency as we may to find one in the forty-five thousandth

potency, and yet the fact remains that well marked and distinctive symptoms peculiar to that drug can be derived as well from one as from the other potency, when administered to a person in perfect health and who is peculiarly susceptible to aconite.

Let me repeat, that every drug is capable of producing well-marked symptoms which are characteristic of it when administered either in the highest or lowest potencies to persons in health. Let all who question my assertion instead of poo-hooing and ridiculing it, verify it by personal investigation and experiment. When we have proved this to our complete satisfaction we can then accept the fact that because the mercury has entered into the formation of a chemical compound, it has none the less preserved the dynamic action which it and all other drugs possess.

The doctrine of the conservation of energy which declares that force is never destroyed whatever its changes in manifestation may be, is as applicable to drugs and their dynamic action—even though the force is shut up in an amalgam filling and apparently inert—as it is in a simple piece of charcoal which needs but a spark to set free and reveal the hidden energy stored up in its component parts, and upon the liberation of which may show itself subsequently in manifold forms, such as heat, vapor, gases, and all the compounds both of organic and of inorganic life.

A man, therefore, who does not thoroughly understand and accept this doctrine of the conservation of energy as one of the established laws of the universe, cannot understand the action, or in other words, the *energy* of drugs and the laws which govern it; for the energy which lies hidden in the mercury of an amalgam filling is none the less potent and subject to these same laws than it is either in its free state or as a component part of some compound other than an amalgam filling; and this brings us to the point that if there is any curative power at all in drugs, it cannot be other than in obedience to a law, and that furthermore there can be only *one law* of cure. The man who does not admit this, does not of course admit the fact that medicine, to be a science, is and must be, an exact science. The physician may and often does.

fail in his application of the law, but the law itself can never fail. Such a man, moreover, having no law to guide him in the practice of his art, is like a ship without a compass or rudder. He therefore of necessity prescribes empirically and must confessedly have but little confidence either in his own ability to cope with disease or in the medicines which he employs for that purpose.

Anything, therefore, which stands in the way of or obstructs the curative action of an indicated remedy must of necessity be injurious and a thing rightly to be gotten rid of, hence the command of the physician to his patient to go and have all amalgam fillings removed.

It may be asked why are not the cement fillings, then, equally injurious considering their composition? I reply that there is, in both cement and gold fillings, the same kind of dynamic force but that it is not of such a poisonous character nor does it act in either case as such a powerful antidote to the action of indicated remedies as is unquestionably true of mercury.

I may say that I have one patient who is so susceptible to aurum that whenever a new gold filling is inserted in any of her teeth an ulcer invariably appears within 24 hours upon the mucous membrane immediately about the tooth and upon the tip of the tongue from the constant touching of the tongue against the filling, the taste of the metal being as plainly evident to the patient as is that of the copper in a copper amalgam to patients peculiarly susceptible to cuprum. A glance at the homœopathic *Materia Medica* will reveal the ulcerations I have alluded to under the symptoms obtained from provings of Aurum.

Do not for a moment think that the statements I make are made thoughtlessly and carelessly, or from any motive other than one which will help to clear the way for more harmonious and friendly relations between our own and the medical professions upon the subject at issue than at present exists. *First*, by a careful and conscientious study of the dual action of drugs on the part of all who are earnestly seeking the truth. *Second*, by a study of the laws which govern this action; and,



*third*, the bearing of these laws upon the question we are considering.

The opposition to amalgam fillings, gentlemen, is one that has come to stay. Let no one deceive himself on this point or try to laugh it away, for it is by no manner of means confined to a "few physicians practicing in Boston" as Dr. Shepard declared so positively at the last annual meeting of this society. A little investigation would have shown him that it covers a territory extending from Maine to California and from Texas to the extreme north of Canada, while a visit to the shores across the Atlantic would have shown to him the same unyielding opposition.

So long as we as dentists stand aside and obstinately ridicule and contradict statements made by physicians eminent, not only for their skill in successfully combating disease, but for their scholarly and scientific attainments as well, before we have patiently studied and investigated them ourselves, so long shall we continue to discuss the question before us without profit to ourselves and without gaining any real scientific knowledge; for one fact or principle deduced by inductive as well as deductive processes of reasoning and plainly demonstrated by actual experiment, so there is no way of getting around its acceptance, is worth a thousand idle or thoughtless assertions which have nothing but an individual opinion back of them on which to stand.

Health is one of the dearest things of life, and no one sufficiently prizes its value until he has been deprived of it; were it not for the consideration of other papers which compels me to be brief, I should be very happy to speak in this connection of several interesting cases that have come up in my own practice where the patient has been suffering for years from chronic diseases which persistently refused to yield to treatment until I had removed every amalgam filling in the mouth.

I will simply quote in closing from a letter received recently from a patient for whom I have removed some twenty-five or thirty amalgams whose testimony is but that which has been expressed to me by other patients often in much stronger terms and supplemented by the strongest con-

demnation of amalgam fillings. The patient, a gentleman whose ill-health commenced at the time he was twelve years of age, when his teeth began to be filled with amalgams and which has continued until recently, writes as follows:

“Until four years ago I had been all my life under allopathic treatment, taking large quantities of medicine, and being, I have no doubt, much of the time drug sick. For nearly four years I have been under homœopathic treatment, and while for the first two years I experienced great relief, much greater than ever before in my life, still the improvement was not as great and as lasting as my physician wished, and at his request I had all of my amalgam fillings removed. Although the suffering involved was great, I can truly say I am glad it was done, as my health has improved much faster since then, and I have every reason to believe it is because I am free from the injurious dynamic influence of the mercury contained in the amalgams. I have now better health than I have had for years, and it is steadily improving.”

Allow me to say in conclusion, gentlemen, that if my paper stirs any thoughtful mind to make a careful and conscientious investigation of this matter before indulging in sweeping assertions and slurs upon the medical profession for the sturdy maintenance of convictions which are born of experience and backed up by well-established laws, the time you have given to its hearing will have been neither unwisely nor unprofitably spent.

# MATERIA MEDICA AND THERAPEUTICS

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## REPERTORY OF INNER HEAD SYMPTOMS OF THE TISSUE REMEDIES.

S. F. SHANNON, M. D., DENVER, COLO.

[ Read before the Colorado State Homœopathic Medical Society, 1882.]

- Abdomen—Bloating of the a., with hemicrania. Natr-m.  
Abdomen and calves—Frequent cramps in the a. and c. of  
legs. Magn-ph.  
Above downward—Pressing headache over the whole head  
from a. Sil.  
Aching, drawing pains around lateral protuberances of occi-  
put. Calc-ph.  
Aching in head, as if would burst. Natr-m.  
Aching in left temple. Kali-m.  
Ague—Headache at 10 a. m., after suppressed a. Natr-m.  
Air—Rheumatic headaches are better in the open a. Kali-s.  
Headache, after walking awhile feels as if stepping on a.  
Natr-m.  
Apoplexy—Cerebral a. Sil.  
Attacks in the right side of forehead. Natr-s.  
Attacks of severe headache, especially after childbirth, at  
irregular intervals. Magn-ph.  
Awaking—on a. in morning, headache on crown of head.  
Natr-ph.  
Back of head and neck—sudden flashes of pain in b. involv-  
ing eyes, with sudden flashes of pain, like lightning,  
through the head. Magn-ph.  
Back of head—Pains and weight at b., feels weary and ex-  
hausted. Calc-ph.  
Back—Headache with, or followed by, severe pain in small  
of b. Sil.  
Bandaging head tightly relieves headache. Sil.  
Base of brain—Pain there as of a gnawing, or as if in a vise.  
Natr-s.

- Beating and pulsating, worse in forehead and vertex, with chilliness. Sil.
- Beating and pulsating in head, especially in the forehead, with nausea and vomiting, worse in morning and when moving, better when lying with head high and from perspiration. Natr-m.
- Beating and throbbing in head on motion of body. Natr-m.
- Beating in both temples when walking. Natr-s.
- Bending the head down—Pains in head worse from b. Natr-m.
- Better—Bandaging the head tightly. Sil.
- Bleeding of the nose relieves mental symptoms. Kali-m.
- Bleeding of the nose relieves frontal headaches. Ferr-ph.
- Bleeding of the nose affords no relief to heaviness of head. Natr-s.
- From cold washing (headache). Calc-ph.
- From hard pressure, rest and darkness (headaches). Magn-ph.
- From hot compresses (headache). Sil.
- From lying down in the dark (headache). Sil.
- From lying with the head high. Natr-m.
- From mental occupation (headache). Calc-ph.
- From motion (headaches). Kali-ph.
- From perspiration (headaches). Natr-m.
- From pressure (headaches). Natr-m.
- From wrapping the head up warmly. Sil.
- In a warm room. Sil.
- Bleared, red eyes, with colic. Calc-s.
- Bleeding of nose affords no relief to heaviness of head. Natr-s.
- Bleeding of nose relieves frontal headache. Ferr-ph.
- Bleeding of nose relieves mental symptoms. Kali-m.
- Blind headaches, bearing down in the womb, dull pain in ovarian region. Ferr-ph.
- Blinding of eyes—Headaches begin with b. Natr-m.
- Bloating of abdomen during hemicrania. Natr-m.
- Blood—Congestion of b. to head, pulsating headache. Natr-s.
- Rush of b. to head, head feels heavy. Natr-m., Sil.
- Blow—Headache in the forehead, as from a b.; worse from laughing. Natr-m.

- Body—Throbbing and beating in head on motion of b.  
Natr-m.
- Boil over left eye. Calc-s.
- Bone—Pressive pain in occiput, as if in the b. Sil.
- Boring pain in right temple, as if a screw was driven in.  
Natr-s.
- Brain and eyes—Feeling as if b. were pushed forward. Sil.
- Brain, base of—Pain as of a gnawing there, or as if in a vise.  
Natr-s.
- Congestion of b. in children and in adults. Ferr-ph.
- Disease of b., spinal marrow and nerves of a paralytic  
nature. Sil.
- Brain-fag from overwork. Kali-ph.
- Brain—Loose feeling in b., worse from stooping, feels as if it  
fell toward left temple. Natr-s.
- Hyperæmia of b. Calc-ph.
- Irritation of b. after lesions of head. Natr-s.
- Sensation as if b. pressed against skull. Calc-ph.
- Softening of b., early stage. Kali-ph.
- Bruised pain above eyes, could hardly open them; first on left  
side forehead; sticking, extending to right side; worse  
from opening eyes. Sil.
- Burning in head, with pulsation and sweat of head; worse at  
night, from mental exertion, talking; better from  
wrapping head up. Sil.
- Burning on top of head, running down to toes. Calc-ph.
- Burning on vertex—Headaches of school-girls during menses,  
with b. Natr-m.
- Burst—Headache, as if everything would press out and b.  
skull. Sil.
- Headaches as though it would b. Natr-m., Natr-s.
- On coughing it seems as if forehead would b. Natr-m.
- Bursting—Feeling as of water pipes b. in head. Sil.
- Calves of legs—Frequent cramps in abdomen and c.  
Magn-ph.
- Canthi—Severe inflammation in c. Calc-s.
- Smarting in inner c. Calc-s.
- Catamenia—Headache during the c.; face red; nausea and  
vomiting. Natr-m.

- Ceases—Headache c. on one side head, and continues more violently on other side. Natr-m.
- Cheek bones—Stitches through eyes and c., with headaches. Sil.
- Cheeks are hot; congestion to head; soles of feet burn. Sil.
- Chest—Fine stitches in head extending to neck and c. Natr-m.
- Chest and head—Weak, faint feeling in c. and h. when walking in sun. Natr-m.
- Childbirth—Attacks of headache after c., at irregular intervals. Magn-ph.
- Chilliness with headaches. Sil.
- Clavus—Left-sided c. Natr-m.
- Cold air—Top of head is sensitive to c., noise, or any jar. Ferr-ph.
- Cold—Fainting when taking c. Sil.  
C. feeling or headache rising from nape to vertex. Sil.
- Coldness on the vertex on a line with forepart of ears. Sil.  
Shivering and c. of body, with headaches in evening. Sil.
- Colic with bleared, red eyes. Calc-s.
- Complaints are worse when thinking of them. Calc-ph.
- Concussion—Headaches from c., eyes feel as if sunken; occurring during menses, with pains in chest. Calc-s.
- Confusion—Dull pressure in forehead, with c. Natr-m.  
Feeling of dullness and c., or a fullness accompanying headache. Calc-ph.  
C. in head, also in occiput; peculiar feelings in cervical muscles. Kali-m.
- Congenital hydrocephalus. Calc-ph.
- Congestion of blood to head, pulsating headache. Natr-s.  
C. of brain in children or adults. Ferr-ph.  
C. to head, with epilepsy. Ferr-ph.  
C. to head, cheeks hot, soles of feet burn. Sil.
- Congestive headaches. Ferr-ph., Sil.
- Conjunctiva yellow. Calc-s.
- Constipation—Headaches from c., from torpidity and dryness of intestinal tract; tongue clean or covered with a frothy saliva. Natr-m.
- Coronal region—Pressure in c. after sunset, with heat on top of head; better from pressure of hand, from lying

- down, and from quiet; worse from thinking. Natr-s.
- Coryza—Left-sided c. Calc-s.
- C., sneezing, tightness in occiput. Kali-m.
- Dark—On coming into the d. pressure in vertex, as from a great weight falling on it. Sil.
- Desire for salt meat and potatoes. Calc-ph.
- Diarrhœa smelling like carrion, during brain affections. Kali-ph.
- Headaches in school girls, with d. Calc-ph.
- Diplopia. Magn-ph.
- Diseases of brain, spinal marrow and nerves, of a paralytic nature. Sil.
- Dizziness when walking, with weakness and oppression from head and across stomach. Calc-s.
- Dragging pressure in head, in frontal region. Natr-m.
- Drawn feeling in eyelids. Magn-ph.
- D. pain in head, as if a rope were being drawn tighter and tighter about head. Natr-m.
- Dull headache almost constantly. Natr-m.
- D. headache with malarial symptoms. Natr-s.
- D., heavy headache, with profusion of tears; drowsiness and unrefreshing sleep. Natr-m.
- D., heavy pain on top of head during the menses, which are very profuse. Ferr-ph.
- D., heavy feeling in head, especially in morning. Natr-s.
- Dullness in head as if too heavy. Worse in morning and afternoon, and after thinking. Natr-m.
- D. of head and intellect, forgetfulness, irritability (after headache). Magn-ph.
- D. of head, vertigo, flickering before eyes. Natr-m.
- D., pressure in forehead, with confusion. Natr-m.
- Ears—Headache on vertex and behind e.; drawing in the muscles of neck. Calc-ph.
- Epilepsy and neurasthenia—Vertigo during e. Sil.
- Evening—Terrible headaches, with shivering and coldness of body; better from wrapping head up warmly. Sil.
- Worse in e. (Rheumatic headaches). Kali-s., Sil.
- Excruciating nervous headaches during menses. Oversensitiveness to noises. Kali-ph.

- Exhausted, weary feeling—Headache in back of head, with e. Kali-ph.
- Eye—Boil over left e. Calc-s.
- Pains in and over right e. going off with sun; can bear no light. Natr-m.
- Eyeballs—Dull, pressive pains in forehead and e.; lids can only be raised with difficulty and great pain. Natr-m.
- Eyelids—Drawn feeling in e. Magn-ph.
- Twitching of e. Calc-s.
- Eyes—Bleared, red e., with colic. Calc-s.
- Bruised pain over e., could hardly open them; first on left side of forehead; sticking extending to right side; worse from opening e. Sil.
- Headaches begin with blinding of e. Natr-m.
- Heaviness in back part of head, draws e together. Natr-m.
- Inflammation of e., worse in evening and at night. Slow fever, feeling of heat; e. red. Calc-s.
- Pressure above e. and toward them. Calc-ph.
- Pressure above e., as from a heavy weight. Sil.
- Sparks before e. Magn-ph.
- Stitches over e. Natr-m.
- Stitches through e. and cheekbones, with headache. Sil.
- Sunken, e. feel as if sunken (headache from concussion). Calc-s.
- Tension in e. and forehead. Sil.
- Face—Flushed f. during headache. Natr-m.
- Headache or neuralgia of f., with stinging, pressing or throbbing; worse from shaking head, stooping or any motion, Ferr-ph.
- Hot, red f.; headache; vomiting of food. Ferr-ph., Natr-m.
- Faintish headache, with nausea all afternoon, better in the evening. Calc-flour.
- Feet—Soles of f. burn, congestion to head, cheeks hot. Sil.
- Flashes of pain in back part of head and neck, spreading over head and involving eyes, with sudden pain, like f. of lightning through head. Magn-ph.
- Flushed face during headache. Natr-m.
- Fluttering—hurriedness, with anxiety and f. of heart. Natr-m.



- Flying pains through limbs occasionally. Magn-ph.  
Fontanelles—Children with open f. Calc-ph.  
Food—Headache from eating rich f., attacks occur in morning. Natr-m.  
Forced forward—Headache, as if brain and eyes were f. Sil.  
Forehead—Aching in f. and vertex. Calc-s.  
Attacks in right side of f. Natr-s.  
Burst, on coughing, seems as if f. would burst. Natr-m.  
Pain in f. and coronal region after sunset, with heat on top of head; better from pressure from hand, during quiet, and while lying down; worse when thinking. Natr-s.  
Pressure in f., with confusion. Natr-m.  
Hammering pain in f. and temples, she fears an apoplectic stroke; worse on right side. Ferr-ph.  
Headache in f., occiput or vertex. Sil.  
Headache over f., with tearing pains in arms and hands. Calc-ph.  
Pressing, jerking pain in middle of f.; worse from turning suddenly, stooping, or talking. Sil.  
Pain in f., occiput or vertex. Sil.  
Pain in left f., and in head. Calc-s.  
Pounding, throbbing in f. and up into head (coryza). Sil.  
Pressure in f. (worse after meals) as if it would burst. Natr-s.  
Rheumatic tearing from root of nose to f.; nausea, vomiting, and vanishing of sight. Natr-m.  
Stitches in f. Sil.  
Tearing in f., as if it would be torn asunder. Sil.  
Tension in f. and eyes. Sil.  
Weight in f., pressing in; worse from bending head down; better from pressure. Natr-m.  
Forehead and eyeballs—Pressive pain in f.; lids can only be raised with difficulty and great pain. Natr-m.  
Forehead and eyes—Tension in f. Sil.  
Forgetfulness, can only remember a short time. Calc-ph.  
Forehead and vertex—Pulsating and beating in f. with chilliness. Sil.  
Frontal headache worse in evening and after dinner. Calc-s.  
Frontal headache followed and relieved by nosebleed. Ferr-ph.

Frontal region—Pressure and dragging in f. of head. Natr-m.  
Frontal sinus is affected. Sil.

Fullness—Feeling of f. or confusion, or dullness accompanying headache. Calc-ph.

F. and pressure in head worse from pressure of hat.  
Calc-ph.

Full—Pain in head as if skull was too f. (frontal or occipital),  
with nausea and vomiting. Natr-ph.

Gnawing—Feeling as of a g. at base of brain. Natr-s.

Hammering pain in forehead and temples, fears an apoplectic  
stroke, worse on right side. Ferr-ph.

Hammers—Throbbing in head as from little h. Natr-m.

Hat—Pressure of h. causes acute pain in occipital protuberances. Sil.

Worse from pressure of h. Calc-ph., Sil.

Headache—Above eyes so he could hardly open them. Sil.

After eating rich food. Natr-m.

After taking thick, sour milk. Natr-ph.

As if brain and eyes were forced forward. Sil.

As if head would burst. Natr-m.

As if everything would press out and burst skull. Sil.

At 10 a. m., after suppressed ague. Natr-m.

Begins with blinding of the eyes. Natr-m.

Better from lying down in the dark. Sil.

Better from mental occupation. Calc-ph. (Worse. Sil.)

Better from motion. Kali-ph.

Better from sitting still. Natr-m.

Better from sweating. Natr-m.

Ceases on one side of head, but continues more violently on  
other. Natr-m.

Changes in weather cause headache. Calc-ph.

Comes on at night, with nausea and vomiting. Sil.

Concussion—Headache from c., eyes feel as if sunken, with  
pain in chest (during menses). Calc-s.

Crown of head—Headache on c. on waking in morning.  
Natr-ph.

Constant dull headache. Natr-m.

Constipation—Headache with c. from dryness of mucous  
membrane of intestinal tract. Natr-m.

Diarrhœa—Headaches of school girls, with d. Calc-ph.

During and after catamenia; face red, nausea and vomiting.

Natr-m.

During and after sneezing. Natr-m.

Evening—Headaches in e. Kali-m.

Terrible headaches in e., with shivering and coldness of body; better from wrapping head up warmly. Sil.

Every other day 10 A. M. to 3 P. M. Natr-m.

Every seventh day. Sil.

Excruciating nervous headaches during menses; over-sensitive to noises. Kali-ph.

Followed by vomiting of bile. Natr-s.

From hunger. Sil.

From organic causes. Sil.

From sunrise to sunset, worse at midday; right eye congested; worse from light. Natr-m.

Frontal, worse after dinner and in evening. Calc-s.

Frontal, followed and relieved by nosebleed. Ferr-ph.

Gastric symptoms. Calc-ph.

Heavy, dull headache; profusion of tears; drowsiness, unrefreshing sleep. Natr-m.

Hot, red face; vomiting of food. Ferr-ph., Natr-m.

In morning, from suppressed ague. Natr-m.

In forehead, as from a blow; worse from laughing.

Natr-m.

In forehead, occiput, or vertex. Sil.

In occiput. Kali-m.

In temples. Natr-ph.

Jaws—Pains extend into the j. Kali-m.

Of school girls during menses, with burning on vertex. Natr-m.

Of students—Brain-fag from overwork. Kali-ph.

On vertex and behind ears, with drawing in muscles of neck. Calc-ph.

Onesided, as if beaten. Sil.

Over forehead, with tearing pains in arms and hands. Calc-ph.

Over whole head. Calc-fl.

Periodic, in forehead, occiput, or vertex; one-sided, as if beaten; throbbing in forehead; coming on at night with nausea and vomiting. Sil.

- Pressive, throbbing, especially in frontal region. Natr-m.  
 Reading—Headache while r.; made him feel hot and sweat. Natr-s.
- Rheumatic headaches worse at night and in warm room; better in open air. Kali-s.
- Rising from nape of neck to vertex. Sil.
- Sick-headache with white-coated tongue; vomiting of white phlegm. Kali-m.
- Sickening headaches, with vomiting of sour froth. Natr-ph.
- Tearing, stitching headache, compelling one to lie down. Natr-m.
- Throbbing in head as from little hammers. Natr-m.
- With uterine symptoms. Calc-ph.
- Vomiting of bile follows headache. Natr-s.
- Wakens him at night. Sil.
- When waking in the morning, throbbing and weight. Natr-m.
- Worse from warmth. Kali-s., Natr-m.
- With, or followed by, severe pain in small of back. Sil.
- With heaviness in limbs. Sil.
- Head—Beating and throbbing in h. on motion of body. Natr-m.
- Burning in head, with pulsation and sweat of h.; worse at night, from mental exertion, talking; better from wrapping h. up warmly. Sil.
- Chronic effects of injuries to h. Natr-m.
- Confusion of h., also in occiput; peculiar feeling in cervical muscles. Kali-m.
- Congestion of blood to h., pulsating headache. Natr-s.
- ✓ Congestion of brain in children or adults. Ferr-ph.
- Congestion to brain, in epilepsy. Ferr-ph.
- Congestion to h.; cheeks hot, soles of feet burn. Sil.
- Congestive headaches. Ferr-ph., Sil.
- Dullness of h., as if too heavy; worse in morning and afternoon, and after thinking. Natr-m.
- Dullness of h. and intellect; forgetfulness and irritability or after headaches. Magn-ph.
- Fine stitches in h., extending to neck and chest. Natr-m.
- Fullness and pressure in h.; worse from pressure of hat. Calc-ph.

- Gnawing—Pain in occiput, as of g. there. Natr-s.  
H. feels heavy. Natr-m., Sil.  
Headache over forehead, with tearing pains in arms and hands. Calc-ph.  
Heat in h., burning on top of h., running down to toes. Calc-ph.  
Hot, red face; headache; vomiting of food. Ferr-ph., Natr-m.  
Heaviness in back part of h., draws eyes together. Natr-m.  
High—Better from lying with head h. Natr-m.  
Irritation of brain after injuries to h. Natr-s.  
Jerk in h., throwing it to right side. Natr-s.  
Jerks and shocks in h. Natr-m.  
Jerking—Pressive j. in middle of forehead; worse from stooping, talking, or turning suddenly. Sil.  
Jerk-like pressure on top of h., extending deep into brain. Sil.  
Pain around h., worse in evening. Calc-s.  
Pain in h., as if skull was too full (frontal or occipital), with nausea and vomiting. Natr-m.  
Pain in left forehead and h. Calc-s.  
Pain like a nail driven into side of h. Natr-m.  
Pain like a rope around h., drawn tighter and tighter; after walking awhile feels as if stepping on air. Natr-m.  
Pains and weight in back of h., feels weary and exhausted. Kali-ph.  
Pressure in frontal region, dragging. Natr-m.  
Sharp pain from back of h. to front, on stooping. Ferr-ph.  
Tearing in whole h., starting at occipital protuberances and extending upward and forward over both sides. Sil.  
Tearing, as if h. would burst, with throbbing; better from bandaging head tightly. Sil.  
Stitches in h. Natr-m.  
Throbbing in h., as from little hammers. Natr-m.  
Top of head—Pressure and heat on t., as if it would open. Natr-ph.  
Pain on t., as if it would split. Natr-s.  
Dull, heavy pain on t. during menses, which are very profuse. Ferr-ph.  
Hot feeling on t. Natr-s.

Pressure and heat on t., as if it would open. Natr-ph.  
The t. is sensitive to cold air, noise, or any jar.  
Ferr-ph.

Heat and pressure on top of head, as if would open. Natr-ph.

Heat and pressure on vertex during menses. Natr-s.

Heat and throbbing in occiput. Natr-m.

Heat in head; burning on top, running down to toes. Calc-ph.

Heat in head; hot, red face; vomiting of food. Natr-m.

Heaviness and dullness in head, especially in morning.  
Natr-s.

Heaviness in back part of head, draws eyes together. Natr-m.

Heaviness in head—Bleeding of nose affords no relief to h.  
Natr-s.

Heaviness in limbs—Headache with h. Sil.

Heavy—The head feels h. Natr-m., Sil.

Hemicrania with sour vomitings and eructations; bloating of  
abdomen; loss of consciousness, and twitching of limbs.  
Natr-m.

Hot feeling on top of head. Natr-s.

Hunger—Pains in head from h. Sil.

Hydrocephalus or hydrocephaloid, acute or chronic. Calc-ph., Kali-ph.

Hyperæmia of brain. Calc-ph.

Inflammation—Severe i. in canthi. Calc-s.

Intellect obtuse. Calc-ph.

Irritability, restlessness, vexation. Kali-ph.

Jar—Top of head is sensitive to j., cold air, or noise. Ferr-ph.

Jerking—Pressive j. in middle of forehead; worse from  
stooping, talking, or turning suddenly. Sil.

Jerk in head, throwing it to right side. Natr-s.

Jerk-like pressure on top of head, extending deep into brain.  
Sil.

Jerks and shocks in head. Natr-m.

Knives—Stitches as from k. in occiput. Natr-m.

Laughing—Headache worse from l. Natr-m.

Left eye—Boil over l. Calc-s.

Left frontal region—Pressive, throbbing headache all day,  
especially in l. Natr-m.

Left-sided clavus. Natr-m.

Left-sided coryza. Calc-s.

- Left temple—Aching in l. Kali-m.
- Lesions—Irritation of brain after l. of head. Natr-s.
- Light—Pains in and about eye, cannot bear any l. Natr-m.
- Limbs—Heaviness in l., with headache. Sil.  
Occasional flying pains in l. Magn-ph.  
Twitching of l. during hemicrania. Natr-m.
- Loose—Brain feels l. on stooping, as if it fell to left side. Natr-s.
- Lumps—Headaches with l. or nodules on scalp. Sil.
- Malarial symptoms—Headaches with m. Natr-s.
- Megrim—Loud cries during m. Sil.
- Meningitis involving bony structure of spine. Calc-ph.
- Menses—During m. excruciating nervous headaches, over-sensitive to noises. Kali-ph.  
Pressure and heat on the vertex during m. Natr-s.
- Mental exertion, worse from. Sil. (Better from. Calc-ph.)
- Milk—Headache after taking thick, sour m. Natr-ph.
- Morning—Headache on walking in the m. Natr-m., Natr-ph.  
Headache with chilliness and nausea. Sil.  
Pressive headache extending into eyes. Sil.  
Till noon sick-headache. Natr-m.
- Motion—Headaches are better from m. Kali-ph.  
Worse from any m. Ferr-ph., Natr-m., Sil.
- Nail—Pain as from n. driven into left side of head. Natr-m.
- Nape of neck to vertex—Headache or cold feeling rising from n. Sil.  
Shooting from n. Sil.
- Nausea—Faintish n. at stomach all afternoon, with headache; better in evening. Calc-s.
- Neck—Fine stitches in head, extending to chest and n. Natr-m.  
Pressure in occiput and nape of n. in morning. Sil.
- Nervousness at night. Ferr-ph.
- Neuralgic headaches, better from warmth. Magn-ph.
- Night—Headaches waken him at n. Sil.  
Pressive headache at n. Sil.
- Noise—Headaches are worse from n. Sil.
- Noon—Headache from morning till n. Natr-m.
- Nose—Bleeding of n. relieves frontal headache. Ferr-ph.  
Rheumatic tearing from root of n. to forehead; nausea, vomiting, vanishing of sight. Natr-m.

- Occasional flying pains through limbs. Magn-ph.
- Occipital headaches. Kali-m., Natr-s., Sil.
- Occipital protuberances—Pressure of hat causes acute pain in o. Sil.
- Occiput—Aching, drawing pains around lateral protuberances of o. Calc-ph.
  - Headaches in o. Kali-m., Natr-s., Sil.
  - Heat and throbbing in o. Natr-m.
  - Pressive pain in o., as if in bone. Sil.
  - Pressure in both sides of o. Sil.
  - Tightness in o.; coryza, sneezing. Kali.
- One-sided headaches, stitches in eyes and cheekbones; tearing pains. Sil.
- Open—Pressure and heat on top of head, as if would o. Natr-ph.
- Organic causes—Headaches from o., excessive study, nervous prostration. Sil.
- Pain like a nail driven into left side of head. Natr-m.
- Paralytic nature—Diseases of brain, spinal marrow and nerves of a p. Sil.
- Periodic headaches—Coming on at night, with nausea and vomiting. Sil.
  - In vertex, occiput, or forehead. Sil.
  - One-sided, as if beaten. Sil.
  - Throbbing in forehead. Sil.
- Perspiration—Headaches better from p. Natr-m.
- Pounding and throbbing in forehead and up into head (coryza). Sil.
- Pressed against skull—Sensation as if brain p. Calc-ph.
- Pressing headache on both sides, as if in a vise. Natr-m.
- Pressing-in sensation in forehead; worse from bending head down; better from pressure. Natr-m.
- Pressing, stinging, throbbing; worse from stooping, shaking head, or any motion (headache or neuralgia of face). Ferr-ph.
- Pressive headache at night, she cannot remember where she was; everything turns around; throbbing at heart. Sil.
- Pressive headache over whole head from above downward. Sil.



- Pressive pain in forehead and eyeballs, so violent lids can only be raised with difficulty and great pain. Natr-m.
- Pressive pain in occiput, as if in bone. Sil.
- Press out—Headache, as if everything would p. and burst skull. Sil.
- Pressure—Above eyes and toward them. Calc-ph.  
And fullness in head, worse from p. of hat. Calc-ph.  
And heat on top of head as if it would open. Natr-s.  
And heat on vertex during the menses. Natr-s.  
Better from p. (headaches). Natr-m.  
Dull p. in forehead, with confusion. Natr-m.  
In both sides of occiput. Sil.  
In forehead, worse after meals, as if would burst. Natr-s.  
In forehead and coronal region, with heat on top of head. Natr-s.  
In frontal region, dragging. Natr-m.  
In occiput and nape of neck in morning. Sil.  
Jerk-like p. on top of head, extending into brain. Sil.  
Over eyes, as from a heavy weight. Sil.
- Pulsating and beating in forehead and vertex, with chilliness. Sil.
- Pulsating headache with congestion to head. Natr-s.
- Pulsation—Burning in head with p. and sweat of head; worse at night, from mental exertion, talking; better from wrapping head up warmly. Sil.
- Reading—Headache while r. made him feel hot and sweat. Natr-m.
- Rheumatic or neuralgic headaches better from external application of warmth; very excruciating pains, tendency to spasmodic symptoms. Magn-ph.
- Rheumatic tearing from root of nose to forehead; nausea, vomiting, vanishing of sight. Natr-m.
- Rheumatic headaches, worse at night. Calc-ph., Kali-s.
- Rheumatic headaches, worse in warm room and at night; better in open air. Kali-s.
- Right-sided headache at 10 a. m.; dizziness; dull, heavy pains; fever and thirst; better from perspiring and in open air. Natr-m.
- Right temple—boring in r., as if a screw was driven in, preceded by burning in pit of stomach, bitter taste,

- lassitude; only at night or in morning. Natr-s.
- Root of nose—Rheumatic tearing from r. to forehead; nausea, vomiting, vanishing of sight. Natr-m.
- Rope—Pain like a r. around head being drawn tighter and tighter; after walking awhile feels as if stepping on air. Natr-m.
- Rush of blood to head, with vertigo. Ferr-ph.
- Salt meat—Great desire for s. Natr-m., Calc-ph.
- Scalp—Great soreness of s. Ferr-ph.
- Lumps or nodules on s. with headache. Sil.
- School girls—Headaches of s. during menses, with burning on vertex. Natr-m.
- Headaches of s., with diarrhoea. Calc-ph.
- Sensation as if brain pressed against skull. Calc-ph.
- Seventh day—Headaches every s. Sil.
- Shaking, vibratory sensation in head when stepping hard; tension in forehead and eyes. Sil.
- Sharp pain from back of head to front on stooping. Ferr-ph.
- Shocks and jerks in head. Natr-m.
- Shooting from nape of neck to vertex. Sil.
- Shooting, stinging, shifting, paroxysmal pains. Magn-ph.
- Sick-headaches, ejection of sour froth. Natr-ph.
- Sick-headache from morning till noon. Natr-m.
- Tongue coated white, or vomiting of white phlegm. Kali-m.
- Sight—Vanishing of s. with headache. Natr-m.
- Skull—Sensation as if brain pressed against s. Calc-ph.
- Pain as if s. was too full (frontal or occipital). Natr-ph.
- Pain as if everything would press out and burst s. Sil.
- Sleep—Unrefreshing s. Natr-m.
- Smarting in inner canthi. Calc-s.
- Sneezing—Headache after s. Natr-m.
- Tightness in occiput, coryza, sneezing. Kali-m.
- Softening of brain—early stage. Kali-ph.
- Soles of feet burn, congestion to head, cheeks hot. Sil.
- Soreness in vertex. Ferr-ph.
- Soreness of scalp. Ferr-ph.
- Sour milk—Headache after taking thick s. Natr-ph.
- Sparks before eyes. Magn-ph.
- Spine—Meningitis involving bony structure of s. Calc-ph.
- Split—Pain on top of head, as if it would s. Natr-s.

- Stepping hard—Shaking, vibratory sensation in the head when s.; tension in forehead and eyes. Sil.
- Stepping on air—Headache, after walking awhile feels as if s. Natr-m.
- Stinging, pressing, throbbing pains; headache or neuralgia of face; worse from any motion. Ferr-ph.
- Stitches as with knives in occiput. Natr-m.
- Stitches in forehead. Sil.
- Stitches in temples. Sil.
- Stitches in head over eyes; fine stitches extending into chest and neck. Natr-m.
- Stitches through eyes and cheekbones with headache. Sil.
- Stitching, tearing headache compelling one to lie down. Natr-m.
- Stooping—On s. sharp pain from back of head to front. Ferr-ph.
- Students—Headaches of s. Kali-ph.
- Stupid look, takes no interest in anything. Calc-ph.
- Tearing around whole head, with nausea on rising from lying; better when lying down. Calc-ph.
- Tearing in head, frequently one-sided; stitches through eyes and cheekbones. Sil.
- Tearing in head, as if forehead would be torn asunder. Sil.
- Tearing in whole head, starting from occipital protuberances and extending upward and forward over both sides. Sil.
- Tearing—Rheumatic t. from root of nose to forehead; nausea, vomiting and vanishing of sight. Natr-m.
- Tearing, stitching headache, compelling one to lie down Natr-m.
- Temple—Aching in left t. Kali-m.
- Temples—Beating in both t. when walking. Natr-s.  
Fluttering in both t. and aching in occiput. Sil.  
Hammering pain in forehead and temples; worse on right side; fears an apoplectic stroke. Ferr-ph.  
Headache in temples. Ferr-ph., Natr-ph., Natr-s.  
Stitches in temples. Sil.
- Tension and throbbing in forehead. Natr-m., Sil.
- Tension in eyes and forehead. Sil.
- Throbbing and beating in head on any motion of body. Natr-m.

- Throbbing and heat in occiput. Natr-m.  
 Throbbing and pounding in forehead and up into head (coryza). Sil.  
 Throbbing and tension in forehead. Natr-m.  
 Throbbing in head, as from little hammers. Natr-m.  
 Throbbing in both sides of head; worse from any quick motion. Calc-ph.  
 Throbbing—Pressive headache all day, especially in left frontal region. Natr-m.  
 Throbbing, stinging, pressing pains (headache or neuralgia of face); worse from any motion. Ferr-ph.  
 Throbbing in occiput, coryza, sneezing. Kali-m.  
 Top of head—Pain on t., as if would split. Natr-s.  
 Hot feeling on t. Natr-s.  
 Torn asunder—Tearing in head as if forehead would be t. Sil.  
 Twitching of eyelids. Calc-s.  
 Twitching of limbs during hemicrania. Magn-ph.  
 Unrefreshing sleep. Natr-m.  
 Vanishing of sight, with headache. Natr-m.  
 Vertex—Aching across forehead and in v. Calc-s.  
 Burning on v. with headaches in school girls during menses. Natr-m.  
 Coldness on v. on a line with fore part of ears. Sil.  
 Headache on v. and behind ears, with drawing in muscles of neck. Calc-ph.  
 Periodic headaches in v., occiput, or forehead. Sil.  
 Pressure—On coming into dark a p. on v., as of great weight falling on it. Sil.  
 Shooting from nape of neck to v. Sil.  
 Soreness in v. Ferr-ph.  
 Vibratory, shaking sensation in head when stepping hard; tension in forehead and eyes. Sil.  
 Vise—Pains at base of brain, as if crushed in a v., or as of something gnawing there. Natr-s.  
 Pressing on both sides of head, as if in a v. Natr-s.  
 Vomiting of bile after headache. Natr-s.  
 Vomiting of food; hot, red face; headache. Ferr-ph.  
 Vomiting of white phlegm with headache. Kali-m.  
 Vomiting—Sour v. and eructations with hemicrania. Natr-m.

- Wakening him at night (headache). Sil.
- Waking in morning—Headache on w. Natr-m., Natr-ph.
- Walking—Beating in both temples when w. Natr-s.
- Warmth—Neuralgic or rheumatic headaches; better from w;  
 excruciating pains; tendency to spasmodic symptoms.  
 Magn-ph.
- Water pipes—Sensation in head as of w. bursting. Sil.
- Weight and pains in back part of head; feels weary and  
 exhausted. Kali-ph.
- Weight falling—On coming into dark a pressure on vertex  
 as from great w. on it. Sil.
- Weight in forehead, pressing-in sensation; worse from bend-  
 ing head down; better from pressure. Natr-m.
- Weight—Pressure over eyes as from a great w. Sil.
- White phlegm—Vomiting of w. with headache. Kali-m.
- Worse—After dinner and in evening. Calc-s.  
 At night (rheumatic headaches). Calc-ph.  
 By opening eyes. Sil.  
 From any motion. Ferr-ph., Natr-m., Sil.  
 From bodily exertion (headaches). Calc-ph., Sil.  
 From bending the head down—Pains in head. Natr-m.,  
 Sil.  
 From laughing (headache). Natr-m.  
 - From mental occupation. Sil.  
 From pressure of hat. Calc-ph.  
 From reading or talking (headaches). Natr-m., Sil.  
 From stooping. Ferr-ph.  
 From talking. Natr-m, Sil.  
 In evening (headaches). Kali-m., Kali-s, Calc-s.  
 In warm room (rheumatic headaches). Kali-s.  
 10 A. M. to 3 P. M. (headaches) Natr-m.  
 When walking (beating in both temples). Natr-s.  
 When walking (dizziness). Calc-s., Sil.

**REPERTORY OF PECULIAR SYMPTOMS.**

S. F. SHANNON, M. D., DENVER, COLO.

- Abdomen—Sensation as of a ball of thread turning and mov-  
 ing rapidly through a. Sabad.
- Sensation as of a ball in a. on turning over. Lach.
- Colic as if an animal was crying in a. Thuja.

- A. feels as if stuffed with stones (subjective only). Tart-em.  
 Gripping in a. relieved by kneading. Natr-s.  
 Pain in left side of a. when lying on right, and vice versa.  
 Graph.  
 Sensation in a. like sharp stones rubbing together. Cocc.  
 Wants a. entirely uncovered. Tabac.  
 Abdominal walls—Upper a. are drawn in during inspiration,  
 and expand during expiration. Arg-n.  
 Aching in face better from smoking. Clem.  
 Acts better when given at night. Zinc-m.  
 Afraid of a crowd, and of crossing busy streets. Acon. .  
 Afternoon—Colic regularly every a. China.  
 Lively in a., despondent in forenoon. Cann-sat.  
 Aggravation after sleep. Ail., Alum., Arn., Cocc., Euphr.,  
 Lach., Selen., Valer.  
 Ague—Prosopalgia after suppressed a. Natr-m.  
 Air—As if a. did not go deep enough into lungs. Caps.  
 As if a. streamed from nipples. Cycl.  
 Dreads open air. Caps., Iris-v., Kali-c.  
 Every inhalation seems to bring a. in contact with brain.  
 Act-rac.  
 Imagines she is hovering in a. Asar., Mancin., Nux-m.,  
 Stitca-p., Valer.  
 Passes from bladder when urinating. Sars.  
 Alæ nasi—Fan-like motion of a. Lyc., Phos.  
 Alive—As if everything in head was a. Petr., Sil.  
 Sensation of something a. in heart. Cycl.  
 Sensation of something a. in stomach. Croc-s., Sab.,  
 Sang., Thuja.  
 Alone—Desires to be a. Acon., Act-rac., Carbo-an., Hel.,  
 Hyos., Ign., Led-pal., Magn-m., Nux-v., Rhus-t.  
 Fears being left a. Ars-alb., Camph., Clem., Coni.,  
 Kali-c., Mez., Sep., Stram., Vera.  
 Alternating of headache from one side to other. Lil-tig.  
 Alternation of diarrhœa and constipation. Act-rac., Am-m.,  
 Ant-c., Arg-n., Bry., Chel., Cupr-m., Ign., Iod.,  
 Kali-bi., Kobalt., Lach., Natr-m., Nux-v., Podo.,  
 Rhus-t., Ruta-grav., Tart-em., Natr-ars., Sulph.  
 Alternation of physical and mental symptoms. Croc., Plat.  
 Alternation of symptoms. Croc-s., Kali-bi., Plat.

- Amennorrhœa with milk in breasts. Merc., Phos., Rhus-t.  
 Annual recurrence of symptoms. Urtica-u.  
 Ants—Sensation of a. creeping along spine. Agar.  
 Anus—Beating in a. as from hammers. Lach.  
     Beer relieves pain in a. Alœ.  
     Feels as if a. drawn upward. Plumb.  
 Apex—During three beats of heart a. strikes only one.  
     Acon.  
 Appetite best in evening. Benz-ac., Nitr.  
     Eats only dinner. Carbo-v., Cycl.  
     In evening, none in morning. Benz-ac.  
     No a. for breakfast. Abies-n., Bov., Nux-v., Selen.  
 Arm—Left a. feels as if bound to side. Actea-rac.  
 Arms feel shorter. Æth., Alum.  
 As if a bolt was driven from neck to vertex. Actea-rac.  
 As if air streamed from nipples. Cycl.  
 As if knife was drawn transversely through head from left  
     side. Arn.  
 As if boiling water was poured into chest. Acon.  
 As if both sides of head were in a vise. Æth., Merc.  
 As if diarrhœa would set in. Actea-rac., Agn-c., Alœ-s.,  
     Ant-c., Ang., Borax., Coni., Hel., Led-pal., Lil-tig.,  
     Meph., Ran., Selen.  
 As if divided into halves and left half did not belong to her.  
     Sil.  
 As if food remained in region of heart. Acon.  
 As if her limbs did not belong to her. Agar-m.  
 As if sharp points of ice touched head, or cold needles pierced  
     it. Agar-m.  
 As if something had stuck in throat. Acon., Hep-s-c.  
 As if brain was dashed to pieces. Æth-c.  
 As if brain was moved by boiling water. Acon.  
 As if brain was moved or raised. Acon., Agar., Rheum.  
 As if brain would start out through eyes. Acon.  
 As if face was growing larger. Acon.  
 As if muscles were firmly but not spasmodically contracted.  
     Acon.  
 As if top of head would fly off. Act-rac., Alum, Bapt.,  
     Cact., Cann. Sat., Cobalt, Cupr-m., Kali-bi., Lith-c.,  
     Lach.

- Asleep—Left half of the head feels as if a. Calad-seg.
- Aversion to fatty food. Angus., Bry., Carbo-a., Carbo-v., Colch., Cycl., Hep-s-c., Natr-m., Petr., Puls., Rheum., Sulph.
- Averse to meeting acquaintances, as he thinks he has previously offended them. Ars-alb.
- Averse to eating bread of which she was once fond. Natr-m., Natr-s.
- Averse to coition. Caust., Graph., Hep-s-c., Kali-br., Kali-c., Natr-m., Petr., Phos., Sep.
- Aversion to even his own family. Fluor-ac.
- Awake—Hunger keeps him a. at night. Abies-c., China, Lyc., Teucr.
- Backache—Must sit up in order to turn over in bed. Nux-v.
- Backache relieved by urinating. Lyc.
- Back—As of a piece lying on the back between shoulders. Lachn.
- Can only lie on back. Acon., Ferr-m.
- Heart beats more rapidly when lying on back. Ars-alb.
- Itching on back when undressing. Natr-s.
- Lying on back relieves dry cough. Acon.
- Pain across back, with red urine. Kali-bi., Lyc.
- Bad effects of pleasureable emotions. Coffea-c.
- Bag-like swelling under eyes. Apis-mel., Ars-alb., Kali-c.
- Balanced up and down—The stomach feels as if b. Phos-ac.
- Ball—As if a b. was rising from throat to brain. Plumb-m.
- As of ball rising in throat. Asaf., Ign., Nitr-ac., Senecio.
- As of a ball rolling in abdomen or bladder on turning over. Lach.
- Sensation of a round ball in the forehead, not removed by shaking head. Staph., Ver-a.
- Sensation as of a b. rising from stomach to throat. Magn-m.
- Band—Heart feels as if constricted by an iron b. Cact-g.
- Base of heart feels as if bruised. Arn.
- Bathing eyes aggravates all eye symptoms. Sulph.
- Bathing in river (headache after b.). Ant-c., Calc-c., Puls.
- Bathing or washing (headache after b.). Canth.
- Beating in anus as from hammers. Lach.
- Beating in stomach as from two hammers. Graph.



- Bedclothes—Picks at b. Arn., Ars., Bell., Hyos., Stram.  
 Bed—Sensation as if she was sinking deep into b. Bry.  
 Beer relieves pains in anus. Aloe.  
 Bellyache at every attempt to eat. Calc-ph., Cic-v.  
 Belly—Sleeps best when lying on b. Acet-ac.  
 Below upward—Symptoms go from left to right and from b.  
 Benz-ac.  
 Bend backward—Pains in stomach compel him to b. Bell.  
 Bending double relieves colic. Actea-r., Alum., China,  
 Coloc., Colch., Magn-c., Senecio.  
 Bent—Pains are worse when sitting b. Alum.  
 Bent backward—Must sit b. to urinate. Zinc-m.  
 Better after coitus (female). Merc.  
 Better after shaving (cold sensation in larynx). Brom.  
 Better after washing. Aur-m.  
 Better from continued motion. Caps., Coni., Euphr., Ferr-  
 m., Lyc., Puls., Rhus-t.  
 Better from tightening clothes (colic). Natr-m.  
 Better—Headache b. from closing eyes and moving head to  
 and fro. Agar.  
 Black—Objects appear b. Caps., Cic-v., Graph.  
 Black stools. Acon., Ars., Bry., China, Lept., Sulph-ac.,  
 Verat-a.  
 Bladder—Air passes from b. when urinating. Sars.  
 As of a ball in abdomen or b. rolling when turning over.  
 Lach.  
 Cannot bear least drop of urine in b. Canth., Merc-jod-  
 rub.  
 Feeling as of a worm in b. Bell.  
 Pains in b. are relieved by horseback riding. Lyc.  
 Bleed—Small wounds b. excessively. Kreas., Lach., Phos.  
 Bloating of face only when lying down. Apoc-can.  
 Blood—As if hot b. rushed into ears. Lyc.  
 Blue—Objects appear b. Actea-s.  
 Blunt instruments—Use of b. leaves unusually deep impres-  
 sions. Bov.  
 Board—Feels as if a b. pressed against forehead. Dulc., Rhus-t.  
 Body—Coldness of one side of b., other side being warm.  
 Caust., Coni., Nux-v., Puls., Paris, Rhus-t., Sil.  
 Body—Feels as if hollow. Kali-c.

Body—Feels as if scattered about, tries to get pieces together.

Bapt.

Itching on b. without any visible eruption. Dolich.

Sensation as if he would creep into his own b. Cimex.

Body—Sweat only on the front part of b. Agar-m.

Violent pains through left half of b. at midnight. Asaf.

Boiled milk—Stools worse after taking b. Nux-m., Sep.

Boiling water—As if b. was poured into chest. Acon.

As if brain was moved by b. Acon.

Bolt—As if b. was drawn from neck to vertex. Act-rac.

Bores head into pillow. Apis, Bell., Hell., Stram., Sulph.

Boring in stomach, as if it would be perforated. Natr-s.

Bowels—Feels as if b. must be constantly supported by hands.

Agn-c.

Bread—Aversion to b. of which she was once fond. Natr-m., Natr-s.

Breakfast—No appetite for b. Abies, Bov., Nux-v., Selen.

Breasts—Milk in b. during menses. Merc.

Milk in b. instead of menses. Lyc., Phos., Puls., Rhus-t.

Sore and painful at every menstrual period. Coni.

Breath cold. Acon., Carbo-v., China.

Breath—Many people being in room seems to take away b.

Arg-n.

Brain—As if b. was dashed to pieces. Æth-c.

As if b. was moved by boiling water. Acon.

As if b. was moved or raised. Acon.

As if b. would start out through eyes. Acon.

Every inhalation seems to bring cold air into contact with b. Actea-rac.

Feels too large for cranium. Actea-rac., Arg-n., Berb.

Thinks her brain is softening. Abrot.

Bridge—Vertigo when walking on a b. over water. Angus., Ferr-m., Sulph.

Bruised feeling at base of heart. Arn.

Burning about heart. Æsc-hipp., Ananth., Arg-n., Carbo-v., Kali-c., Opi., Puls., Rumex-c.

Burning, cutting in urethra, worse when not urinating. Berb.

Burning and stinging in left orbit, as if pain surrounded ball.

Æsc.

Burning at umbilicus, as from hot coal. Merc-præc-rub.

- Burning between scapulæ, as from hot coals. Lyc.  
 Burning from groin to groin. Lil-t.  
 Burning in kidneys—Can trace outline of kidneys by burning sensations. Hel.  
 Burning in neck of bladder when not urinating. Acon.  
 Burning in vagina at same hour every day. Chel.  
 Burning in vagina, can hardly keep still. Sulph.  
 Burning in vagina during and after coition. Kreos., Lyc., Natr-m., Sulph.  
 Burning of soles of feet, puts them out from under covers at night. Cham., Sulph.  
 Busy—Better when keeping b. Hel., Lil-t.  
 Busy streets—Afraid of crossing b. Acon., Glon.  
 Calveria—Head feels as if c. was removed. Arum-t., Cann-ind.  
 Cannot tell from which direction sounds come. Carbo-a.  
 Cap over heart—Feels as if a c. Zinc-m.  
 Carried—Child cries except when c. Cham.  
     Child does not want to be c. Cina.  
 Carried slowly—Child wants to be c. Puls.  
 Cars—Can hear better on c. Puls.  
 Cataract—Perpendicular half-sight in c. Caust.  
 Catarrh—Vertigo is relieved as soon as nasal c. sets in. Aloe.  
 Center of eyeballs pain intensely. Actea-r.  
 Cerebellum—Chilly feeling in c. Dulc., Phos.  
     Throbbing in c. as from a hammer. Camph., Natr-m., Psor.  
 Cheeks—One is red, the other pale. Acon., Arn. Cann-sat., Cham., Mosch., Rheum.  
 Cheek—Sweat of c. on which he lies. Acon., Actea-s.  
 Chest—As if boiling water was poured into c. Acon.  
     Feels as if a cord was tied around c. Cact-gr.  
     Feels as if it were in a vice. Aeth.  
     Washing c. with cold water relieves cough. Borax.  
 Chewing motion of mouth. Acon., Bell., Bry., Cham., Cic-v., Hell., Ign., Lact., Mosch., Ver-a.  
 Child cries before coughing. Acon., Arn., Tart-em.  
 Child does not want to be touched or looked at. Ant-c., Cina., Tart-em.  
 Child is afraid it will fall out of arms when carried. Gels.

- Child is quiet only when carried. Cham.  
 Children dislike to be washed. Amm-c., Ant-c., Sulph.  
 Child screams before and after passing urine. Borax, Lach.,  
 Lyc., Sars.  
 Child wants to be carried slowly. Puls. (See Ars.)  
 Chill every other day at different hours. Eupat-purp.  
 Chill increased by being near a warm stove. China.  
 Chilliness in stomach ceases after vomiting. Berb.  
 Chilliness of left side of head. Lob-inf.  
 Chill Time-table:  
 After midnight. Ars.  
 Three A. M. Cedron., Thuja.  
 Four to 5 A. M. Bry., Nux-v., Sulph.  
 Six A. M. Nux-v., Vera.  
 Seven A. M. Podo.  
 Seven to 9 A. M. Eupat-perf., Podo.  
 Nine A. M. Kali-c., Natr-m.  
 Nine to 11 A. M. Natr-m.  
 Ten A. M. Ars., Cactus, Natr-m., Petr., Rhus-t., Stann.,  
 Sulph.  
 Ten-thirty A. M. Lob-inf.  
 Ten to 11 A. M. Ars., Natr-m., Sulph.  
 Ten A. M. to 2 P. M. Merc-s.  
 Ten A. M. to 3 P. M. Lil-tig., Sulph.  
 Eleven A. M. Hyos., Ipecac., Opi.  
 Eleven A. M. or P. M. Cact-gr.  
 Eleven A. M. to 12 M. Kali-c., Kobalt.  
 Eleven A. M. to 4 P. M. Gels.  
 Twelve M. Elaps., Lob., Nux-v., Sulph.  
 One P. M. Cact-gr.  
 One to 2 P. M. Ars.  
 Two P. M. Calc-c.  
 Two to 3 P. M. Lach.  
 Three P. M. Angustura, Apis-mell., Bell., Coni., Staph.,  
 Thuja.  
 Three to 4 P. M. Apis-mel., Lach.  
 Three to 6 P. M. Ars.  
 Four P. M. Puls.  
 Four to 5 P. M. Kobalt.  
 Four to 7 P. M. Kali-jod.

- Four to 8 P. M. Bov., Graph., Hell., Hep-s-c., Lyc.,  
Magn-m., Natr-s.
- Five P. M. Coni., Kali-c.
- Five P. M. to 7 or 8 P. M. Hep-s-c.
- Six P. M. Arg-n., Nux-v.
- Six to 8 P. M. Hep-s-c., Kali-jod., Sulph.
- Six to 12 P. M. Lachn.
- Seven P. M. Bov., Lyc., Petr., Puls., Rhus-t.
- Seven to 8 P. M. Sulph.
- Nine P. M. to 10 A. M. Natr-s.
- Every fourteen days. Ars., Calc-c., China, Puls.
- Every seven days. Phos.
- Precisely same hour. Cedron, Diad., Sab.
- Chilly feeling in cerebellum. Dulc., Diad., Sab.
- Circulation—Feels as if c. stood still. Lyc.
- Clairvoyance, preception of distant things. Acon., Cann-ind.
- Cobwebs—Face feels as if c. were on it. Alum., Boracic-ac.,  
Borax, Bromine, Calad., Graph., Ran-scel.
- Coccyx—Intolerable itching at tip of c. Borax, Bov.
- Pain in c, while urinating. Graph.
- Coitus—After c. voluptuous itching. (in female). Nitr-ac.
- Aversion to c. Caust., Graph., Hep-s-c., Kali-br., Kali-c.,  
Natr-m., Petr., Phos., Sep.
- Feels better after c. (female). Merc.
- Metrorrhagia after c. Arn.
- Cold air—Every inhalation seems to bring c. into contact  
with brain. Act-rac.
- Cold breath. Acon., Carbo-v., China.
- Cold feeling behind eyes. Calc-ph.
- Cold feeling in eyes, as from a cool wind. Berb.
- Cold feeling in mouth. Camph., Plat., Tart-em., Verat-a.
- Cold feeling not relieved by covering. Asar.
- Cold hands, warm feet. Aloe, Sep.
- Coldness of legs from knees down. Alum., Carbo-v., Meny.,  
Tabac.
- Coldness on one side of body, other side being warm. Caust.,  
Coni., Nux-v., Paris-q., Puls., Rhus-t., Sil.
- Coldness—Sensation of c. in eyes. Alumen., Amm-c., Asaf.,  
Calc-c., Coni., Lach., Lyc., Plat., Spong.
- Cold sensation about heart. Kali-bi., Petr.

- Cold sensation at small spot on forehead. Arn., Sulph.  
 Cold sensation in larynx, better after shaving. Brom.  
 Cold sensation in right temple. Berb.  
 Cold sensation in whole right leg. Sab.  
 Cold sensation on vertex. Calc-ph., Laur., Mang., Natr-m.,  
 Sep., Valer., Ver-a.  
 Cold—Takes c. from having hair cut. Bell.  
 Urine is cold when passed. Agar., Nitr-ac.  
 Cold things—The cough is worse from c. Amm-m., Dig.,  
 Hep-s-c., Sil., Thuya., Ver-a.  
 Cold washing temporarily relieves headache. Ars.  
 Cold water—As if drops of c. were falling on head. Cann-  
 sat.  
 As if c. were dropping from heart. Cann-sat.  
 A swallow of c. relieves cough. Cupr-m., Caust.  
 Averse to drinking c., wants only warm drinks. Calad.  
 Feet feel as if in c. Talc-c., Gels., Meny.  
 C. relieves cough. Caust., Cupr-m.  
 C. relieves headache. Aloe., Ars., Calc-c., Calc-ph., Caust.,  
 Cycl., Glon., Iod., Phos., Zinc-m.  
 Colic after voiding urine. Eupat-purp.  
 Colic better from bending double. Act-rac., Alum., China  
 Colch., Coloc., Magn-c., Senecio.  
 Colic doubles him up, but is relieved in no position, Acon.,  
 Opi., Sulph.  
 Colic is relieved by continued motion. Gels.  
 Colic regularly every afternoon. China.  
 Colic relieved by eating. Bov., Bry., Calc-c., China, Ferr-m.,  
 Natr-c.  
 Complaints—Makes no c. Hyos., Opi., Phos-ac.  
 Consciousness of a womb. Hel.  
 Consolation—Worse from c. Cact-gr., Hell., Natr-m., Psor.  
 Constipation and diarrhoea alternate. Act-rac., Amm-m.,  
 Ant-c., Arg-n., Bry., Chelid., Cupr-m., Ign., Iod.,  
 Kali-bi., Kobalt, Lach., Natr-ars., Natr-m., Nux-v.,  
 Podo., Puls., Rhus-t., Ruta-grav., Sulph.  
 Constipation of sucklings. Alum., Hydras., Nux-v., Opi.  
 Constricted by a tape, head feels as if. Gels., Nitr-ac., Sulph.  
 Continued motion relieves cold. Gels.  
 Cord—Feels as if a cord was tied around chest. Cact-gr.

Cotton—Spitting c. Berb., Natr-m., Nux-v., Puls.  
 Cough and loud breathing during expiration in croup. Acon.  
 Cough appears to be excited by something in stomach. Bell.,  
 Bry.

At every attempt to speak. Act-rac.  
 Excited by presence of strangers. Bar-c.  
 From tickling in stomach. Bry., Lach., Nitr-ac.  
 Increased by looking into fire. Ant-c.  
 In females, from sunrise to sunset. Arum-met.  
 Loose after eating, dry after drinking. Nux-m.  
 Preceded by jerking in hips. Ars.  
 Relieved by lying down. Acon., Euph., Kali-hi., Mang.  
 Relieved by water. Caust., Cupr-m.  
 Relieved by passing flatus. Sang.  
 Every time he stands still during a walk. Ign.  
 The more he coughs the more he has to. Ign.  
 Washing chest with cold water relieves cough. Borax.  
 With involuntary urination. Ant-c., Caust., Colch., Ferr-  
 ph., Kreos., Natr-m., Puls., Rumex, Squilla, Thuya,  
 Ver-a., Zinc-m.  
 From slightest inhalation of cold air, buries head under  
 bedclothes to prevent coughing. Rumex.  
 Worse from uncovering, even a hand. Hep-s-c., Rhus-t.  
 Worse when many persons are present. Ambra-grisea.,  
 Baryta-c.

Coughing—Cries after c. Bell., Caps.  
 Cries before c. Acon., Arn., Tart-em.  
 Involuntary stool when c. Phos.  
 Involuntary urination when c. Ant-c., Caust., Colch.,  
 Ferr-ph., Kreos., Natr-m., Puls., Rhumex, Squilla.,  
 Tnaya, Ver-a., Zinc-m.  
 Spells end with sneezing. Agar., Bell.  
 Covering head is intolerable. Glon., Led.  
 Covering up does not relieve cold feeling. Asar.  
 Cracking in ears when masticating. Aloe., Alum., Bar-c.,  
 Cal-c., Coloc., Graph., Natr-m., Nitr-ac., Sil.  
 Cramp better from tightening clothes. Natr-m.  
 Cranium—Brain feels too large for c. Act-fac., Arg-n.,  
 Berb.

Crawling as of insects above left mammary gland. Tart-em.

- Crawling Sensation as of something c. over face. Anac., Camph., Lach., Laur., Plat.  
 C. beneath skin of occiput. Brom.  
 C. in spine, as from beetles. Acon.
- Creeping in fingers while writing. Acon.
- Cries after coughing. Bell., Caps.
- Croup—Cough and loud breathing during expiration. Acon.
- Crowd—Afraid of a c. and of crossing busy street. Acon., Glon.
- Headache when in a c. Magn-c.
- Crowded—Heart feels as if c. Eupat-perf.
- Cruel—Feels like doing something c. Abrot.
- Damned—Fears she will be d. Lach.
- Daylight more painful than gaslight. Graph., Kali-bi.
- Dead—Thinks is d. and arrangements are being made for funeral. Lach.
- Dread of death with thoughts of suicide. Alum.
- Death—Fears d.; predicts day of d. Acon., Apis.  
 Longing for d. Amm-c., Aurum-met., Kreos.  
 Fears d.; thinks she will die. Acon., Act-rac., Alum, Anac., Apis, Ars., Asaf., Cann-s., Cocc., Gels., Glon., Kali-c., Lach., Lob-inf., Natr-s., Phos., Phyt., Podo., Rhus-t., Sil., Squilla, Stram., Zinc-m.
- Decay of teeth as soon as they appear. Kreos.
- Desire for ice-cold drinks. Angus., Bov., Bry., Croc-s., Euphorb., Merc., Oleand., Natr-s., Phos., Sabad., Thuja., Ver-a.
- Desire for stool as soon as he eats. Aloe-s., Puls.
- Desire for stool while urinating. Canth.
- Desire to commit suicide, but lacks courage. China, Nux-v.
- Desire to smoke increased. Glon.
- Desires to be alone. Acon., Act-rac., Ars., Carbo-a., China, Gels., Hel., Ign., Led., Lyc., Magn-m., Nux-v., Rhus-t., Hyos.
- Desires to drown herself. Ant-c., Bell., Dros., Hell., Hyos., Puls., Rhus-t., Sec., Sil.
- Despondent in morning, lively in afternoon. Cann-s.
- Diagonally—Symptoms often appear d. Agar., Alum., Benz-ac., Lach., Lyc.
- Diarrhœa—After checking d., rheumatism. Abrot.



- Diarrhœa—After eating oysters. Brom.  
 After eating veal. Kali-n., Nitrum.  
 After smoking, sensation as if d. would set in. Borax.  
 After sudden emotions. Gels., Ign., Phos-ac., Opi.  
 After taking milk. Ars., Kali-c., Natr-c., Sep., Sulph.  
 Alternates with headache. Podo.  
 And constipation alternate. Act-rac., Amm-m., Ant-c.,  
 Arg-n., Bry., Chelid., Cupr-m., Ign., Iod., Kali-bi.,  
 Kobalt., Lach., Natr-ars., Natr-m., Nux-v., Podo.,  
 Puls., Rhus-t., Ruta-gr., Sulph.  
 As soon as he drinks coffee. Arg-n., Ox-ac.  
 Driving him out of bed in morning. Aloe, Bry., Dios.,  
 Hyper., Natr-s., Nux-v., Phos., Podo., Rumex.,  
 Sulph.  
 Every time she urinates. Alum., Apis.  
 Feels as if would set in. Act-rac., Agn-c., Aloe., Ant-c.,  
 Ang., Borax., Coni., Hel., Led-pal., Lil-t., Meph.,  
 Ran-s.  
 Renewed as soon as he lies down. Ox-ac.  
 Renewed by food or drink. Coloc., Crot-tig., Ferr-m.,  
 Staph.  
 Worse from boiled milk. Nux-m., Sep.  
 Difficult expulsion of soft stool. Agn-c., Alum., Anac.,  
 China, Natr-c., Natr-s., Nux-m., Psor., Rhod., Sep.,  
 Tarax.  
 Digest—Can digest only highly seasoned food. Fluor-ac.,  
 Hep-s-c., Nux-m., Sang.  
 Dinner—Want of appetite, eats only d. Carbo-v., Cycl.  
 Diplopia. Agar., Amm-c., Arn., Bell., Cham., Cic-v., Cycl.,  
 Dig., Gels., Hyos., Merc-c., Natr-m., Nitr-ac., Oleand.,  
 Sec., Sprong., Stram., Vera-a.  
 Diplopia after injury to eye. Arn.  
 Dislike to be washed. Amm-c., Ant-c., Bry., Cham., Rhus-  
 t., Sep., Spig., Sulph.  
 Disposition to suicide (haunted by a). Caps.  
 Distant noises keep her awake. Opi.  
 Distant things—Clairvoyance, perception of d. Acon., Cann-  
 ind.  
 Divided horizontally—Objects appear to be d. Aur-m.  
 Double sobbing inspiration. Led-p.

- Doubles—Colic d. him up, but is relieved in no position.  
Acon., Opi., Sulph.
- Downward motion—Dread of d. Borax.
- Drawn upward—Anus feels as if d. Plumb.
- Dread of death with thoughts of suicide. Alum.
- Dread of death when alone. Ars., Kali-c.
- Drown—Desires to drown herself. Ant-c., Bell., Dros.,  
Hell., Hyos., Puls., Rhus-t., Sec., Sil.
- Dreads open air. Caps., Kali-c.
- Dribbling of urine after labor. Arn.
- Drink and food renew diarrhœa. Coloc., Crot-t., Ferr-m.,  
Staph.
- Drink—Can only d. in little sips, from want of breath.  
Arg-n., Nitr.
- Drinks often but little at a time. Apis., Ars., Arum-t.,  
China, Hyos., Tart-em., Ver-a.
- Drops of water—As if d, trickled down front of thighs.  
Acon.
- Dyspnœa with every labor pain. Lob-inf.
- Earache as from something forcing its way out. Natr-s.,  
Puls.
- Ears—As if hot blood rushed into e. Lyc.  
Cracking in e. when masticating—Alum., Calc-c., Natr-m.,  
Nitr-ac., Sil.  
Hot exhalation passes out of e. Canth.
- Eat—Bellyache at every attempt to e. Calc-ph., Cic-v.
- Eating—Headache ceases while e. but returns soon after.  
Lith-c.  
Relieves colic. Bov., Bry., Calc-c., China, Ferr-m.,  
Natr-c.  
Relieves mouth and throat symptoms. Benz-ac.  
Sweat during and after e. Arg-m., Nitr-ac.  
Sweat on face while e. Natr-m.  
Sweat while e. Arg-m., Benz-ac., Ign., Merc., Natr-m.,  
Nitr-ac.
- Eats freely, yet loses flesh all the time. Iod., Natr-m.  
Only dinner, no appetite for other meals. Carbo-v., Cycl.  
The more he e. the more he craves. Lyc.  
Egg—As if an undigested, hard-boiled e. lay in stomach.  
Abies.

- Eggs—As if white of e. had dried on face. Alum., Bary-c.  
 Calad., Graph., Magn-c., Phos-ac., Sulph-ac.  
 Cannot eat e. prepared in any way. Staph.
- Eight days—Sick headache every e. Iris-v., Phos.
- Emaciation—Rapid e. of throat and neck in summer,  
 Natr-m.
- Embrace—Nausea during an e. Sil.
- Emotions—Diarrhœa after sudden e. Gels., Ign., Opi.,  
 Phos-ac.
- Enlarged and extended upward (vertex feels as if). Lachn.  
 Head feels as if e. Act-rac., Apocy., Arg-n., Bov., Coral-  
 lium, Dulc., Glon., Lachn., Magn-acet., Meph., Merc-  
 jod-rub., Natr-c., Natr-m., Nux-m., Plat., Ran-b.,  
 Ran-s., Sulph., Therid.
- Heart feels as if e. Sulph.
- Eruclations and pruritis from eating meat. Ruta-g.
- Evening.—Appetite in e., none in morniug. Benz-ac.
- Exhalation very painful and difficult. Merc.
- Exhaling—Sharp stitches in left chest on e. Ant-c.
- Exhausted—Completely e. in morning on awakening. Aur-m.
- Expulsion of soft stool difficult. Ang-c., Alum., Anac.,  
 China, Natr-c., Natr-s., Nux-m., Psor., Rhod., Sep.,  
 Tarax.
- Eyeballs—Intense pain in center of e. Act-rac.  
 Pains in e. relieved by stooping. Acon.  
 Upper half of e. sore when moved. Acon., Lob-inf.
- Eyelid—Puffiness of right upper e. Bry.
- Eyelids—Bag-like swelling of upper e. Bry., Kali-c.  
 Swelling of lower e. Apis., Kali-c.
- Eye—Cold feeling in e. as from a cool wind. Berb.  
 Diplopia after injury to e. Arn.  
 Feels as if retracted into orbit Bry.  
 Twitching of muscles under left e. Æsc.  
 Right e. squints toward nose. Alum., Hyos.  
 Motions of one e. independant of other. Phyt.  
 Sensation in each e. when reading as if it would be pressed  
 asunder. Asar.
- Eyes—As if hair hung over e. and had to be wiped away.  
 Euphr.  
 As if brain would start out through e. Acon.

- Bag-like swelling under e. Apis., Kali-c.  
 Cold feeling behind e. Calc-ph.  
 Feels as if drawn back into head by a string. Paris.  
 Feel as if pressed into head. Bell.  
 Feel as if sand were in them. Acon., Am-m., Bell.,  
 Caust., China, Euphr., Flour-ac., Hep-s-c., Ign., Lach.,  
 Led-p., Phyt., Sulph., Zing.  
 Feel as if spasmodically rotated. Sec.  
 Feels as if starting from sockets. Bell.  
 Headache as if e. were being torn out. Cocc.  
 Sensation of coldness in e. Alum., Plat., Spong.  
 White stars before e. with vertigo. Alum.  
**Face**—Aching in f. better from smoking.  
 As if flies and spiders were crawling over f. Laur.  
 As if white of egg had dried on f. Alum., Bary-c.,  
 Calad., Graph., Magn-c., Phos-ac., Sulph-ac.  
 As of something crawling over f. Lachn., Laur.  
 Bloating of f. only when lying down. Apocy.  
 Feels as if cobwebs were on f. Alum., Boracic-ac., Bo-  
 rax, Brom., Calad., Graph., Ran-s.  
 Feels as if swollen. Bary-c.  
 Nose bleed after washing f. Arn.  
 Sensation as if f. was growing larger. Acon.  
 Shiny, as if greasy. Natr-m., Plumb., Selen., Thuja.  
 Sweat on f. during eating. Natr-m.  
 Whole f. feels heavy. Acon.  
 Fainting on raising head from pillow. Apocy.  
 Faint sensation on going down stairs, can go up easily.  
 Stann.  
**Fall**—Child fears it will f. when carried in arms. Gels.  
**Falling**—Feels as if f. to left. Eupat-perf., Eupat-purp.  
**Fauces**—Feels as if red-hot ball had lodged in f. Phyt.  
**Fear of death**, predicts day of death. Acon., Apis.  
**Fears being left alone**. Ars., Camph., Clem., Coni., Kali-c.,  
 Mez., Sep., Ver-a.  
**Fears being left alone lest he injure himself**. Ars.  
**Fears death, thinks will die**. Acon., Act rac., Alum., Anac.,  
 Apis., Ars., Asaf., Cann-s., Cocc., Gels., Glon., Kali-c.,  
 Lach., Lob-inf., Natr-s., Phos., Phyt., Podo., Rhus-t.,  
 Sil., Squilla, Stram., Zinc-m.

- Fears even the possibility of being touched. Arn.  
 Fears will be damned. Lach.  
 Fears unless constantly on the move, heart will stop beating.  
     Gels.  
 Feeling as if last drops of urine remained behind. Arg-n.  
 Feels as if bowels must be constantly supported. Agn-c.  
 Feels as if diarrhœa would set in. Act-rac., Agn-c., Aloe.,  
     Ant-c., Angustura, Borax, Coni., Hel., Lil-t., Meph.,  
     Ran-s.  
 Feels as if had two wills, one commanding to do what other  
     forbids. Anac.  
 Feels as if heart stopped beating. Cimex, Rumex-c.  
 Feels like doing something cruel. Abrot.  
 Feels pains during sleep. Nitr-ac.  
 Feet cold, hands warm. Acon., Ars., Sep.  
 Feet feel as if in cold water. Gels.  
 Feet feel as if rising up while head remains still. Phos-ac.  
 Feet—Soles of f. burn at night, wants to put them out from  
     under bedclothes. Cham., Sulph.  
 Feet warm, hands cold. Aloe.  
 Females—Nervous cough in f. from sunset to sunrise.  
     Aur-m.  
 Few mouthfuls of food fill him up. Lyc.  
 Fiery, zig-zag appearance around all objects. Natr-m.  
 Fingers—Creeping in f. while writing. Acon.  
 Fire—Cough is increased by looking into f. Ant-c.  
 Flames seem to rise from stomach. Mancin.  
 Flatulence from excessive tea drinking. China.  
 Flatus—Cough is relieved by passing f. Sang.  
     Discharge of prostatic juice when passing f. Magn-c.  
     Is emitted from vagina. Brom., Lyc., Sang.  
     When passing f. feel as if stool would pass with it. Aloe.  
 Fluids—Only f. can be swallowed, solids are ejected. Natr-  
     m., Plumb.  
     Can scarcely be swallowed. Alum.  
     Go right through him. Arg-n.  
     Thirst, but aversion to f. Canth.  
 Fluttering in stomach, as from a bird. Calad.  
     Of heart, worse when lying down. Natr-m., Rumex.  
 Flying pains. Æsc., Alum., Apis, Arn., Camph., Carbo-v.,

- Cham., Kali-bi., Kalm., Lil-t., Mang., Meph., Merc-bij., Puls., Sil.
- Food—Can digest only highly-seasoned f. Fluor-ac., Hep-s-c., Nux-v., Staph.
- Food or drink renews diarrhœa. Coloc., Staph.
- Foot—One f. warm, other being cold. Lyc.
- Forcing—Earache, as is something were f. its way out. Natr-s., Puls.
- Forehead and vertex—As if cold wind was blowing over f. Laur.
- Forehead—As if board pressed against f. Dulc., Rhus-t.
- As if everything would press out at f. Acon., Amm-c.
- Cold sensation at small spot on f. Arn.
- Heaviness (sudden) in f. while eating. Æth-c.
- Sensation of round ball in f. not removed by shaking head. Staph., Ver-a.
- Forenoon—Despondent in f., lively in afternoon. Cann-s.
- Fright—After a f., fear of f. still remains. Opi.
- Fullness—Sensation of f. in hand when grasping. Caust.
- Fur cap—Wears a f., even in hottest weather. Psor.
- Gaslight is less painful than daylight. Kali-bi., Graph.
- Glass—Thinks she is made of g. Thuja.
- Globus hystericus. Amm-br., Asaf., Coni., Ign., Kalm., Magn-m., Plumb., Puls., Phyt.
- Going down stairs causes faint feeling, can go up stairs well enough. Stann.
- Greasy—Face shines as if g. Bry., Caust., Natr-m., Plumb., Selen., Thuja.
- Gressus gallinaceous. Ars., Aur-m., Ign., Lach., Magn-ph.
- Gripping in abdomen relieved by kneading. Natr-s.
- Groin to groin—Burning from g. Lil-t.
- Hallucinations of time and space. Alum., Cann-ind., Nux-m., Nux-v., Therid.
- Hammering pain over left eye. Ham.
- Hammers—Beating in stomach as from two h. Graph.
- Headaches as from little h. Natr-m., Psor.
- Hammer—Throbbing in cerebellum as from a h. Camph.
- Hair—As if the hair on vertex was pulled. Acon., Ind. Nitr.
- As if h. stood on end. Acon., Spong.

Becomes entangled at ends and cannot be separated.

Borax, Fluor-ac.

Feeling as of a h. on tongue. Kali-bi., Natr-m., Sil.

Feeling as of a h. in throat. Ars., Kali-bi., Sulph.

Seems as if a h. hung over eye, and must be brushed away.

Euphr.

Takes cold from having h. cut. Bell.

Hands hot, feet cold. Acon., Ars., Sep.

One hand cold, other being warm. China, Dig., Ipecac.

Pricking, swollen feeling of h. after washing them. Æsc.

Sensation of fullness in h. when grasping anything.

Caut.

Hanging down—Stomach feels as if h. Ipecac., Staph.

Hanging in water—Stomach feels as if h. Abrot.

Hat—Headache is better when wearing h. Apis.

Headache worse from pressure of h. Calc-ph., Carbo-v.,

Crot-tig., Glon., Nitr-ac.

Haunted by a disposition to commit suicide. Caps.

Headache—After bathing in river. Ant-c.

After bathing or washing. Ant-c., Calc-c., Canth., Puls.

After drinking milk. Brom.

After eating veal. Nitr.

Alternates from side to side. Lil-t.

Alternates with diarrhœa. Podo.

Alternates with back ache. Aloe.

As from a nail driven into left side of head. Natr-m.

As from a nail driven into right side of head. Agar.

As from a nail thrust into temple. Arn., Coffea., Ign.

As if from little hammers. Natr-m., Psor.

As if a hot iron was bound around head. Acon.

As if a nail was driven into head. Agar., Amm-br., Arn.,

Coffea., Hep-s-c., Nux-v., Ruta, Thuja.

As if a nail was driven out through head. Ign.

As if a plug was thrust quickly by increasingly severe blows in head. Sulph-ac.

As if caused by hunger. Sil.

As if eyes were being torn out. Cocc.

Begins in morning, grows milder as day advances.

Cact-gr.

Begins in morning, increases till noon, ceases in evening.

- Kali-bi., Kalm., Natr-m., Sang., Spig., Sulph.  
 Better from closing eyes and moving head to and fro.  
 Agar.  
 Better from looking cross-eyed. Oleand.  
 Better from stooping. Cina., Coni., Hyos., Ign., Mang.,  
 Mez., Nux-v., Viola.  
 Better from tight bandaging. Arg-n.  
 Better from wrapping head up warmly. Natr-m., Nux-  
 v., Rhod., Sil., Thuja.  
 Better when wearing hat. Apis.  
 Binding up hair relieves headache. Nitr.  
 Ceases on one side only to continue more violently on  
 other side. Natr-m.  
 Ceases while eating but returns soon after. Lith-c.  
 Cold washing temporarily relieves h. Ars.  
 Compels him to stand or walk. China.  
 Daily at 11 A. M. Spig.  
 Every day at same hour. Act-rac., Mur-ac., Spig.  
 Every other day. Phos.  
 Every seven days. Phos., Sang., Sil., Sulph.  
 Every six weeks. Magn-m.  
 From 7 A. M. to 2 P. M. Ars.  
 Hungry during h. Elaps., Phos.  
 Lasts all night. Cist-can., Cupr-m., Vera.  
 Of school-girls. Calc-ph., Natr-m., Phos-ac.  
 Of school-girls with diarrhœa. Calc-ph.  
 Relieved by copious urination. Gels., Sang., Sil.  
 Relieved by looking steadily at one point. Agn-c.  
 Relieved by cold applications. Asar., Aloe., Bry., Cham.,  
 Cycl., Glon., Spig., Tart-em., Zinc-m.  
 Relieved by sneezing. Lil-t.  
 Hot applications relieve h. Bell. Sil.  
 Sun—H. comes on and goes off with s. Kali-bi., Kalm.,  
 Natr-m., Sang., Spig., Sulph.  
 Time-table—One A. M. Pallad.  
 One to 10 P. M. Magn-c., Plat., Sil.  
 Two to 7 P. M. Bad.  
 Three A. M. Bov., Kali-c., Thuja.  
 Three to 4 A. M. Thuja.  
 Three P. M. Apis.



- Four to 6 A. M. Bry., Nux-v., Sulph.  
 Four to 8 P. M. Caust., Hel., Lyc.  
 Four P. M. till evening. Caust.  
 Four P. M. till 3 A. M. Bell.  
 Five A. M. Kali-hyd.  
 Five to 10 P. M. Puls.  
 Five to 6 A. M. Phos.  
 Six to 7 A. M. Podo.  
 Six to 8 P. M. Merc-jod-rub.  
 Six to 7 P. M. Puls., Rhus-t.  
 Seven to 9 A. M. Eupat-perf.  
 Seven P. M. Bad., Rhus-t.  
 Eight A. M. Chloralum.  
 Ten to 11 A. M. Natr-m.  
 Eleven A. M. Ipecac., Sulph.  
 Eleven A. M. to 12 M. Ipecac.  
 Eleven P. M. Cact-gr.  
 Twelve M. to 2 P. M. Ars., Dulc.
- When in a crowd. Magn-c.  
 Worse from pressure of hat. Calc-ph., Carbo-v., Crot-  
 tig., Glon., Nitr-ac.  
 Worse from thinking intently. Arg-n.
- Head—As if both sides of h. were in a vise. Æth., Alum.,  
 Merc., Natr-m., Puls.  
 As if drops of cold water were falling on h. Cann-s.  
 As if everything in head was alive. Petr., Sil.  
 As if sharp points of ice touched h., or as if cold needles-  
 pierced it. Agar.  
 As if top of h. would fly off. Act-rac., Alum, Bapt., Cact.,  
 Cann-s., Cupr., Kali-bi., Kobalt., Lith-c., Lach.  
 Boring of h. in pillow. Apis, Bell., Hell., Stram., Sulph.  
 Chilliness of left side of h. Lob-inf.  
 Confusion of h. is relieved by nosebleed. Cham.  
 Covering on h. is intolerable. Led. (See Psor., Sil.)  
 Feels as if becoming larger. Act-rac., Apocy., Berb.,  
 Corallium, Glon., Kobalt., Merc., Natr-c., Nux-m.,  
 Nux-v., Ran-b., Spig., Zing.  
 Feels as if calvarium was removed. Arum-t., Cann-ind.  
 Feels as if constricted by a tape. Graph., Nitr-ac., Plat.,  
 Sulph.

- Feels as if enlarged. Arg-n., Berb., Bov., Glon., Mang-acet., Meph., Merc., Natr-c., Nux-m., Nux-v.
- Feels as if filled with water. Robin., Samb.
- Feels during stool as if it became larger. Kobalt.
- High—Wants to lie with head h. Acon., Caps., Natr-m., Spig., Stront., Sulph.
- Imagines she can lift h. off, that it belongs to another. Therid.
- Is in constant motion. Agar.
- Pain as if a nail was driven into right side of h. Agar.
- Pains in h. are better during meals. Lith-c., Phell.
- Rolls h. from side to side. Hell., Podo., Teucr.
- Rubbing h. temporarily relieves the pains in h. Ars.
- Sensation as of a hoop around h. Æth., Merc., Sulph., Therid.
- Top of h. feels as if opening and shutting. Act-rac., Cann-ind., Cocc.
- Hear—Cannot h. human voice. Ars.
- Hears better when on cars. Puls.
- Heart—As if a cap was over h. (spine is affected). Zinc-m.
- As if drops of cold water were falling from h. Cann-s.
- As if something alive in h. Cycl.
- Beats more rapidly when lying on back. Ars.
- Bruised feeling at base of h. Arn.
- Burning about h. Æsc., Carbo-v., Kali-c., Opi., Puls., Rumex, Ver-v.
- Cold sensation about h. Kali-bi., Petr.
- During three beats of h. apex strikes only one. Acon.
- Fears that unless constantly on the move h. will stop beating. Gels.
- Feels as if constricted by an iron hand. Cact-gr.
- Feels as if crowded. Eupat-perf.
- Feels as if enlarged. Sulph.
- Feels as if grasped suddenly and then released. Lil-t.
- Feels as if it would stand still. Lob-inf.
- Feels as if on right side. Borax.
- Feels as if squeezed in a vise. Lil-t.
- Feels as if h. stopped beating. Chin-ars., Cic-v., Rumex, Tabac.
- Feels as if working in water. Bov.

- Fluttering of h. is worse when lying. Natr-m.  
 Fourth beat intermits. Apis., Nitr-ac., Tabac.  
 Intermits every 3, 5, or 7 beats. Nux-v.  
 Intermits every 4 or 5 beats. Nux-v.  
 Intermits every 10 to 30 beats. Lach.  
 Third beat intermits. Mur-ac., Natr-m.  
 Warm sensation about h. Cann-s.  
 Heaviness (sudden) in forehead while eating. Æth.  
 Heavy—Whole face feels h. Acon., Alum., Nicc.  
 Hollow—Body feels h. Kali-c.  
 Hollow sensation in occiput. Staph.  
 Hoop—Sensation of a h. around head. Æth., Merc., Sulph.,  
 Therid.  
 Hot applications relieve headache. Bell., Sil.  
 Hot exhalation passes out from ears. Canth.  
 Hot iron—Headache, as if a h. was bound around head. Acon.  
 Horseback riding relieves the pain in bladder. Lyc.  
 Hunger after eating a full meal. Arg-m., Aur-m., China,  
 Lyc.  
 Immediately after a stool. Petr.  
 Keeps him awake at night. Abies-n., Petr.  
 Hungry only for supper. Natr-m.  
 Ice—As of a lump of i. lying on back between shoulders.  
 Lachn.  
 Sensation as if a lump of i. lay in stomach. Bov.  
 As if sharp points of i. touched head or cold needles pierced  
 it. Agar.  
 Ice-cold drinks—Desire for i. Acon., Ailanth., Bell., Bry.,  
 Cocc., Croc., Dulc., Euphorb., Natr-s., Phos., Rhus-  
 t., Thuja., Ver-a.  
 Ice cream—Longing for i. Eupat-perf., Phos.  
 Imagines he is hovering or flying in air. Asar., Mancin.,  
 Nux-v., Sticta, Valer.  
 Impressions—Unusually deep i. after use of blunt instru-  
 ments. Bov.  
 Incurable—Thinks is i. Alum., Cact-gr., Lil-t.  
 Infraorbital, left-sided neuralgia. Arg-n., China.  
 Injury to the eye—Diplopia after i. Arn.  
 Inspiration double, sobbing. Led-pal.  
 Intolerance of milk in nursing children. Æth., Sil.

- Involuntary motions continue during sleep. Ign., Nux-v.  
 Cease during sleep. Agar., Cocc., Hell.
- Inverted—Objects appear i. Bell.
- Involuntary urination when coughing. Ant-c., Caust., Colch.,  
 Ferr-ph., Kreos., Natr-m., Puls., Rumex, Squilla,  
 Thuja, Ver-a., Zinc-m.
- Involuntary motions of one arm and one leg. Apoc.,  
 Calc-c.
- Involuntary stool when coughing. Phos.
- Irresistible desire for sugar or sweets. Arg-n.
- Itching intolerable at tip of coccyx. Bov.
- Itching over body without any eruption. Dolich.
- Itching on back when undressing. Natr-s.
- Jerking—Cough is preceded by j. in hips. Ars.
- Jerks up and down spine. Agar.
- Kidneys—Burning in k., can trace their outline by the burn-  
 ing. Hel.
- Kneading relieves griping in abdomen. Natr-s.
- Knee-elbow position relieves colic. Coni.
- Knife—As if a k. was drawn transversely through head from  
 left side. Arn.  
 Pain in occiput as if k. pierced it. Coni.
- Knives—Piercing as if from k. between scapulæ. Natr-s.
- Labor—Dribbling of urine after l. Arn.
- Labor-pain—Dyspnœa with every l. Lob-inf.
- Larger—Head feels as if becoming l. Act-rac., Apoc.,  
 Berb., Corallium, Glon., Kobalt, Merc., Natr-m.,  
 Nux-m., Nux-v., Ran-b., Spig., Zing.
- Larger than usual—Objects appear l. Æth., Euphorb.,  
 Hyos., Laur., Natr-m., Nicc., Nux-m., Osmium, Ox-  
 ac., Phos., Plat.
- Larynx—Cold sensation in l. better after shaving. Brom.,
- Left arm feels as if bound to side. Acon.
- Left eye—Hammering pain over l. Ham.  
 Obscuration of l. in evening. Borax.
- Left half of body—Violent pains through l. about midnight.  
 Asaf.
- Left half of head feels as if asleep. Calad.
- Left mammary gland—Crawling as of insects above l.  
 Tart-em.

- Left mamma—Pain in left m. while child nurses in right.  
Borax.
- Left ovary feels as if crushed in a vise. Coloc.
- Left to right—Symptoms go from l., and from below upward. Benz-ac.
- Legs feel icy cold from knees down. Alum., Calc-c., Carbo-v., Tabac.
- Letters appear red when reading. Bell., Phos.
- Lie—Can only l. on back. Ferr-m.  
Can only l. on left side. Merc.  
Can only l. on right side. Phos.
- Light feeling of all limbs. Asar., Sticta.
- Limbs—Feeling as if l. did not belong to her. Agar., Opi.  
Feel excessively light. Asar., Sticta.  
Feel tired during repose. Acon., Magn-c., Rhus-t.
- Lively in afternoon, despondent in morning. Cann-s.
- Longing for death. Amm-c., Aur-m., Kreos.
- Long—Tongue feels as if too l. Æth.
- Looking cross-eyed relieves headache. Oleand.
- Looking down—Vertigo when l. Oleand., Spig.
- Looking up—Vertigo when l. Caust, Cina., Sang.
- Looking into fire increases cough. Ant-c.
- Looking steadily at one point relieves headache. Agn-c.
- Looseness—Sensation of l. of brain. Amm-c., Bar-c., Bell., Carbo-v., Cic-v., Croc-s., Guaiacum, Hyos., Kali-n., Lach., Lact., Natr-s., Nux-v., Rhus-t., Stann.
- Loses flesh all the time although he eats freely. Iod., Natr-m.
- Lower left and upper right sides are affected. Lyc., Natr-c.
- Lower limbs feel as if separated from body, and as if they belonged to someone else. Opi.
- Lower part of body only sweats. Croc-s.
- Lumbago alternates with headache. Aloe.
- Lungs feel as though air did not go deep enough into them.  
Caps.
- Lying down—Fluttering of heart is worse when l. Natr-m., Rumex.  
Heart symptoms are worse when l. Æsc., Angustura, Ars., Bar-c., Brom., Cact-gr., Coccus., Kali-n., Natr-c., Natr-m., Nux-v., Phos., Puls., Spong., Tabac.  
Menses cease on l. at night. Bov., Cact., Caust.

- Relieves the cough. Acon., Euphr., Mang-acet., Kali-bi.  
 Uterine symptoms are worse on l. Ambra., Ferr-m.  
 Lying on belly—Diarrhœa is better when l. Rhus-t.  
 Lying on right side relieves vomiting. Tart-em.  
 Lying on left side (better). Cina, Natr-c., Pallad. Worse.  
 Acon., Arn., China, Cinnab., Lyc., Phos., Puls.  
 Lying on painful side (better). Bry., Calc-c., Cham., Coloc.,  
 Puls., Sep. Worse. Bar-c., Hep-s-c., Iod., Nux-m.,  
 Ruta, Sil.  
 Lying on painless side (better). Fluor-ac., Nux-m. Worse.  
 Kali-c.  
 Lying on right side (worse). Lyc., Mang., Merc.  
 Many people being in room seem to take away breath.  
 Arg-n.  
 Many persons—Cough worse when in presence of m.  
 Ambra.  
 Masticating—Cracking in ears when m. Aloe, Alum., Bar-  
 c., Calc-c., Coloc., Graph., Natr-m., Nitr-ac., Sil.  
 Meat causes eructations and pruritus. Ruta.  
 Menses—After m. swelling of breasts. Cycl.  
 Breasts sore and painful at time of m. Coni., Hel., Phos.,  
 Zinc-m.  
 Cease at night. Bov., Castoreum, Caust.  
 Cease at night on lying down. Bov., Cact., Caust.  
 Cease when walking about. Sab.  
 During m. milk in breasts. Merc.  
 During suppressed m. milk in breasts. Lyc., Phos., Puls.  
 Eight to fourteen days too soon. Kalm.  
 Every two weeks. Bov., Calc-ph., Ceanothus, Elaps,  
 Indium, Ipecac., Magn-s., Lac-can., Rhus-r., Trill.  
 Flow less when moving about. Cycl., Sab.  
 Flow only at night. Bov., Zinc-m.  
 Flow only during day when walking about. Puls.  
 Flow only when she walks. Lil-t.  
 Headache ceases during m. but returns when they cease.  
 Al-cep.  
 Last only one hour. Euphr., Lach.  
 Milk in breasts during m. Merc.  
 Milk in breasts instead of m. Lyc., Phos., Puls.  
 Nosebleed during m. stops and returns again. Natr-s.

- Only every two or three months. Sil.
- Mental and physical systems alternate. Plat.
- Mental labor—Nausea from m. Aur-m.
- Mental symptoms worse on waking in morning. Alum.
- Metrorrhagia after coitus. Arn.
- Milk—Diarrhœa after taking m. Kali-c., Natr-c., Sep.  
 Does not agree. Calc-c., Nux-v., Sulph.  
 Craves m. which agrees. Chelid.  
 Headache after drinking m. Brom.  
 In breasts during menses. Merc.  
 In breasts instead of menses. Lyc., Phos., Puls.  
 Is intolerable to nursing children. Æth., Sil.  
 Sweet m. relieves pains in stomach. Ars.
- Morning—Completely exhausted in m. on awaking. Aur-m.  
 Mental symptoms are worse in m. on awaking. Alum.  
 Pressing and pushing toward genitals, must sit down to prevent prolapsus. Natr-m.
- Morning diarrhœa drives him out of bed. Aloe., Bry., Dios.,  
 Hyper, Natr-s., Nux-v., Phos., Podo., Rumex, Sulph.
- Motion decreases menstrual flow. Cycl., Sab.
- Motion relieves palpitation of heart. Magn-m.
- Motions—Involuntary m. of one arm and one leg. Apoc.
- Mouth and throat symptoms are relieved by eating. Benz-ac., Berb.
- Mouth—Chewing motion of m. Acon., Bell., Bry., Cham.,  
 Cic-v., Hell., Ign., Lact., Moschus, Ver-a.  
 Cold feeling in m. Camph., Plat., Tart-em., Ver-a.
- Muscles feel as if firmly but not spasmodically contracted.  
 Acon.
- Muscles will not obey will on attempting to move. Gels.,  
 Stram.
- Music makes her sad, is unbearable. Acon., Dig., Kreos.,  
 Natr-c., Natr-m., Natr-s., Nux-v., Sabad., Sab.,  
 Thuja, Viola-od.
- Must sit down to prevent prolapsus. Natr-m.
- Nail—Headache, as from a n. driven into head. Agar.,  
 Amm-br., Arn., Coffea, Hep-s-c., Ign., Natr-m.,  
 Nux-v., Ruta., Thuja.  
 Headache as if a n. was driven into left side of head.  
 Natr-m.

- Headache as if a n. was driven into right side of head.  
 Agar., Coffea, Ign.
- Headache as if a n. was thrust into temple. Anac., Arn.,  
 Coffea, Ign.
- Pain in head as from a n. driven out through side of head.  
 Ign.
- Nausea during embrace. Sil.
- Nausea from mental labor. Aur-m.
- Near—Objects appear too n. Bov., Cic-v., Stram.
- Neck and throat emaciate very rapidly in summer. Natr-m.
- Neck of bladder—Burning in n. when not urinating. Acon.
- Neck—Pains in back of n. worse when child nurses. Puls.
- Needles—As if cold n. pierced head. Agar.
- Pains as from red-hot n. Ars.
- Neuralgia—Infraorbital, left-sided n. Arg-n.  
 Coming on and going off with sun. Glon., Kali-bi.,  
 Kalm., Natr-m., Sang., Spig.
- Never-get-done feeling, with diarrhœa. Aloe., Merc.
- Night—Headache lasts all n. Cist-can.
- Night while lying—Palpitation worse at n. Benz-ac., Kali-  
 n., Ox-ac., Viola-od.
- Nipples—Sensation as if air streamed from n. Cycl.
- Noon—Sneezing for an hour at n. Cimex.
- Nosebleed after washing face. Amm-c., Arn.  
 During menses stops and returns again. Natr-s.  
 Relieves head. Cham., Petr.
- Nose—Stitch in n., as from a splinter. Nitr-ac.
- Nostrils—Smoky, sooty look of n. Hell., Hyos.
- Numb feeling all over. Act-rac., Ambra, Asclepias.
- Nurses—Child vomits every time it n. Æth., Sil.  
 Pains in back of neck are worse when child n. Puls.
- Objects appear black. Caps., Cic-v., Graph.  
 Blue. Act-s.  
 Red. Bell., Coni., Hep-s-c., Hyos., Nux-m.  
 Smaller. Glon., Hyos., Merc-c., Plat., Stram., Thuja.  
 Too near. Bov., Cicuta, Stram.  
 Yellow.. Alum., Canth., Chelid., Amyl, China, Chin-s.,  
 Dig., Iod., Podo., Plumb-m.
- To be divided horizontally, sees only one half. Aur., Sep.
- Inverted. Bell.



- Larger than usual. Æth., Euphorb., Hyos., Natr-m.,  
Nux-m., Nicc., Nux-v., Osmium, Ox-ac., Plat., Phos.
- Obscuration of left eye in evening. Borax.
- Occiput—Crawling beneath skin of o. Brom.  
Pain in o., as if pierced with knife. Coni.  
Feeling in o. like a door opening and shutting. Cocc.
- Oil—Taste in mouth as if teeth were covered with oil. Æsc.,  
Magn-acet.
- Onanism during sleep. Carbo-v.
- Opening and shutting—Top of head feels as if o. Act-rac.,  
Cann-ind., Cocc.
- Open—Uterus feels as if os was wide o. Lach.
- Ovarv—Left o. feels as if crushed in a vise. Coloc.
- Over-estimation of one's self, pride. Plat.
- Oysters—Desire for o. Apis., Lach., Lyc., Natr-m., Rhus-t.  
Diarrhœa after eating o. Brom.
- Pain in left side of abdomen when lying on right side, and  
vice versa. Graph.
- Pain in left breast when child nurses right one. Borax.
- Painlessness with all ailments. Laur.
- Pain—Thinking about an existing p. causes it to disappear.  
Camph.
- Pains as from red-hot needles. Ars.  
Come and go suddenly. Bell., Eupat-perf.  
In head shift to side on which he lies. Puls.  
Worse when sitting bent. Alum., Agn-c. Kalm.
- Paleness of one cheek, redness of other. Acon.
- Palpitation relieved by motion. Magn-m.  
Worse at night when lying down. Æsc., Angustura, Ars.,  
Bar-c., Benz-ac., Brom., Cact., Coccus, Kali-n.,  
Natr-c., Natr-m., Nux-v., Phos., Puls., Spong., Tabac.
- Perception of distant things, clairvoyance. Acon., Cann-ind.
- Periosteum feels as if scraped with a knife. Phos-ac.,  
Rhus-t.
- Perpendicular half-sight in cataract. Caust.
- Photomania. Acon., Amm-c., Bell., Stram.
- Physical and mental symptoms alternate. Croc-s., Plat.
- Piercing, as from knives, between scapulæ. Natr-s.
- Picks at bedclothes. Arn., Hyos., Lyc., Mur-ac., Opi.,  
Psor., Ver-v.

- Places—Thinks is in two p. at one time. Lyc.  
 Pleasurable surprise (bad effects of). Coffea.  
 Plug—Headache, as if a p. was thrust suddenly into head by increasingly severe blows. Sulph-ac.  
 Potatoes disagree. Alum., Coloc., Natr-c.  
 Pregnancy—During p. vomits supper, and also before breakfast. Kreos.  
 Pressed asunder—Sensation in each eye when reading as if it would be p. Asar.  
 Pressed into head—Eyes feel as if p. Bell., Cocc.  
 Pressure—Feeling of p. in vagina or uterus when stooping. Lyc.  
 In womb, as if something would come out. Ant-c.  
 Of hat, aggravates headache. Calc-ph., Carbo-v., Crot-tig., Glon., Nitr-ac.  
 Relieves colic. Alum., Asaf., Coloc., Magn-ph.  
 Pricking, swollen feeling in hands after washing them. Æsc.  
 Prolapsus—Must sit down in morning in order to prevent p. Natr-m.  
 Feels better after coitus. Merc.  
 Prosopalgia after suppressed ague. Natr-m.  
 Prostatic fluid—Discharge of p. when passing flatus. Magn-c.  
 Pruritus and eructations after eating meat. Ruta.  
 Puffiness of right upper eyelid. Bry.  
 Pulled by the hair—Feels as if p. Acon., Alum., Æth., China, Canth., Iod., Magn-c., Magn-m., Rhus-t., Selen.  
 Pupils alternately dilate and contract in same light. Cann-s  
 Rectum feels as if a stick was in it. Rumex.  
 Feels as if full of small sticks, Æsc.  
 Red hot ball—Feels as if r. had lodged in fauces. Phyt.  
 Red—Letters appear r. when reading. Bell., Phos.  
 Objects appear r. Bell., Coni., Hep-s-c., Hyos., Nux-m.  
 Redness of one cheek, paleness of other. Acon.  
 Red urine—Pain across back with r. Kali-bi., Lyc.  
 Repeats all questions before answering them. Zinc-m.  
 Repetition of symptoms every 5, 6 or 12 weeks. Ant-c.  
 Retracted—Left eye feels as if r. into orbit. Bry.  
 Rheumatic and gastric symptoms alternate. Kali-bi.  
 Rheumatism after checking diarrhœa. Abrot.

- Right eye—Neuralgia in and about r. Bell., Carbo-a., Chin-s., Coloc., Natr-m., Sang.
- Right scapulæ—Pain under inferior angle of r. Chelid.
- Right side—Heart feels as if on r. Borax.
- When turning to r. a hard body seems to roll from navel to that side. Lyc.
- Right temple—Cold sensation in r. Berb.
- Rotated—Eyes feel as if spasmodically r. Sec.
- Rocking sensation after lying down. Calad., Natr-m.
- Rubbing relieves pain in head temporarily. Ars.
- Sailors—Asthma of s. as soon as they go ashore. Brom.
- Sand—Eyes feel as if s. were in them. Acon., Amm-br., Apocy., Aur-m., Bell., Caust., China, Euphr., Fluor-ac., Hep-s-c., Ign., Lachn., Led., Mosch., Phyt., Sulph., Zing.
- Scapula—Pain under inferior angle of right s. Chelid.
- Scapulæ—Burning between s., as from hot coals. Lyc.
- Piercing, as from knives, between s. Natr-s.
- Scattered about—Body feels as if s., tries to get pieces together. Bapt.
- School girls—Headaches of s. Calc-ph., Natr-m., Phos-ac.
- Headaches of s. with diarrhœa. Calc-ph.
- Scraped—Periosteum feels as if s. with knife. Phos-ac., Rhus-t.
- Screwed together—Temple feels as if s. Lyc.
- Sees only the left half of an object distinctly. Lyc.
- Sensation as if pulled by the hair. Acon., Alum., Canth., Indium., Iod., Magn-c., Magn-m., Nitrum, Rhus-t., Selen.
- Seven days—Headache every s. Sang., Sil.
- Seventh day—Symptoms appearing every s. Canth., Sang., Sil.
- Sharp stitches in left chest on exhaling Ant-c.
- Shaving—Cold sensation in larynx, better after s. Brom.
- Shift—Pains in head s. to side on which he lies. Puls.
- Shiny look of face as if greasy. Natr-m., Plumb., Selen., Thuja.
- Shivering ascends from feet to chest. Acon.
- Shooting—Inclined to suicide by s. himself. Ant-c., Aur-m., Carbo-v., Hep-s-c., Natr-s., Nux-v., Puls.

- Shorter—Arms feel much s. Æth., Alum.
- Shoulders—As of a lump of ice lying on back between the s.  
Lachn.
- Sick-headache every eight days. Iris.
- Sitting—Tired feeling, especially when s. Acon., Magn-c.,  
Rhus-t.
- Headache better when s. up. Bell., Coccus, Glon.
- Sit up—Must s. in order to turn over in bed. Nux-v.
- Six weeks—Headache every s. Magn-m.
- Sleep aggravates all symptoms. Ailanth., Alum., Cocc.,  
Euphr., Lach., Arn., Selen., Valer.
- Onanism during s. Carbo-v.
- Feels pains during s. Nitr-ac.
- Worse after long s. Arn.
- Sleepy but cannot s. Act-rac., Bell., Cham., Cupr-m., Ferr-  
m., Natr-m., Opi., Samb., Sil.
- Sleeps best lying on belly. Acet-ac.
- Slowly—Time passes too s. Alum., Arg-n., Nux-v.
- Smaller—Objects appear s. Glon., Merc-c., Plat.
- Smoke—Desire to s. increased. Glon.
- Smoking relieves aching in face. Clem.
- Relieves headache. Diad.
- Sensation after smoking as if diarrhœa would set in. Borax.
- Smoky, sooty look of nostrils. Hell., Hyos.
- Smothering sensation when falling asleep. Arum-t.
- Sneezing—Coughing spells end with s. Agar., Bell.
- Sneezing for an hour at noon. Cimex.
- Sneezing relieves headaches. Lil-t.
- Sockets—Eyes feel as if starting from s. Bell.
- Softening—Thinks her brain is s. Abrot.
- Soft stool requires much straining. Agnus., Alum., Anac.,  
China, Natr-c., Natr-s., Nux-m., Psor., Rhod., Sep.,  
Tarax.
- Soles of feet burn at night, wants them out from under bed-  
clothes. Cham., Sulph.
- Solids—Can only swallow s. Lach.
- Sore feeling in upper half of eyeballs when moved. Acon.
- Sounds—Cannot tell from which direction s. come. Carbo-a.
- Space and time—Hallucinations of s. Alum., Cann-s., Nux-  
m., Nux-v., Therid.

- Speaks the truth never. Ver-a.
- Spiders—As if flies and s. were crawling over face. Laur.
- Spine—Crawling in s., as from beetles. Acon.
- Jerks up and down s. Agar.
- Sensation as of ants creeping along s. Agar.
- Spitting cotton. Berb., Nux-m., Natr-m., Puls.
- Splinter—Feeling as of s. in throat. Alum., Arg-n., Dolich.,  
Hep-s-c., Natr-m., Nitr-ac.
- Pain in urethra, as from s. Arg-n.
- Stitch in nose, as from s. Nitr-ac.
- Squeezed by a hand, uterus feels as if. Gels.
- Squinting of right eye toward the nose. Alum.
- Standing—Headache better when s. Tarax.
- Stool passes better when s. Caust.
- S. still during walk starts cough. Ign.
- Stand or walk—Headache compels him to s. China.
- Stand still—Feeling as if heart would s. Lob-inf.
- Stars—White s. before eyes, with vertigo. Alum.
- Stick—Feeling as of s. in rectum. Æsc., Rumex.
- Sticks—Rectum feels as if full of small s. Æsc.
- Stinging and burning in left orbit, as if pain surrounded ball.  
Æsc.
- Stir about—Must s. although motion is painful. Bapt.
- Stitches—Sharp s. in left chest when exhaling. Ant-c.
- Stomach—As if a cold stone lay in s. Acon., Ars.
- As if an undigested hard-boiled egg lay in s. Abies-n.
- As if s. drew into a lump and then suddenly opened again.  
Mancin.
- Boring in s., as if it would be perforated. Natr-s.
- Chilliness in s. better after vomiting. Berb.
- Cough seems to be excited by something in s. Bell.
- Feels as if balanced up and down. Phos-ac.
- Feels as if hanging down. Ipecac., Staph.
- Feels as if hanging in water. Abrot.
- Flames seem to rise from s. Mancin.
- Fluttering in s. as from a bird. Calad.
- Feeling as if a lump of ice lay in s. Bov.
- Sensation as of something alive in s. Croc-s.
- Sweet milk relieves pains in s. Ars.
- Tickling in s. causes cough. Bry., Lach., Nitr-ac.

- Weak feeling in s. at 11 A. M. Sulph.
- Stones—Sensation like sharp s. rubbing together in abdomen.  
Cocc.
- Stood on end—Feeling as if the hair s. Acon., Spong.
- Stool—Desire for s. as soon as he eats. Aloe, Puls.  
Desire for s. while urinating. Aloe, Canth., Squilla.  
Feeling during s. as if head became larger. Kobalt.  
Hunger immediately after s. Petr.  
Involuntary s. when coughing. Phos.  
Passes better when standing. Caust.  
Soft s. requires much straining. Agn-c., Alum., Anac.,  
China, Natr-s., Natr-c., Nux-m., Psor., Rhod., Sep.,  
Tarax.
- Stools natural but too frequent and exhausting. Podo.
- Stooping relieves headache. Coni., Ign., Mang-acet., Hyos.,  
Mez., Nux-v., Viola.
- Relieves pains in eyeballs. Acon.
- Stove—Being near a warm s. increases chill. China.
- Strange—Well-known streets seem s. to her. Glon., Nux-m.
- Strangers—Presence of s. excites cough. Bar-c.
- Sucklings—Constipation of s. Alum., Hydr., Nux-v., Opi.
- Suddenly appearing and suddenly disappearing pains. Bell.,  
Eupat-perf.
- Sugar—Irresistible desire for s. Arg-n.
- Suicide—Desires to commit s. but lacks courage. China,  
Nux-v.
- Haunted by a disposition to s. Caps.
- Inclined to s. by shooting himself. Ant-c., Aur-m., Carbo-  
v., Hep-s-c., Natr-s., Nux-v., Puls.
- Suicidal mood—Ant-c., Aur-m., Bell., Caps., Carbo-v., China,  
Hep-s-c., Lach., Natr-s., Nux-v., Puls., Rumex, Spig.
- Sun—Headache or neuralgia coming on and going off with  
s. Coca, Glon., Kali-bi., Natr-m., Sang., Spig.
- Supper—Only hungry for s. Natr-m., Nitrum.
- Swallow—Can only s. fluids. Bapt., Crotalus, Natr-m.  
Plumb.
- Cannot s. fluids. Lach.
- Swallows constantly while talking. Staph.
- Swallowing—Worse when not s. Caps., Ign., Merc-bij.,  
Nux-v.

- Sweat ascends from feet to head. Bell.  
 Day and night, as soon as one sleeps, or even closes eyes.  
 Coni.  
 During and after eating. Arg-n. Nitr-ac.  
 On cheek on which he lies. Acon., Act-sp.  
 Only on front part of body. Agar.  
 Only on lower half of body. Croc-s.  
 Only on upper half of body. Dig., Opi.  
 Only on uncovered parts. Thuja.  
 Relieves headache and other pains. Natr-m.  
 Sweats even from talking. Iod.  
 Only during sleep. Nux-v., Plat., Puls., Thuja.  
 While eating. Arg-m., Benz-ac., Ign., Merc., Natr-m.,  
 Nitr-ac.  
 Sweet milk relieves pains in stomach. Ars.  
 Swelling of mammæ after menses. Cycl.  
 Swelling of under eyelids. Apis., Kali-c.  
 Swelling of upper eyelids. Bry., Kali-c.  
 Swollen—Face feels s. Bar-c.  
 Swollen, pricking feeling of hands after washing them. Æsc.  
 Symptoms alternate. Croc-s., Kali-bi., Plat.  
 Appearing every seventh day. Canth.  
 Go from left to right and from below upward. Benz-ac.  
 Often appear diagonally. Agar., Benz-ac., Lach., Lyc.  
 Talking—Even t. makes him sweat. Iod.  
 Swallows continually while t. Staph.  
 Tape—Feeling as if a t. prevented urination. Thuja.  
 Tea—Drinking causes flatulence. China.  
 Teeth—Taste in mouth as if t. were covered with oil. Æsc.,  
 Mang-acet.  
 Decay as soon as they appear. Kreos.  
 Temple—Headache as from a nail thrust into t. Anac.,  
 Agar., Arn., Coffea, Ign.  
 Pain in t. of side lain on. Puls.  
 Temples feel as if screwed together. Lyc.  
 Thighs—As if drops of water trickled down front of t. Acon.  
 Thinking about an existing pain causes it to disappear.  
 Camph., Cic-v., Hell.  
 Thinking intently increases headaches. Arg-n.  
 Thinks herself well. Kreos.

- Third beat—Pulse intermits every t. Natr-m.  
 Third week—Feels worse every t. Magn-c.  
 Thirst, with aversion to all fluids. Canth.  
 Thread—As if a ball of t. was moving and turning rapidly  
 in abdomen. Sabad.  
 Eyes feel as if drawn back into head by a t. Paris.  
 Throat and mouth symptoms are relieved by eating.  
 Benz-ac.  
 Throat—As if a ball was rising from t. into brain. Plumb.  
 As if something had stuck in t. Acon., Hep-s-c.  
 Feeling as of a splinter sticking in t. Alum., Arg-n.,  
 Dolich., Hep-s-c., Natr-m., Nitr-ac.  
 Feeling as of a hair in t. Sulph.  
 Sensation as of a ball rising in t. Asaf., Ign., Nitr-ac.,  
 Senecio.  
 Throbbing in cerebellum, as from a hammer. Camph.  
 Thunder storm—Worse at approach of t. Agar., Petr.,  
 Rhod., Zinc-m.  
 Tickling in stomach causes cough. Bry., Lach.  
 Tight bandaging relieves headache. Arg-n., Calc-c.  
 Time and space—Hallucinations of t. Alum., Cann-ind.,  
 Nux-m., Nux-v., Therid.  
 Time passes too slowly. Alum., Arg-n., Nux-v.  
 Tired feeling, especially when sitting. Acon., Magn-c.,  
 Plat., Rhus-t.  
 Of limbs during repose. Acon., Magn-m., Plat., Rhus-t.  
 Tongue—Feeling of a hair on t. Kali-bi., Natr-m., Sil.  
 Tongue feels too long. Æth.  
 Top of head feels as if opening and shutting. Act-rac., Cann-  
 ind., Cocc.  
 Toothache while infant is nursing. China.  
 Touched—Fears even the possibility of being t. Arn.  
 Touched or looked at—Child will not be t. Ant-c., Ant-t.,  
 Cina.  
 Triple vision. Sec.  
 Truth—Never speaks the t. Ver-a.  
 Twitching of muscles of left eye. Agar.  
 Two weeks—Menses every t. Bov., Calc-ph., Ceanothus,  
 Elaps, Indium, Ipecac., Magn-s., Lac-can., Rhus-r.,  
 Trill.



- Umbilicus—Burning at u., as from hot coal. Merc-prec.  
 Uncovering even hand causes cough. Hep-s-c., Rhus-t.  
 Under eyelids swollen. Apis, Kali-c. .  
 Unpleasant occurrences—Likes to recall and dwell on past u.  
     Natr-m.  
 Upper abdominal walls are drawn in during inspiration and  
     expand during expiration. Arg-n.  
     Eyelids are swollen. Bry., Kali-c.  
     Half of body only sweats. Dig., Opi.  
     Half of eyeballs are sore on moving them. Acon., Lob-inf.  
     Lip stiff, as if made of wood. Euphr.  
     Right and lower left side are affected. Lyc., Natr-c.  
 Urethra—Cutting and burning in u., worse when not urinating.  
     Berb.  
     Pain in u. as from a splinter. Arg-n.  
 Urging to stool constant. Natr-s.  
 Urinate—Cannot put hands in water or hear water running  
     without having to u. Kreos.  
 Urinates—Diarrhoea every time she u. Alum., Apis.  
 Urinating—Air passes from bladder when u. Sars.  
     Child screams with pain before u. Borax, Lach., Lyc.,  
     Sars.  
     Child screams with pain before and after u. Lyc., Sars.  
     Colic after u. Eupat-purp.  
     Desire for stool while u. Aloe, Canth., Squilla.  
     Pain in coccyx while u. Graph.  
     Relief of headache after u. Gels., Sang., Sil.  
 Urination—As if a tape prevented u. Thuja.  
     Backache relieved after u. Lyc.  
     Involuntary u. when coughing. Ant-c., Caust., Colch., Ferr-  
     ph., Kreos., Natr-m., Puls., Rumex, Squilla, Thuja,  
     Ver-a., Zinc-m.  
 Urine—Cannot bear least quantity of u. in bladder. Canth.,  
     Merc-bij.  
     Can only be passed sitting. Zinc-m.  
     Can only be passed standing. Sars.  
     Can only be passed on his knees, and his forehead pressed  
     against floor. Pariera-brav.  
     Is cold when passed. Agar., Nitr-ac.  
     Feels as if last drops remained behind. Arg-n.

- Must wait long time for u. to pass. Arn., Cann-ind.,  
Caust., Hep-s-c., Kali-c., Lyc., Mur-ac., Natr-m.
- Uterine symptoms worse when lying down. Ambra,  
Ferr-m.
- Uterus feels as if squeezed by a hand. Gels.
- Uterus feels as if os was open. Lach.
- Vagina—Burning in v. at same hour every day. Chelid.  
Burning in v., can hardly keep still. Sulph.  
Burning in v. during and after coition. Kreos., Lyc.,  
Natr-m., Sulph.
- Emissions of flatus from v. Brom., Lyc., Sang.
- Feeling of pressure through v. when stooping. Lyc.
- Veal causes headache, colic, or diarrhœa. Kali-n., Nitrum.
- Vertex and forehead—As if cold wind was blowing over v.  
Laur.
- As if the hair on v. was pulled. Acon., Indium, Nitrum.
- Cold sensation on v. Calc-ph., Laur., Mang., Natr-m.,  
Sep., Valer., Ver-a.
- Feels as if enlarged and extended upward. Lachn.
- Vertigo better after nasal catarrh sets in. Aloe.
- When walking on a bridge over water. Angustura, Ferr-  
m., Sulph.
- Worse when sitting. Amm-c., Apis., Bell., Calc-c., Cocc.,  
Crot-tig., Grat., Iod., Lach., Meph., Merc., Nitr-ac.,  
Phos., Puls., Ruta, Sep., Sil., Stann., Staph., Sulph.,  
Sulph-ac., Tellur., Viola.
- Vise—As if both sides of head were in a v. Æth., Alum.,  
Merc., Natr-m., Puls.
- Chest feels as if in a v. Æth.
- Heart feels as if squeezed in a v. Lil-t.
- Left ovary feels as if crushed in a v. Coloc.
- Voice sounds as if passing through wool. Agn-c.
- Voluptuous itching after coitus. Nitr-ac.
- Vomiting is relieved by swallow of cold water. Cupr-m.
- Vomiting of water as soon as it reaches stomach. Bism.
- Vomiting of water as soon as it becomes warm in stomach.  
Phos.
- Vomits before breakfast and after supper, during pregnancy.  
Kreos.
- Walking about relieves pains. Ferr-m., Gamboge., Glon.,

Iris, Kali-c., Kreos., Lob., Magn-m., Natr-m., Rhus-t., Sabad., Sep., Ver-a.

Walk or stand—Headache compels to w. China.

Wants to be carried about rapidly. Ars.

Wants to be carried about slowly. Puls.

Wait—Must w. long time before urine passes. Arg., Cann-ind., Caust., Hep-s-c., Kali-c., Lyc., Mur-ac., Natr-m.

Warm feet, cold hands. Aloe.

Warm hands, cold feet. Acon.

Warm sensation about heart. Cann-sat.

Washing—Better after w. Aur-m.

Washing chest with cold water relieves cough. Borax.

Water—As if drops of cold w. trickled down front of thighs. Acon.

Head feels as if filled with w. Robin., Samb.

Heart feels as if working in w. Bov.

W. is vomited as soon as it becomes warm in stomach. Phos.

W. is vomited as soon as it reaches stomach. Bism.

Weak feeling in stomach at 11 A. M. Sulph.

Wears fur cap even in hottest weather. Psor.

Well-known streets seem strange. Glon., Nux-m.

Well—Thinks herself well. Kreos.

White stars before eyes, with vertigo. Alum.

White stools. Acon., Bell., Colch., Copaiba, Dig., Dolich., Hep-s-c., Ign., Podo., Puls., Sulph.

Wills—Feels as if had two w., one commanding to do what other forbids. Anac.

Wind—As if a cold w. was blowing over forehead and vertex. Laur.

Discharge of w. through vagina. Brom., Lyc., Sang.

Womb—Consciousness of a w. Hel.

Pressure in w., as if something would come out. Ant-c.

Wood—Parts feel as if made of w. Kali-n., Nitrum., Petr., Thuja.

Wool—Voice sounds as if passing through w. Agn-c.

Worm—Feeling as from a w. in bladder. Bell.

Worse—After long sleep. Arn.

After sleep. Ailanth., Alum., Arn., Cocc., Euphr., Lach., Selen., Valer.

- At three in morning. Amm-c., Kali-c.  
 At approach of thunderstorm. Agar., Natr-c., Petr.,  
 Phos., Rhod., Zinc-m.  
 Every third week. Magn-c.  
 From consolation. Cact-gr., Ign., Natr-m.  
 From least inhalation of cold air (cough). Rumex.  
 From pressure of hat. Calc-ph., Carbo-v., Crot-tig.  
 When lying down (uterine symptoms). Ambra.  
 When not swallowing. Caps., Ign., Merc-bij., Nux-v.  
 When sitting bent. Alum.  
 From 4 to 8 P. M. Bov., Graph., Hell., Hep-s-c., Lyc.,  
 Magn-m., Natr-s.  
 Wounds—Small w. bleed excessively. Kreos., Lach., Phos.  
 Wrapping head up warmly relieves headache or neuralgia.  
 Ars., Mez., Magn-m., Nuv-v., Phos., Rhod., Sil.  
 Yellow—Objects appear y. Amyl., Alum., Canth., China,  
 Chin-s., Dig., Iod., Podo., Plumb.  
 Zinc-met. acts better when given in evening.

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#### COMPLICATIONS OF TONSILLOTOMY.

*Dear Sir:*

Desiring to present an article on the subject of "Complications of Tonsillotomy" at the next annual meeting of the Louisiana State Medical Society, I would request your readers to favor me with answers to the following questions:

1. Number of cases of Hypertrophy of faucial tonsils operated upon.
2. Complications occurring during these operations, stating nature of complications, and number of cases affected.
3. Method of operating in the cases in which these complications developed.

In publishing these cases, I shall omit the name of the physician who reported them if desired.

I shall mail a reprint of the article, which I shall present at the meeting, to those physicians who send me a report of their cases, as above.

Letters should be addressed to W. Scheppegrell, M. D., care of Eye, Ear, Nose, and Throat Hospital, New Orleans, La.

Very respectfully,

W. SCHEPPEGRELL, M. D.

# MATERIA MEDICA AND THERAPEUTICS

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## THE SELECTION OF THE HOMŒOPATHIC REMEDY.\*

BY TIMOTHY FIELD ALLEN, NEW YORK CITY.

The method of selecting the homœopathic remedy, promulgated by Hahnemann, required that the effects of the drug selected should correspond as closely as possible both in number and in character to those of the patient. This rule, requiring homœopaths to study the totality of the symptoms of the patient, must certainly be regarded as a safe one in practice, and a rule which must in many cases be carefully followed, but as homœopathic therapeutics has developed and its practice extended we see that this rule is usually disregarded, and that some who have endeavored to apply it have abandoned the practice of Homœopathy as too difficult or too laborious to be followed in ordinary prescribing, or have resorted to the use of polypharmacy.

The obstacles to the application of the rule requiring a totality of the symptoms, should receive careful attention. They seem to be, *first*, the exigencies of business. It is practically impossible for a physician to apply this rule and prescribe for many patients in a day. Even Hahnemann himself, it is said, was not only a careful prescriber, but a somewhat rapid prescriber, and it seems probable that he did not, in the majority of instances, apply this method. Since his time it has been observed that the greatest prescribers our school has known have been very rapid prescribers. This was notably the case with the late Dr. Lippe, of Philadelphia, who is said to have been one of the most accurate as well as one of the most rapid prescribers in the world.

*Second*, the difficulty in applying Hahnemann's rule of totality is frequently noticed in the lack of a complete development of essential symptoms in individuals, especially in epidemics, and it often happens that the proper prescription in a given case must be based upon additional symptoms observed

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\* Read before the World's Medical Congress at Chicago, May, 1893.

in other somewhat similar cases of the prevailing type of disease.

*Third*, the difficulty in applying the totality is nowhere so much experienced as in the imperfection of our symptomatology, due partly to the fact that the provings are insufficient in number to develop a complete parallel to the case in hand, or to the fact that the provers have carelessly observed and imperfectly recorded their symptoms. Incomplete symptoms may be said to be the rule in our *Materia Medica*.

The above practical difficulties to the application of Hahnemann's rule should lead to the revision in methods of teaching, of study and of the application of our *Materia Medica*. Fortunately, other methods are available for many cases, and must sometimes be resorted to. To these I briefly call your attention:

First.—The *impressionist* method, for I can call it by no better name, a physician who has studied well the development of the pathogeneses of any drug will obtain a more or less clear idea of its sphere of action and of its peculiarities, which will produce an impression apart from the memorizing of individual symptoms. Thus the study of the potashes produces a general impression of salts which give rise to depression and paralysis, without febrile excitement, with great sensitiveness to cold, a general impression to sharp pains, of catarrhal affections, with secretions varying in quantity in the different salts rather than in character, etc. One who studies *Aconite* obtains a lasting impression of mental and physical distress, restlessness, sometimes with profound cardiac weakness, at others with great febrile excitement, and still at other times, with violent neuralgia, but always a picture of anxiety and distress, and so on through the *Materia Medica*. These impressions of drugs derived from a study of their provings or cases of poisoning are of the greatest value, especially in the treatment of patients who cannot relate their symptoms, such as children, or insane people, or in delirium, and a drug may be prescribed from such vivid impressions, even when the symptoms may not be known to correspond with those of the drug; sometimes it seems as though a correspondence of isolated symptoms was a matter of very little consequence, so long as the general characteristic indications for the drug

were present. Some of the most brilliant prescriptions I have ever known have been made by this method, and our knowledge of the sphere of the curative power of the drug may thereby be greatly extended. It is a method to be used only by a master of our art, and if used carelessly it leads to disaster and failure.

A second method is the key note system. A physician selects one or two prominent, distressing or peculiar symptoms in a patient, which he takes to be characteristic and bases his prescription upon them. It may be perhaps a single symptom which suffices to indicate the remedy. This method carelessly followed will lead either to the removal, one by one of isolated symptoms, without any marked effect upon the totality of the symptoms, or the selection is apt to be faulty and the symptom taken as characteristic, or as a key-note proves, not to be one about which cluster the majority of the patient's symptoms, or even of those of the drug; all this may lead to discouragement and to the selection of different remedies for different symptoms, to alteration or to polypharmacy.

Right here I would like to say a few words about the selection of key-notes, for it seems to me that sometimes this method judiciously applied may lead to most important results. Its proper application, however, depends, in my opinion, upon a thorough appreciation of the pathological nature of the disease from which the patient is suffering. This may seem heterodox, but I thoroughly believe that the relative value of symptoms can only be appreciated by a knowledge of the special pathology of the patient.

If you will permit me to illustrate, I will take the familiar examples of the homœopathic treatment of epilepsy on the side of symptomatology and of chronic degeneration of the kidney from the point of view of pathology. In properly apprehending and classifying the symptoms for the cure of epilepsy, very small account should be made of the immediate symptoms of the paroxysm; to be sure, this explosion or fit enables one to make the diagnosis of epilepsy, and without these symptoms the disease could scarcely be diagnosed, but, really, these symptoms are of little or no value in the selection of the homœopathic remedy. Their development depends usually upon a more or less chronic cachexia which

underlies and determines the disease. A condition of malnutrition, or if you will, psoric taint which has been inherited or acquired, which may have been of slow development, which must be studied, and from which only will one be enabled to obtain indications for the remedy which will remove it. The homœopathic physician who attempts to get his key-note from the character of the spasm will fail as a rule to cure his patient, while it may happen that one or two prominent characteristics of the patient derived from its cachexia, will enable a physician to select the curative remedy. In chronic kidney disease, we find also, a history of ill-health preceding the development of the kidney trouble, but this condition becomes modified by the development of the kidney-lesion owing to the fact that the disease of the kidney itself gives rise to a series of secondary modifications of health which have nothing to do with the prodromal symptoms which determine the development of the kidney-lesion. A correct understanding of the nature of the kidney-disease, and of its effect upon the entire organism, becomes necessary in order to separate, as far as possible, these later developments from the earlier, determining and essential features of the diseased condition of the patient, which, alone, will furnish the characteristic symptoms from which to select the curative remedy, and one who bases his prescription upon these later developments from the kidney trouble will only succeed in palliating his patient, because the essential disease determines the continuance of the original trouble.

This difficulty in selecting characteristic symptoms is not infrequently observed in the treatment of violent or acute diseases, especially zymotic diseases.

I presume it will be accepted by most of my hearers that persons in vigorous health, whose vitality is high, whose tissues are well nourished, and, in consequence, whose resistance to disease is at the maximum, will rarely, if ever, contract contagious or miasmatic diseases. These germs which are ever about us, are ready to seize upon individuals of a lower condition of vitality, and which will attack and flourish in a vitiated constitution, can be expelled from the system only by the restoration of the system to its normal condition of resistance. So that, it is clear, that in some cases, at least, we



must, in order to arrest the progress of the disease, look beyond the immediate development of the symptoms of the acute disorder to the underlying and predetermining ill health of the patient, and seek therein the characteristics which must determine the selection of the remedy, and the physician, to be successful, must for a time, at least, cease the attempt to palliate the immediate distressing symptoms by the administration of the curative remedy.

These and other considerations which might be mentioned did time permit, lead me to the belief that reliance upon a single symptom, or even upon a few isolated symptoms, is apt to lead the prescriber into discouragement, and while it must be admitted that single, distressing symptoms must at times be prescribed for in order to give relief to the patient (parenthetically, it may be remarked that the greatness of the homœopathic law is illustrated by the fact that it enables one to relieve distressing manifestations of disease without being able radically to cure apparently hopeless and incurable diseases), yet, we are obliged to deprecate the habitual selection of supposed key-notes or characteristic symptoms as a basis for a proper homœopathic prescription.

The third method which may be resorted to is the method of Bœnninghausen, which was evidently appreciated and used by Hahnemann himself, and which has stood the test of a great many careful prescribers from that time to the present. It consists essentially in the selection from the symptoms of the patient and from the symptoms of the drug of the *elements* of symptoms, rather than of the symptoms themselves. It may be said that a complete symptom should consist of a sensation, a locality and a modality (or condition of aggravation or amelioration), and it is noticed in the study of drugs, as well, indeed, as in the study of the symptoms of patients, that certain sensations, like cuttings or tearings, are apt to appear in various parts of the body, and are apt to appear in various provers, sometimes becoming quite a characteristic feature of the provings of any given drug. The same thing may also be said of locality. Many drugs have their favorite localities in which symptoms of various sorts are apt to develop, and this remark is still more applicable to modalities. Drugs have their peculiar times or other conditions of aggra-

vation or amelioration, and the modalities of a patient are very apt to be constant, not only for one sensation and locality, but for all sensations and for all localities affected. Thus, a *byronia* patient complains of being made worse by motion, in every part. *Lycopodium* symptoms are very apt to occur at four o'clock in the afternoon, whether there be pains in the hips or distress in the stomach or febrile excitement. The *Nux Vomica* patients are worse in the morning and directly after eating; the *Sulphur* patients are worse at night—all sorts of things are worse at night, etc.

Illustrations might be multiplied, but students of *Materia Medica* are sufficiently well aware of these facts, and it is unnecessary to dwell upon them. Bœnninghausen states that the *Materia Medica* ought to be studied in this way, that the prevailing modalities should be noted, and also prevailing sensations and localities. But he complains as we all have complained, that the symptoms are imperfectly recorded, and in many cases the provings are so insufficient in number that our fragmentary knowledge must be supplemented by clinical observation, and asserts that many of the imperfectly recorded symptoms may be filled out by clinical observations of the curative effects of the remedy. He, therefore, combines therapeutics with the *Materia Medica* in his "Pocket-Book." He then studies the patient from this three-fold point of view, obtaining the chief modalities, sensations and locations, recombining them in a drug which has the prominent features of all three essentials; thus, for a tearing pain in the left hip, aggravated during rest, he would select *Lycopodium*, not because *Lycopodium* has ever developed such a symptom in its provers, for it never has, but because it ought to, and doubtless will in some future prover, because *Lycopodium* produces prominently "tearing pains" in various parts of the body, it affects the left hip most prominently, and its general symptoms are mostly relieved by motion; therefore, he recombines these three essentials of *Lycopodium* and manufactures a new symptom for *Lycopodium*. This removes the sciatica, it may be, and secures a new, verified, clinical symptom.

We must acknowledge that in the present, incomplete condition of *Materia Medica*, and for many years to come, perhaps for generations, clinical experience must be a decided

factor in our therapeutics, especially when based upon well recognized homœopathic principles. I say "homœopathic," because it seems to me perfectly fair and legitimate to study drugs according to Bœnninghausen's methods, and to supplement our fragmentary knowledge by our clinical experience and observations.

This is a matter for an interesting discussion, and to which, it seems to me, time can profitably be devoted; namely, how far we are justified in taking the elements of our symptomatology, instead of the fully developed symptoms themselves, and prescribe from these elements with the almost certain assurance that complete provings will develop the missing symptoms of the drug.

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**MATERIA MEDICA SECTION OF THE WORLD'S CONGRESS OF HOMŒOPATHIC PHYSICIANS AND SURGEONS, JUNE 1, 1893.**

At a few minutes after three o'clock, the chairman, Dr. A. C. Cowperthwaite called the section to order, and after briefly outlining the work of the section proceeded to read his address entitled "The Present Condition of the Homœopathic Materia Medica." In this essay Dr. Cowperthwaite reviewed the present standing of the homœopathic profession from the point of view that it is Materia Medica which constitutes us essentially different from the other schools of medicine. This granted, he assumed that it was and is a blunder to attempt to belittle the Materia Medica by accusing it of being untrustworthy and calling for revision and changes, when all the good that has accrued to the homœopathic school in all these years since the utterance of Hahnemann's Materia Medica have been necessarily based on the alleged incorrect Materia Medica. He counseled a closer study of the genius of this work, a true-hearted effort to understand what the founder of Homœopathy meant when he issued his immortal books; it is no longer necessary, he said to take every word as it is written, as was at one time taught, but a proper interpretation of the spirit of the text will save the practitioner from falling into the extreme of bare symptomatology. He said that the effort to throw out all but frequently verified symptoms, would

leave the books simply a physiological record of the effect of drugs upon well people, and utter negative the thousands upon thousands of valuable symptoms which had but a bare foothold in the books, and yet had been efficacious in saving many human lives. He did not decry the careful expunging of many heterogeneous symptoms, but he plead for less of rancor in the mutilation of the records, saying in conclusion, that there are many established facts in the universe not only of medicine but in the general economy which cannot be reduced to a scientific rule or squared with any known law, but which will ultimately take their place with the more exact sciences as our knowledge grows.

Dr. A. Leight Monroe, of Louisville, was the first essayist of the section and presented a paper on "A Study of Sepia—Pathologically, Clinically and Comparatively."

In this paper, which was rather too brief to do the noble Sepia much justice, the essayist made some very valuable suggestions by way of comparisons with known remedies, and pointing out an easy way of learning this or any other remedy, which consisted in associating the new remedy in some one of its important parts with a similar part or parts of some known remedy.

Dr. H. C. Allen, Chicago, in opening the discussion said, that he only desired to emphasize a few points made by Dr. Monroe, or rather to call more particular attention to and to enlarge upon. Of the first of these was the indication for Sepia which came to the surface during the menstrual and parturient periods, is the constipation which is scarcely equalled by that of any other remedy in the *Materia Medica*; another peculiarity is the aggravation from stormy weather which brings it in line with Phosphorous, Psorimum, Rhus and other remedies; it differs from these materially. The Phos. patient feels the changes hours and days before the actual change takes place but the Sepia patient differs from this in that she feels the weather changes mostly in the spring time while Phos. feels it any time; again the peculiar weather to which Sepia is antagonistic is snow weather, especially those snows falling in March or April. If you have a scrofulous child of tender years playing out in a snow fall, and it is a psoric child, this exposure brings on a cough, a laryngeal

cough, hacking, tickling growing gradually worse, until it reaches the croupy stage; Aconit, or Hepar would likely enough be given, but with only slight relief; here is Sepia's great field. This child, or this grown person is so apt to take cold whenever it snows. Don't, however, give it in the 2d decimal potency. My experience with Sepia and all of its congeners, Moschus, Apis, Lachesis and Pulsatilla, is that they are antagonistic; and those who alternate must not expect to have good results if they give Sepia with any other of the remedies mentioned. Sepia has a local perspiration. We have many remedies with cold, damp feet, sweaty feet; Silicea is one of the chiefest; but in Sepia you will find both hands and feet sweaty. Again Silicea has its sweat confined mostly to the feet; while Sepia has local sweats, in spots, as one may say, while all the other parts of the body may be dry.

Dr. Lizzie Gray Gutherz, St. Louis, said that she only wished to add her voice to the effectiveness with which this valuable remedy served the painstaking physician. I don't think Sepia will replace a displaced uterus, but I do think it will do wonderfully good work in keeping it in its place, after you have used your mechanical means, or as the essayist says, in reducing the congested condition of the uterus and its appendages, and it is certainly very valuable in all neurotic conditions, in urinary troubles; in the latter trouble it takes its place with Lycopodium; in its uterine symptoms it has many of the characteristic symptoms of Belladonna and of Lillium tig., especially as they refer to the bearing down condition. As Dr. Monroe says the relaxations of the tissues have a great deal to do with this condition of the uterus and that tends without a doubt towards this horrible constipation of which Dr. Allen has just spoken; and therefore Sepia is a corrective of that because it has a wonderful influence on the portal circulation.

Dr. T. F. Allen: In relation to the comparisons which have been made here I have been very much interested. I have made in the last two years some study into the relationships of Sepia and in order to do that intelligently I find it necessary to enquire into the nature of Sepia; this, as you all know, is an animal product; so is Lachesis, so is Moschus; but Sepia is not a poison like Lachesis; it is simply an animal

product which the mollusk throws out in order to baffle its pursuing enemy; it casts off this black ink darkening the water and under this cover of darkness makes its escape. It is a simple carbon, absolutely insoluble, inert, as far as its crude condition will go. Hahnemann, to be sure, supposed that the artists who used the Sepia India ink suffered from the effects; but I have found that comparisons of Sepia with Lachesis and with Apis fall to the ground in my hands. I wouldn't think of comparing Sepia with an animal poison, I compare it with the carbon products. I have been very much interested lately in the chemical history of Lycopodium and it has made a great impression upon me so far as the comparisons are concerned. Lycopodium is the only vegetable known in the world which takes up alumina from the soil and there is a wonderful similarity between the provisosings of Alumina and Lycopodium.

Dr. Monroe: In regard to my comparisons of Sepia with the other animal poisons, of course Dr. Allen and the rest of you understand that I haven't attempted to make any such comparisons upon any toxicological basis, but simply upon the clinical basis, I don't care how slowly the Sepia is taken, how long it takes to produce these effects, nor how mild they are in some of the provers, still it gets there just the same eventually, and I brought these comparisons in not so much to show the similarity, but to suggest the differences; the paper was intended to be suggestive, that is all, and had I followed the different avenues that suggested themselves to my mind as I went along I would have been reading until tomorrow morning. As to Psorinum I always think of that as an exaggerated Sulphur, I cannot see any marked differences, except in the abject, despairing, uncompromising melancholy that we find in no other drug in the Materia Medica with the increased tendency to chronic troubles, to chronic diarrhœs, to skin troubles and the tendency to tardy convalescence.

Dr. Frank Kraft, Cleveland, read a paper entitled "My Bryonia Day." The essayist assumed that medicines were given very much upon concomitants not laid down in the books nor taught from the college platform. There were days, sometimes running along consecutively, in which one

particular bottle in the office drawer or pocket-case seemed to be a panacea for all ailments in those days. He had found this apparently true of Bryonia, and cited three epidemics, the one of whooping cough, another of measles, and the third being three epidemics of "grip" in each, which epidemic he had found Bryonia to rule. There were other days when Rhus seemed to govern the day; others again called for Nux. He referred also to the peculiarity of babies usually coming on a wet, gloomy or snowy night and customarily when the doctor was very tired. As a momentary diversion Dr. Kraft argued that there must be some law governing this Bryonia day kind of perscription, and indulged in the hope that some day some genius would unravel the mystery, so that we could treat people according to the day of the week, or the nationality, the kind of weather, irrespective of peculiar and individual symptoms, thus abbreviating our theapy and giving more time to the laboratories and revising of the cumbersome *Materia Medica*.

Dr. Wilson A. Smith, Morgan Park, Ill., being called on answered the call by declining to discuss the paper, but in place of it told a very good story of the two old ladies who, during the war, had each a son in the war, the one a Union, the other a Confederate soldier. Each lady prayed for the success of her boy's army. Ultimately when Morgan raided Ohio and the news came of the vast disaster which had overtaken the Union forces, the Confederate mother was gloating over the matter in the presence of the Union mother, who retorted by saying: "If the Almighty God permits the Union forces to be destroyed the way you say then all I have got to say is that he aint the kind of a man I thought he was." Dr. Smith argued that if Dr. Kraft believed any part of his paper he was a very much different teacher and practitioner than he thought he was.

Dr. Howard Crutcher, Chicago, opened by denying that there is any Bryonia day in Homœopathy. The one thing that has been steadily and persistently ignored by the profession of medicine for 3000 years is the patient. What we, as Homœopaths are dealing with is not days, not the weather, but sick people; not livers, not stomachs, nor heads nor heels, but sick people. It is the most difficult thing, and

in many instances an absolute impossibility, to get some physicians to see that point. Not long since in consultation out of the city I found one patient taking a liver remedy, a bowel mixture, a sleep compound, a tonic, an appetizer and one or two other things. I said it is plain enough what is the matter here. You have forgotten the kidneys. When I was on the point of leaving I was asked what I had given her. Anything for sleep? No. Anything for the bowels? No. Anything for the cough? No. Anything for the kidneys? No. I said I have disregarded all the several parts of the woman and have given medicine for her as a composite being; in short, I have treated a sick woman and not any separate organ or part.

Dr. W. E. Leonard, Minneapolis, presented a paper entitled "The Revival of Therapeutics," in which the essayist contended for a better studying of the volumes we already have, and not this constant uneasy striving after new and untried remedies. Especially severe was the reader on those pretended Homœopaths who dealt a great deal in proprietary medicines. His plea for the more honest and painstaking study of the homœopathic *Materia Medica* was very eloquent.

Dr. H. J. Westover, St. Joseph, Mo., reviewed the paper in masterly fashion taking its parts and discussing them very nearly seriatim. He complimented the author for his courage in holding up to light the bad practices of those who claimed kinship to us, but were in reality traitors to our cause; he was charitable enough, however, to assume that many users of forbidden, because unhomœopathic, medicines, did so more from ignorance than from wilful disregard of Hahnemann's teaching. And the future he believed was radiant with hope that the younger and more liberally educated physicians would be better Homœopaths. He also referred to the revival of therapeutics of the old school mentioning many instances in which they use our remedies thinly disguised with some Latin name; while in other cases they practiced a crude kind of Homœopathy on the sly.

Dr. J. H. Henry, Montgomery, Ala., said that he had graduated some 40 years ago in Philadelphia under Hering, and that those students were sent out all over the world as missionaries. And they had accomplished wonders; for the



present success of the homœopathic school could be traced to the labors of the giants who taught and practiced at Philadelphia and who so indoctrinated their students that they too made converts to the true faith. Dr. Henry narrated a number of instances of the beneficent influence on the community of the proper practice of Homœopathy.

Dr. Eldridge C. Price, Baltimore, read what proved to be one of the most interesting papers of the section. It was entitled "The Relation of Practical Psychology to Pathogenesis." In this paper the author took the ground that provings made upon persons who were not more than ordinarily healthy must produce but indifferent results; that those who use tobacco would produce symptoms tinged with the tobacco poison; those who are notorious wine-drinkers or coffee drinkers or tea drinkers would each produce as symptoms a conglomeration of effects in which the predominant poison would outrank the other true symptoms of the drug taken; but he much doubted whether such persons could give any real symptoms; whether the ingestion of the tobacco or whisky, etc., did not rather destroy their usefulness, by blunting their sensibility so that no true effects could be found. He also asserted that people who are worried with the cares of life, household duties, the bench, the bar, the shop, whether they were fit subjects upon whom to experiment. So also with regard to medical students; these he contended are so pushed with their studies, and the manifold other cares crowding upon them, to say nothing about the dissecting rooms, etc., that he doubted the propriety of permitting them to make any provings, save experimentally, in order to impress the subject matter upon the student. In this place he considered that a proper knowledge of Psychology would tend to eliminate many if not all the bad effects of hereditary taint or acquired habits; so that a thorough student of Psychology could pick out his provers and drill them and get honest drug results. Dr. Price then showed by many examples how this knowledge would be of incalculable benefit to the practical physician; and concluded by recommending that a chair of Psychology be included in all future medical schools, and those colleges now in existence would very sen-

sibly augment the value of their graduates if they would give them a course in Psychology.

Dr. Temple S. Hoyne, Chicago, said that he differed widely with the essayist on some points and mainly in regard to the value of provings made by provers who used tobacco, coffee, onions, etc. He believed that an idiosyncrasy could be easily detected in the results produced by many provers; true, if but one or two provers produced results and that this one or these two were inordinate users of the weed; but that is not the history of homœopathic proving; large numbers of men and women have contributed their experience, among whom were many who did not use tobacco, who drank no liquors, and had no especially bad habits; and these as a totality constituted the provings let us say of Arsenicum or Bryonia. Hahnemann himself was an inveterate tobacco user, so was Bëenninghausen, and Grauvogl; other of the German provers were great lovers of coffee; others again of France were fond of onions and garlic; but from the totality of all these people there arose a composite picture of the drug they had proved that had served us in our need, and would continue to serve us to the end of time. On the other hand, if we should wait until we found a perfectly healthy human being in order to make a scientific proving we should have to wait a long while; as there are not many of such persons in existence.

Dr. Monroe following very much in the footsteps of the last speaker added, however, that he could readily see the value of the study of Psychology to the closely observing physician. He called attention to the fact that this was one of Hahnemann's standing axioms to look well to the Mind symptoms. There are many of our remedies which without this valuable aid would be almost a blank so far as effectiveness is concerned. He himself studied his patient's idiosyncrasies and very often found it the principal factor in the prescription.

Dr. T. F. Allen wished that all students could be compelled to study Psychology in the first year, before they are inducted into the mysteries of Homœopathy and especially in its relation to Materia Medica. He is a believer in healthy skepticism,

and he never quarrelled with the young doctor who had reasoned it out that there was nothing in this or that remedy; that it was inert; or that this or that proving was nonsense. It was a part of a young doctor's education. Ultimately he would see clearer, and not be so great a stickler for the letter of the law; he would learn that there are many things in the practice of medicine that could not be measured with a yard stick. Psychology he knew would help to enlighten the young man's mind and prepare him to appreciate the beauties of Homœopathy.

Dr. Price in closing the discussion reiterated his several positions and strengthened them by advancing new arguments. He said the fact that Hahnemann and many of his most faithful disciples were inordinate users of tobacco doubtlessly had much to do with the unreliability of many of the symptoms said to have been evoked by these provers. He did not expect to find a person in absolute ideal health, but he certainly thought it but right to restrict the provings to those who possessed ordinarily good health and were free from any known dyscrasie. That was all he contended for. But as to Psychology he believed it one of the most important adjuncts to a Homœopath's education, and as Dr. Allen has suggested, ought to be included in his curriculum from the very first.

A paper by Dr. Robert Boocock, of Flatbush, L. I., entitled "Phytolacca, Root, Stem and Berry, and Value of Each," in the absence of the author was read only by title and referred to the publication committee.

Dr. Chas. Mohr, Philadelphia, had sent in a voluminous paper discussing the primary and secondary symptoms of drugs; for the reason above assigned, and also because of the lateness of the hour, this paper was read by title and referred.

Also a paper by Dr. Cigliano, of Naples; this letter having been received but a few days before, and being in Italian, was necessarily left unread until the same could be translated.

No further business appearing, the chairman, Dr. Cowperthwaite, briefly thanking the membership for good attendance and attention, and for the very evident interest Homœopathy was awakening, and urging a more devoted zeal in the good cause, adjourned the session.

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**ELIHU G. COOK, M. D.**

The death of this widely known physician, which occurred in New York last February, has been almost unnoticed by the profession.

Dr. Cook was one of the pioneers of our school; and for many long years he was a zealous and successful practitioner of Homœopathy.

He was a strict follower of Hahnemann, and believed with all his soul in the principles of the master. Possessed of warm sympathies, he had always hosts of ardent friends. His earnestness, sincerity and purity of character, won the admiration of all. He died at the age of 76.

Dear, grand old man, we lay thee down,  
Where grasses over thy grave shall grow;  
Autumn shall deck it with sober brown,  
And Winter with wreaths of purest snow.  
But Spring and Summer shall dress it anew,  
With sweetest flowers that scent the air;  
Above it the skies shall bend in blue,  
And Memory guard it ever with care.

—T. P. W.

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# MISCELLANY

SOCIETY REPORTS, COLLEGE NOTES, REVIEWS, ETC.

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## HOT SPRINGS.

NINTH ANNUAL MEETING OF THE SOUTHERN HOMŒOPATHIC  
MEDICAL ASSOCIATION, NOVEMBER 22, 23 AND 24.

THE ADVANCE's representative left Chicago on the morning of November 21 at 11 o'clock on the Chicago & Alton's St. Louis Limited, and after a charming ride of eight and one-half hours stepped upon the platform of the Union depot at St. Louis. Between the two cities this train makes less than a dozen stops, and one's recollections of the journey are simply a downy seat in the Pullman parlor car, a dainty lunch, a dreamy flight through space, a succession of farm houses, telegraph poles, "Look out for the Locomotive" signs—Joliet, Bloomington, Springfield,—St. Louis!

Another party left Chicago for St. Louis the same morning. They did not go over the Alton—more's the pity. They chose the Illinois Central, and from all accounts they had a chow-chow and corduroy time. Our rippling brother, Smith, was master of ceremonies, and all that saved him from a lynching at St. Louis, when his followers heard of my good fortune, was their physical exhaustion. The Illinois Central is a humane and Christian corporation. It believes in starting in time; therefore its train left Chicago at 8:30 A. M., and I know I had been in St. Louis long enough to eat supper and meet some old friends when the "yaller" cars of Brother Smith's choosing came rolling into the depot at 8:00 P. M. They had made all the stops and a few extra ones from Chicago to St. Louis. I dined on the rail; but our friends appeared to prefer a line that supplies a pine board. Besides, Brother Smith has got too much iron in his gizzard already, and eating lunch on the rail at the rate of forty-five miles an hour would be dangerous.

In the extremely cold weather the Illinois Central supplies its "coaches" with small sheet iron stoves. Ordinarily wood is burned in these contrivances, but editors are expected to supply their own fuel. Brother Smith was equal to the occasion. The price of his print had been reduced, fortunately, by one-half, and, having a trunk and two valises full, he, with Brethren Pratt, Bailey, Pennoyer, and others, formed a sort of charmed circle around the Illinois Central's "little joker," and fed pound upon pound of ideas, etc., etc., to the flames, and mournfully watched them as they went up the spout, or up the stovepipe, which amounts to the same thing.

It has been reported by malicious persons that the great Illinois Central does not supply its passengers with drinking water. This report is unfounded. It originated, possibly, from the fact that the cars do not contain water coolers, but there is a station every fifteen hundred yards, and the company requires its agents to keep a bucket of water, and a cup, too, in every one of these stations. Some years ago a jealous line charged the Illinois Central with failure to stop a "limited" train at one of its stations, but close investigation revealed the falsity of the report.

At St. Louis a joyous reunion took place. Standing on the rear of the Iron Mountain sleeper was Mr. John B. Delbridge, the well-known Chicagoan, who expressed great solicitude for his belated friends of the Illinois Central. Inside soon gathered the incomparable Walton, the cultured Comstock, the rippling Smith, the polished Pennoyer, President Harrison's friend Runnels, the energetic Bailey and the big genius who presides over the destinies of all the capillary circulation on the North Side.

Pratt, Smith, Walton, Pennoyer, Bailey, Comstock, Runnels and Crutcher soon found themselves in the smoking-room, where they discussed professional and other topics like a happy family, until some one incautiously brought up the potency question. Then the fur flew. Illustrations, metaphors, similes, comparisons and conundrums flew around and about with such reckless profusion that the safety of the train was imperiled. The porter finally announced that the Iron Mountain Route had a standing rule to draw the blinds and

extinguish the lights whenever the potency question was mentioned.

Everybody got to bed before the Democratic rooster of those parts began his morning exhortations. When we awoke next morning it was to discover that we had been badly delayed by a freight wreck.

However, we reached Little Rock without further delay, and were reinforced by the Drs. Green, our famous and cultured surgeon, W. E., and his rising brother Frank P., now of Memphis.

At Malvern, where the Iron Mountain leaves the Hot Springs sleepers in care of the Hot Springs railroad, the familiar faces of Dr. Wells LeFevre, Dr. V. H. Hallman, Dr. M. J. Bleim, and Dr. E. C. Price emerged from the crowd on the platform.

Drs. LeFevre and Hallman, old Chicagoans, are now located at the Springs, where they enjoy a large practice. Dr. Bleim, long an interne of the Cook County Hospital, Chicago, is at San Antonio, Texas, and Dr. E. C. Price adorns the chair of Materia Medica in the Homœopathic College at Baltimore.

Arriving at Hot Springs our "S. H. M. A." badges were found to be a passport, not only to good society, but also to the various omnibus lines of the city. Familiar faces soon began to appear. Fisher, lately of Texas but now of Chicago, Worthen, of Paola, Kansas, Dr. Ayers, of Little Rock, Drs. Charles and Frank Dake and others made themselves felt by a warm shake of the hand.

The citizens of Hot Springs showed the members and the visitors every possible courtesy. The 'bus lines carried us free, the chief of police presented us with the freedom of the city, the business mens' club threw open its doors wide, and the manager of the opera house was pleased to reserve us fifty seats with his compliments. Never was true hospitality more manifest than on this occasion. The servants at the club came in with bottles a yard long and sugar bowls that contained fully two pounds. Everybody ate; everybody was happy. The natural hot water mixed with a little sugar makes an exceedingly fine liniment.

The meeting itself was especially good. The various

bureaus were well filled and presented many strong papers. Alabama was ably represented by Drs. Clapp, of Birmingham, and Duffield, of Huntsville. We greatly missed our old friend, Sarah Jane Millsop, M. D., of Bowling Green, the biggest man in southern Kentucky.

The critical illness of the veteran J. P. Dake was fittingly remembered by the convention and a message of sympathy was sent to him by wire. News of the death of the little child of Dr. A. L. Monroe, of Louisville, Ky., an ex-president of the association, was sorrowfully received by his old friends and co-workers, and a few lines of condolence were sent to him by telegraph.

Lippincott, and Kraft, and Jones of Texas, and Stout, and the old New Orleans crowd were not there. However, Mayer and Englebach took care of the interests of the Pelican State, and Dr. T. L. McDonald represented the National Capital. In fact, the meeting, while small in numbers, was exceedingly select in quality.

One is surprised to find so many evidences of mental, moral and material growth as are to be seen in Arkansas. The Iron Mountain Road is far superior to the ordinary northern line in ballast, equipment and speed. It is somewhat gratifying when one's prejudices are fully alive, as mine were, against a section, to find one's self mistaken. The material resources of Arkansas are almost boundless. Vast forests, rich mines, and fertile acres abound on every hand. Schools and churches are being erected and the long blight of stagnation seems to be nearing its end.

By special permission, I rode a hundred and fifty miles on the fireman's box of the magnificent iron racer that pulls the big Missouri Pacific express over the splendid road-bed between Little Rock and St. Louis. I did this purely to make observations and study the country as best I could while passing over it at a high rate of speed. One is really amazed to find the Iron Mountain road a model institution. Its machinery is of the very finest; the ballast alone cost nearly three thousand dollars per mile, and the best quality of steel rails support the enormous loads that fly over them in almost endless procession.

Hot Springs deserves a special article by itself. It is a



wonderful place. It is, of course, geographically, "out of the world," yet, from its peculiar advantages, it really ranks among the centres of American life. Hundreds of thousands of people have been there, and few, indeed, who do not know more or less of its characteristics. The pitiable victims of mercurial poison flock there in legions, and one is constrained to wonder how many more years are to go by, and how many more wrecked and shattered lives are to go out upon the altar of this beautiful metal, before a rational and scientific therapeutics shall come to take the place of the present stupid and murderous methods. The homœopathic treatment of syphilis is not only the safest, surest and speediest known, but it is absolutely the only treatment that has not added untold horrors to an already dreadful malady. Mercury *may* be the remedy for A., and will act splendidly in the potentized doses, whereas Nitric acid, Hepar, Calcarea, or Nux Vomica may be required for B. Let not some blundering prescriber imagine that I speak from hearsay or from prejudice. I know absolutely, from a large experience, that the indicated homœopathic remedies will eradicate syphilis absolutely as they will cure dysentery or cholera. A veteran practitioner, one of the most studious and thoughtful men that I met while at the Southern meeting, a man who practiced allopathy for many years before he adopted the true method, said to me:

"They came here not for syphilis but for mercury."

He spoke the everlasting truth, and I wish that every faint-hearted prescriber, who longs for the bogs and marshes of Allopathy, could realize it.

H. C.

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#### COLLEGE NOTES.

Hering College has amply proven, by an enrollment within the first two months, three times as large as that of any other medical college in its first year, that the need for its birth was great. This lusty infant which ran at its first step, now wishes to voice itself and seeks an organ for the expression of its experience, which is afforded it through the kindness of the publisher who has allotted to it space in the pages of **THE ADVANCE**.

Although content with naught but the best, this is better than any thing for which this giant child had hoped, and it now for the first time realizes all that is expected of prodigies.

While this juvenile wonder thrives apace, we, the humble instrument chosen as the medium through which it will communicate with the world at large, stand abashed at the magnitude of our task.

It will be our duty and pleasure as well, to report a portion of the good work done in our clinics, private cases in general practice outside of the dispensary assigned to students, and faithfully compile all matters of general college interest.

We will endeavor to make the paper as instructive and interesting as is compatible with college work, while in the mean time the lighter vein will pulsate with wonted activity.

The assistants chosen have already signified their willingness and demonstrated their ability to fill acceptably the offices to which they have been elected, and it is earnestly hoped that the general good feeling now extant among the students and editors may continue.

F. M. WATSON.

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### CRAMMING.

“ ’Twas the night before Christmas,  
And all thro’ the house,  
Not a creature was stirring—  
Not even a mouse.”

Or, to be a little less eloquent, it was the night before examinations in physiology and surgery, and a certain weary student had no less than a dozen chapters of each which it was absolutely necessary for him to devour (theoretically, of course) in order to do himself credit the following day.

Examinations had to be “passed,” and now—at the eleventh hour—he was fully awake to that fact.

10 P. M.—Everything is lovely; making splendid progress, absorbing rapidly and intelligently all which he reads. The composition of the blood and the working of the digestive apparatus are covered. Why! this is mere nothing.

11 P. M.—Has succeeded in conquering respiratory organs and thinks he knows something about the kidneys; will trust to luck about the spleen and pancreas and attack the nervous system.

12 P. M.—Things drag a little and he lights a cigar to keep up his courage. He thinks he can remember the columns of the cord, but internally “cusses” decussating fibres and passes on to the brain—oh! ye gods—how little do mortals outside the pale of medicine realize of the torture inflicted upon our weary souls by the brain.

1 A. M.—Things are getting muddled and decidedly tiresome. He don't know the brain—can't tell the difference between the pons varolii and torcular herophali—he never expects to, and don't care much. One o'clock seems quite early in the evening sometimes, but not when one is studying physiology—oh! no. He thinks he will give up physiology and try surgery—also another cigar.

2 A. M.—He has recalled how to suppress hæmorrhage—knows the different classes of wounds and the six degrees of burns; is very uncertain as to the treatment, but guesses it is all pretty much alike. He now has another hour in which to learn of fractures, dislocations, complications and such—and then he is going to bed at any price.

3 A. M.—Knows the names of different fractures, how to reduce dislocations, but is too sleepy to have a comprehensive idea of anything—even his own name. Goes to bed.

10 A. M.—Young Dr. X. comes up for examination. Does he “pass”? Why, certainly he does—but week after next how much has he retained of this heroic dose of mid-night oil and learning? Echo answers, nothing—absolutely nothing

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#### OUR DIPLOMA.

Dr. French says, “the Anglo-Saxon is not so much one *element* of the English language as the foundation of it.

“All its points, its whole articulation, its sinews and its ligaments,—not to speak of the grammatical structure, are exclusively Saxon. The Latin language may contribute its tale of bricks, but the mortar, with all that holds and binds these together, is Saxon throughout.”

Our language acknowledges an indebtedness of thirty per cent to the old Latin tongue, of five per cent to the Greek, also of five per cent to other, principally northern, dialects. The basic sixty per cent of pure Anglo-Saxon must be respected.

Our foremost colleges are voicing the necessity for a sweeping reform in the matter of attention to our language, and it is time, indeed, that we begin to value the worth of sterling King's English. And where has it more integrity than in the well-ordered phrasing of a diploma? Does our language in that particular use, cease to become an expressive medium? The Hering College thinks not. It has proven its utter inappreciation of precedent, from the first, and now a decided meter of its progressiveness is shown in the adoption of the English-written diploma.

The college is quite sincere in its decision. It makes but one assumption; that the intrinsic value of the diploma, *per se*, is very little; that the English phrasing will enhance its worth, and lend it dignity.

We grant to the university of liberal arts its right to the Latin diploma; it is deserved. The holder values it for its suggestiveness; it is a commensurate to classical attainment.

Our college realizes that the modern trend is far from the lumbering pedantry of Dr. Samuel Johnson, notwithstanding the fact that many of our educational gods think otherwise.

AGNES C. BENNETT.

[The college faculty adopted the Latin diploma while THE HERING INSTITUTE adopted English for its diploma.—ED. ADVANCE.]

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#### CHIT CHAT.

The nucleus of a library and reading room for the college has been started by the magnificent gift of a complete set of HERING'S GUIDING SYMPTOMS by the publishers, F. A. Davis & Co. May their shadow never grow less.

Not content with good deeds already committed, the new editor of THE MEDICAL ADVANCE has placed all his exchanges in the college reading room. Many thanks.

J. Douglas Mitchell of Austin, Texas, has been elected valedictorian of his class. An excellent choice.

The position of class orator for this—the first graduating class from Hering—is one of distinction and the name of

our jovial "Br'er Mitchell" will be passed down to the long list of Heringites who will fill these walls in years to come.

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Our resident physician and surgeon, respectively, A. W. Holcombe of Indianapolis, formerly a student of Hahnemann College of this city, and J. Douglass Mitchell of Austin, Texas, who has been for the last two years attending lectures at Hahnemann of Philadelphia, were unanimously chosen by the class and approved by the Faculty.

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Dr. Holcombe is the acknowledged *Materia Medica* phenomenon of our class, not only in theory, as his attainments are exhibited in a verbal class quiz, but as applied to restoring the equilibrium of the disturbed vital force in a sick patient.

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Dr. Mitchell is no less esteemed for his knowledge and versatility than for his ability and readiness to act in emergencies.

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Those acquainted with either of the gentlemen cannot doubt that they will fill the positions awarded them with credit to themselves and honor to the college.

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In thus bestowing the places of trust on the most worthy and conferring nothing by favor, Hering has established a precedent which it is to be hoped will never be disregarded.

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Through the courtesy of Miss Agusta S. Cottlow, the students of the Hering College were favored with an invitation to her testimonial concert, on Wednesday evening, Nov. 30th, at Central Music Hall, and gladly responded to the rare treat offered. The wonderful ability of this young lady was fully appreciated by the audience, while her simplicity of manner and entire lack of consciousness was truly charming. At the close of the first number the Hering students expressed their pleasure by presenting Miss Cottlow with a floral harp.

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The officers of our Quiz Institute are: B. R. Johnstone, Chicago, president; W. W. Stafford, Washington, vice president; A. W. Vincent, Oregon, secretary; Dr. T. J. Gray, Chicago, treasurer. Officers of senior class are: J. D. Mitchell,

president; A. W. Vincent, vice president, and Mrs. F. M. Watson, secretary. Editors: Mrs. F. M. Watson, editor-in-chief; A. W. Vincent, senior assistant editor; Miss Louise M. Blinn, junior assistant editor; C. B. Stayt, freshman assistant editor.

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There is one great advantage that will accrue to Homœopathy by the founding of this new college, although it will not increase the number of her students, viz.: Every nominally homœopathic school will endeavor to teach Homœopathy. To do so many of them will be compelled to remodel their faculties. Next year's catalogues will be loaded with high sounding claims of their ability and intention of teaching Homœopathy and poor polypathy will not have where to lay its head in the announcements. There will be little or nothing said about the necessity of teaching allopathic *Materia Medica* and "advanced medical science." Heaven save the mark!

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Homœopathic Hospital College of Cleveland, Ohio, reports a registration of 139, and an attendance of 120. A refined and intellectual class. This college has abolished the system of final examinations and in its stead work upon daily quizzes supplemented by a written monthly examination. It spurs the student to more earnest study and does away with the pernicious practice of "cramming."

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**BALTIMORE COLLEGE: FACULTY CHANGES.**—J. B. Gregg Custis, M. D., and Zeno B. Babbitt, M. D., of Washington, D. C., have been elected members of the Faculty of the Southern Homœopathic Medical College, Baltimore, Maryland.

Professor Custis will fill the chair of Practice of Obstetrics, dividing that chair with Professor Drane, who will lecture on the Principles of Obstetrics, and continue as Dean of the Faculty. Dr. Babbitt will lecture on General Pathology, and Pathological Anatomy.

Dr. Jesse H. Holmes has been elected Demonstrator of Chemistry.

**AN ARNICA CASE.**

On November 23d I was called out of a lecture by the dispensary physician who said some one wanted to see me several squares away.

I found my patient, a boy of eighteen, sitting in a chair, and was suffering from the result of a sudden fall from a ladder. The whole upper part of his shoulder and arms were extremely sore and pained as if beaten. He informed me that he had been sitting up at night for fear any one should hurt the injured member, and when I began to come close to him he said "be careful and not touch the chair," and was very much afraid lest any one should strike his chair. Pains were also aggravated by noise.

These being all the symptoms obtainable, I gave Arnica 200 in four spoonful of water, to take one spoonful each hour and cease taking if relieved. He returned several days afterward and told me that he was relieved after the second dose.

J. D. M.

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**OPERATION FOR CYSTIC TUMOR OF THE OVARY.**

Mrs. —, aged 32, married ten years, twice pregnant, miscarried first time at three months, last time at six. At the time of the last miscarriage, two years since, the physician discovered an enlargement in the right side which he thought was a twin, but as it did not come away was finally diagnosed as a tumor, which has continued to give her increasing pain since that time.

She decided to have it removed and came to the city for that purpose.

The incision was made about three inches long, commencing about one inch below the umbilicus through the linea alba. The tumor was found to be very firmly adherent and quite high up in the right iliac fossa.

On examination after removal it proved to be a large dense cyst containing over a pint of viscid fluid. The ovary had degenerated until none of it remained except the Graafian follicles which were distributed over the lining membrane of the cyst.

The operation was practically bloodless, only the ends of

Prof. Boynton's fingers being soiled, while no linen was stained. The time occupied was probably 45 minutes.

F. M. W.

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### OPERATION FOR DOUBLE VAGINA.

Three weeks ago the senior class witnessed an operation on a patient with a double vagina. The septum passed through the middle of the vagina antero-posteriorly. On the left side it was merely a blind pouch, while on the right lay the cervix which was much smaller than the normal ordinary cervix.

The septum was divided in the middle. About half way up to the cervix quite a large artery passed across this septum; it seemed inclined to bleed quite freely, but was effectually checked by use of the actual cautery, after a probable loss of about two tablespoonfuls of blood.

Prof. Boynton always takes the precaution of giving his patient a dose of Arnica cm. before anæsthetising (knowing it will be indicated for the shock and bruising of tissue), in consequence of which the next day the patient was wondering why she could not arise, as she felt no soreness.

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### A SURGICAL CASE TREATED HOMŒOPATHICALLY.

About the 15th of September a boy twelve years of age was run over by a cable car, and after having been under the care of one of our best surgeons of the other school for a few days, who recommended immediate amputation, he came under the care of Prof. Boynton, and he, after cleaning thoroughly and removing as much as possible from the wound the infernal dressing known as Iodoform, which had been put there by the other surgeon, applied a dry dressing.

For some time the boy did very well, but after a few days the foot assumed a very gangrenous appearance, that would have been alarming to any but a true Hahnemannian. The boy received Lachesis 200 for this condition, with some concomitant symptoms, and the gangrene soon disappeared. An afternoon fever with intense restlessness was relieved with one dose of Ars. cm., after which he grew rapidly better and was soon removed to his home, and was shown to the class



some weeks ago with a good, healthy foot instead of having to carry a crutch all his life. This is one of the cases illustrating the difference between a Hahnemannian surgeon and one of the old school.

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#### LUPUS EXEDEUS.

We were recently shown by Prof. Sawyer another of those curious cases of spontaneous recovery or coincidences which sometimes so strongly impress the credulous minds of faith healers and homœopathic medical students.

It was a case of Lupus Exedeus of the nose. At least so it was called by the eminent surgeons who *assisted nature* in removing that important feature together with portions of the superior maxillary and the whole roof of the mouth.

But perverted nature is more persistent than even perverted surgery, and the former bade fair to accomplish the final victory when there came about a change and improvement continued slowly until in something less than a year the patient was well, and has continued to enjoy life up to the present, about twenty years, as well as one might with only an ugly scar in place of a nose.

The strange part of the history is that during all of this improvement the case was under the care of Professor Sawyer, who treated it according to the principles of a certain "Dutchman" as set forth in his "foolish and absurd" work called the "Organon."

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I wish to report the following cases, merely as a sample of the work being done by members of the senior class, and not because of anything wonderful or unusual, for such cases are of everyday occurrence with the busy Hahnemannian practitioner:

CASE 1.—Mr. D.; aet 45; Bohemian. Four years ago the left foot was crushed by some lumber falling on it. The doctor who attended him ordered it soaked in strong brine, but this caused such intense pain that it could not be borne. Three years ago had ankle of same leg badly sprained and it was kept in plaster cast for some time. When I saw him the ankle was very much swollen, hard and ankylosed. The toes were stiff and the skin on upper part was thick, calloused

and insensible to touch. A sinus extended from end of great toe to ball of foot a distance of about  $2\frac{1}{2}$  inches. This was discharging a bloody icherous pus, which excoriated the surrounding skin, and was very offensive. The feet sweat easily and the sweat is very offensive, excoriating the toes.

He was extremely chilly all the time, and sat close to a red hot stove. He also sweat easily about head and neck at night; was chilly, could hardly get enough cover, and covered up "head and heels." Would waken at night from slightest noise. Very much discouraged and despondent. Has occasional attacks of constipation and diarrhœa. Has been confined to house for four months.

November 20—Silica cm. one dose dry on tongue. Sac. lac for a week.

November 27—No soreness in foot. Can move ankle tolerably freely; swelling very much reduced. Has recovered use of toes almost completely. Discharge stopped. Normal sensation returned to skin on toes which is soft and natural. No perceptible odor of foot. Chilliness does not bother him. Placebo for a week.

December 4—Sinus completely healed. Perfect motion of ankle and toe; swelling of ankle almost entirely gone; walks without a cane; sleeps well. Says he feels perfectly well. Placebo for two weeks.

CASE II.—Mrs. R.; æt 30; Irish; six months pregnant. Troubled with vertigo on top of the head < 9 to 10 A. M. and 6 P. M. > warmth to head and lying down < noise. Eight years ago had ague; cured (?) with quinine; had another attack five years ago, and another last March. At the time of the first attack, eight years ago, was living in suburbs, which were being improved by making and grading streets and digging sewers, the ground being damp and swampy. Does not remember anything about the chills except that they came in the morning, and that she wanted to get to bed and get covered up; she was so cold.

Had quinsy seven years ago. Her limbs get tired and weak very easily; craves a great deal of salt. Natrum mur. cm., one dose dry on tongue. Placebo one week.

November 27—Five days after taking the first dose had a

a chill, and another on the sixth. No more chills; vertigo gone; feels great deal better. Placebo one week.

December 4—Feels perfectly well; better than for eight years. Discharged. A. W. H.

CHICAGO, December 9, 1892.

#### REVIEWS.

**THE MEDICAL CENTURY.**—An International Monthly Journal of Homœopathic Medicine, Surgery and Collateral Sciences. C. E. Fisher, M. D., Editor. Gross & Delbridge, Publishers, 48 Madison St., Chicago.

The *Medical Century* is a new medical journal established January 1, 1893, by Gross & Delbridge, under the editorship of Dr. C. E. Fisher, founder and late editor of the *Southern Journal of Homœopathy*. It is a thoroughly metropolitan journal, the homœopathic prototype of the *New York Medical Record* and other journals of its class. It is the largest homœopathic journal published, the newsiest, the most progressive, and second to none in all that goes to make it thoroughly representative of the best interests of the cause it represents. It is an international journal. England, Germany, Russia, Italy, France, Greece, India, Mexico, Australia, Canada, the Sandwich Islands and other foreign countries are represented on its staff of regular contributors and correspondents, a feature unknown to other homœopathic journals. In the United States a corps of correspondents has been organized, representing every part of the country, and the *Century* will be furnished with all the current medical news from every section, while from time to time it will editorially discuss the interests of its school as they relate to the different portions of our common country. In therapeutics the *Century* will be strictly homœopathic. Terms \$2 a year. Send for sample copy.

**SOUTHERN CALIFORNIA.**—A handsome illustrated pamphlet, giving an account of the resources and interests of this unique section has been received at this office. The work is issued by Rand & McNally of Chicago, and contains some fine work in the way of half-tone engravings and an excellent map of the section. Anyone who is interested in the land of oranges and olives, and desires a copy of this book

can secure one by writing to the Secretary of the Bureau of Information, Los Angeles, and enclosing a two-cent postage stamp. The book treats of such subjects as the following: The Semi-Tropic Climate, Methods of Irrigation, Growing of the Orange and Lemon, California Prunes and Olives, The English Walnut and the Almond, Stock-raising in California, Beet Sugar Manufacture, etc. It cannot fail to interest all who have ever visited California, or who expect at any time to journey to that interesting country.

“CHILDHOOD” is a high-class monthly magazine, the first number of which has just appeared. It is edited by Dr. George William Winterburn, and covers a field not hitherto occupied. It is addressed to parents, teachers, and all who are interested in the welfare of children, and will endeavor to inculcate the most advanced ideas in regard to the moral, intellectual and physical development of children. Men and women well known in literature, prominent teachers, physiologists and biologists have been engaged to write for it, and the editor will spare no effort to make the magazine interesting, ennobling and instructive. In order to bring it within the reach of all it is put at the small price of ten cents a copy.

THE CENTURY announces that in the January number will be a humorous sketch by Mark Twain, in his most diverting vein, entitled “The £1,000,000 Bank-Note.”

Index Catalogue of the Library of the Surgeon-General's Office, U. S. A., Vol. XIII. Sialagogues-Sutugin.

This great work is nearly completed, and will be of great reference value to the profession. The present volume includes 9,751 author titles, representing 4,213 volumes and 6,806 pamphlets. It also includes 13,498 subject titles of separate books and pamphlets and 29,896 titles of articles in periodicals. Unless an appendix is added one more volume will probably complete the work.

DR. NICHOLAS SENN, of Chicago, is now preparing a syllabus of lectures on the practice of surgery, arranged in conformity with the American Text Book of Surgery, which will be a valuable aid to all who have this great book.

# MISCELLANY

SOCIETY REPORTS, COLLEGE NOTES, REVIEWS, ETC.

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## CENTRAL NEW YORK HOMŒOPATHIC MEDICAL SOCIETY.

SYRACUSE, N. Y., Sept. 15, 1892.

The seventeenth annual meeting of the Central New York Homœopathic Medical Society was called to order by the President A. B. Carr, M. D. of Rochester, N. Y. at 11:30 A. M.

Members Present:—Drs. Seward, Brewster, Schumacher, Grant, Carr, Dever, Gwynn, Martin, Leggett, Chase, Emens.

Visitors Present:—Drs. Kent, Bresee, Sherwood, Tobey, Sayles.

Moved by Dr. Seward, seconded by Dr. Brewster, that the minutes of last meeting be accepted as published. Carried.

The President:—Members of the Central New York Homœopathic Medical Society.

To-day, we meet to complete another year of our existence as a Medical Society; to renew our allegiance to the true and only law of cure, and to aid each other in the work in which we all are interested; viz. the more perfect interpretation and application of the teachings of the Master. May God aid and enlighten us. There are many of us who, though firm believers in this law, are as yet unable to perfectly apply it. Let those of us who *are* able, stretch forth a helping hand to them; let us be more charitable, more united. Let us aid them to appreciate the simplicity of this law, and not to wander about in a labyrinth of the theories of the old school. Let us admonish them to more particularly write down the symptoms of the case before them, and then carefully select the remedy from the totality of the symptoms presented. The results will justify the pains. Hahnemann says, "Write down everything in precisely the same expression used by the patient, or

his attendants." Do we do this? If so, success attends us; if not, we fail.

Let us avoid confusing our work by considering the pathology of the disease, as the pathological action of the drug will not aid us in the proper selection of the remedy. Pathology has its proper sphere, as has Anatomy and Physiology, and we should be familiar with it for the purpose of diagnosis and prognosis, but in therapeutics it is no aid to the practitioner of Homœopathy.

As a Society we can congratulate ourselves upon having had and having among our members, such enthusiastic workers as Hawley, Morgan, Boyce, Seward, L. B. Wells, Biegler, Stow, Dever, Brewster and many others to aid and counsel us. Why should we not feel proud of the noble work they have done, and be stimulated to a more earnest effort to continue in the same.

These quarterly meetings ought to be religiously attended by us all, that each may let his light so shine, that any shadows which may darken his brother's pathway may be dispelled.

As it is the constant action of the waves upon the pebbles on the shore that moulds and polishes them, disclosing many beauties otherwise hidden, so the contact of minds here must have its beneficial effect to develop in each of us some bright quality otherwise dormant. As for myself, I frequently feel as though I could not possibly get away from my business for a day to come here, but when I do, I go back satisfied, and with a firm resolve never to allow one of the meetings to pass unattended. I wish that every member of this Society would make the effort to come here regularly with his contribution, large or small, to our fund of knowledge and experience, that the beneficial influence of this Society might be more widespread than ever.

It is with profound sorrow that we learn of the death of Dr. Voak, who has been so devoted to our Society. I will appoint as a committee to draft resolutions on his death Drs. Dever and Grant.

We rejoice today in having with us one of the ablest expounders of Hahnemann's teachings, and with an humble expression of appreciation of your forbearance with the shortcomings of your President, we will proceed with our regular

order of business, that we may have more time to listen to our devoted co-worker, Dr. J. T. Kent.

The chairman of the board of Censors reports approval of M. E. Graham, M. D., Rochester, N. Y., and presents his name for membership of the Central New York Homœopathic Medical Society.

The President orders ballot prepared, calls for vote, and declares M. E. Graham unanimously elected.

The chairman of the Board of Censors presents three applications for membership to the consideration of this Society, names to be brought up for election six months from this date.

The Secretary reads the applications from Dr. Clara Louise Tobey, Dr. Emma Snyder Sayles, and Dr. Charles H. Bresee.

Dr. Brewster moved that the regular order of business be suspended and that the reading of the Organon be relegated to the afternoon session. Seconded. Carried.

A call for the committee upon the amendment of the by-laws, found them unable to report until the afternoon session. Postponed.

A call for the Committee of consideration of the project for founding a Scholarship in the Post Graduate School of Homœopaths at Philadelphia, Penn., finds them also unprepared to report before the afternoon session. Postponed.

A call for the report of Secretary. The report was read.

It was moved, seconded, and carried that the report of the Secretary and Treasurer be accepted.

Secretary was ordered by the President to place the Applications on file.

Letters were read from Dr. Belding of Troy, N. Y., and from the wife of the late Dr. J. B. Voak of Canandagua, N. Y.

Dr. Seward made a motion that as Dr. R. E. Belding of Troy, N. Y. was at too great a distance to enter actively upon the duties of membership, that he be placed upon the Honorary roll of membership of this Society. Seconded. Carried.

The President excuses Dr. A. J. Norman as Essayist for the day, because of a long period of ill-health during which

he was obliged to leave his practice, and was now in Minnesota for rest and recuperation.

The business of the election of officers being next in order, Dr. Seward nominates as President for the ensuing year Dr. R. C. Grant of Rochester, N. Y.

There being no further nominations for this office, motion was made, seconded and carried, that the Secretary cast the ballot for the election of R. C. Grant, M. D. as President of the Central New York Homœopathic Medical Society for the coming year.

The Secretary casts the ballot and Dr. Grant is declared elected.

Calls for Dr. Grant, who expresses himself sincerely grateful for the honor conferred upon him by this Society, and hopes he shall be able to approach in efficiency and faithfulness the work of the out-going President.

Dr. Seward again rises, and nominates Dr. Isaiah Dever, of Clinton, N. Y., to the chair of the Vice-Presidency.

There being no further nominations, it is moved, seconded and carried, that the Secretary cast the ballot for the election of Dr. Isaiah Dever as Vice-President of this Society.

The secretary casts the ballot, and Dr. Dever is declared unanimously elected.

Calls for Dr. Dever are promptly and courteously responded to by that gentleman, who thoroughly appreciates the honor thus thrust upon him, and will endeavor to fulfill the duties conscientiously.

Dr. Brewster moves the vote of thanks of the Society for the efficient work of the Secretary, and that she be re-elected to that office.

Seconded, carried.

The Secretary declared unanimously elected.

Dr. Dever suggests the re-election of the Board of Censors, Drs. Seward, Stow and Brewster.

Dr. Seward thinks he should be excused, that another might take his place.

Dr. Grant moves that the Secretary cast the ballot for the re-election of Drs. Seward, Stow and Brewster, as Board of Censors for the coming year.



The Secretary casts the ballot and the Board of Censors are declared duly elected.

Dr. Grant moves, Dr. Seward seconds, that the next quarterly meeting of this Society be held at Rochester, N. Y., Dec. 15, 1892. Carried.

There being still a short time before adjournment the President called for something of interest from Dr. Brewster.

Dr. Brewster said that his attention had of late been frequently called by the magazines to the subject of treatment in cases of emergency; that, indeed it now seemed that a college was not fully equipped until there was a chair established for the purpose of instruction in such cases. In the college of his youth all that Physicians were taught in therapeutical measures, was through the *Materia Medica*. Old Dr. D—— was wont to rise and read his lecture upon *Materia Medica*, and these bare facts were all the student had to rely upon; with these he was considered fitted to go out into the world and heal the sick. In this connection maybe it would be well to cite a few cases from practice to show that a knowledge of the homœopathic *Materia Medica* may help us in those difficulties.

He was called in great haste to a little girl, who had been perfectly well all the morning, but had been taken suddenly with a paroxysm of coughing. She would cough, and cough was in a dripping perspiration, red face, spasm of larynx, unable to speak or to tell what had happened. The family stood about helpless, unable to do anything, and looking for the doctor to solve the problem. A look at the child, showed at once the picture of a remedy: violent spasmodic cough, flushed, scarlet face, violent perspiration, spasm of larynx. It was an unspoken language, but was written plainly upon the suffering figure. Placing a few pellets of *Belladonna* in solution, and giving her a teaspoonful, she immediately began to recover, and another teaspoonful helped her so that she was perfectly able to go to school in the afternoon, but of course did not as the mother had been thoroughly frightened.

A second case, quite similar but differently located, in a young girl, who had remarked that she had a "hole in her stomach," before eating her dinner. After dinner she went out to play, and shortly came in crying like a badly hurt babe

holding her side with both hands, drawing up her leg against the side, must be held, somebody must constantly help to hold and press her side, and to press it hard. She also had a bright red flush on her face, and the sudden attack of the first case. A few doses of Belladonna in this case did equally good work, and within a short time she was comfortable.

Here again we have a case of emergency, in which our armamentarium proves sufficient for our need. To be sure, all cases are not as clear, and often they need close study, but we shall find that aside from cases of traumatism, a knowledge of our *Materia Medica* will be our most efficient aid.

Dr. Kent wishes to say a word in relation to the comparison of the symptoms given as the basis of prescription in the case cited by Dr. Brewster. We have many remedies that cover the symptoms quoted, "spasmodic, choking cough with red face and perspiration." If it is a cough with sweat, red face < as soon as the patient lies down, we would have a picture of Sang; if we have cough, sweat, red face, spasmodic, the longer he coughs the more breathless he becomes, as soon as he takes a long breath he begins it all over again, we have Cuprum; if we have the same symptoms but the patient awakens from sleep with the cough, we have a picture of Lachesis; so on through the remedies having spasmodic cough we find an individuality that leads to the correct prescription, and to the relief of the patient.

Dr. Dever had long ago made up his mind that Homœopathy was the best method by which we could meet these cases of emergency, and that we not only have one or two remedies with which to meet a case, but we have the whole *Materia Medica*, and that the differential diagnosis of the remedies that might be indicated, is best done by careful taking down of the case, and carefully differentiating with our *Repertories*, etc. Thinks that with Dr. Blank he may "thank God for a poor memory," as then he will be less liable to mistakes.

Dr. Carr:—Dr. Biegler used frequently cite a case of emergency, and of his management of the same, to our great amusement and instruction. He was called in great haste to a patient, who was doubled up and groaning with pain. All his friends gathered about him, everybody wanting to do something, instantly; all talking at once; a perfect hubbub.

The good doctor could not think, nor see, nor hear, so he began by treating the friends. He sent one for hot water, another for mustard paste, another to make hot pancakes, so that he might have an opportunity to think. As the numerous attendants left the room, the impatient cry of the sick man, "Doctor, do something quick. I can't stand it. Give me morphia. Why don't they hurry with hot water?" gave him the key note. One dose of Cham., and when they all returned, the patient was asleep.

Dr. Kent:—That was "shot-gun" practice.

Dr. Brewster:—We used to think two or three remedies in one tumbler, administered in frequent doses was "shot-gun" practice.

Dr. Kent:—That was shot against the disease, while Dr. B—— shot at the attendants.

Motion to adjourn until 2:00 P. M.

Carried.

Meeting called to order at 2:30 P. M.

After the reading of The Organon (Stratton's) 161-164 inclusive by Dr. Tobey, the society listened to an able discussion of the same by Dr. J. T. Kent of Philadelphia, followed by members of the society. (This able paper, with the discussion following, will be found in the Department of Theory and Practice of Medicine, where its great value naturally places it.—ED.)

The committee to frame resolutions upon the death of Dr. Voak reported as follows:

WHEREAS, It has pleased Almighty God to call to his eternal reward our friend and associate, Dr. J. B. Voak of Canandaigua, and,

WHEREAS, We have known him as an educated and conscientious physician, and an able upholder of the doctrine of Hahnemann,

*Resolved*, That we deeply deplore our loss, and shall miss him in our deliberations.

*Resolved*, That this society extend to the friends and family of our late brother, its sincere sympathy in their affliction.

*Resolved*, That this resolution be enrolled upon the minutes of this society, and a copy sent to Mrs. Voak. Signed, R. C. GRANT, ISAIAH DEVER.

It was moved, seconded and carried, that this resolution should be accepted.

The chairman of the committee upon the foundation of a scholarship in the Post Graduate School of Homœopathics reports favorably of that project, and speaks with enthusiasm of the good that is to be done by such an act. The committee present the following resolutions to be discussed.

## Miscellany.

*Resolved*, That the Central New York Homœopathic Medical Society confer with the Dean of the Philadelphia Post Graduate School of Homœopathics, and arrange to establish a free scholarship in said school, to be given to the most scholarly graduate in medicine, who shall be found unable to pay his own fee.

*Resolved*, That the amount, one hundred dollars (\$100) be annually paid in advance to the Dean of said school, and that scholarship be known as the Central New York Free Scholarship.

*Resolved*, That the said one hundred dollars be raised by annual subscriptions either within or without the society.

The committee think that this will answer as well as another, but state that it is not at all arbitrary.

There was some discussion as to whether this covered all that was intended by the promoters of the movement, and it was finally decided that these resolutions did not quite cover the ground; that the students of the members of the Central Society should be given precedence, and that it was not so expressed. That a year in the Post Graduate was nominally a fourth year, which many students coming from the regular college course had not the funds wherewith to proceed; that the fourth year was a year of practical work in the clinic of eight hundred (800) patients a month, from which it would be but just to suppose the physician would return with a practical knowledge worth years of work by themselves. As to the word "scholarly," while there are no preliminary examinations it is thoroughly understood that the ignorant would not be admitted, while the examinations for the degree are very difficult.

Dr. Carr thinks a vote of this society would determine what students should be sent to the Post Graduate.

Dr. Brewster would not suppose this society would send improper students, man or woman. However smart, not all were capable of practicing Homœopathy. There should be discretion used. We must select those who are most capable of appreciating the truths there presented.

Dr. Grant moves the establishment of a Scholarship with the Post Graduate School of Homœopathics, and that the application of candidates for such scholarship be submitted to a committee composed of Drs. Kent, Carr and Leggett.

Seconded. Carried.

Dr. Grant takes the chair.

Dr. Kent asks if they realize to what they have pledged themselves.

Some discussion followed as to ways and means, and as to

*The Hering College.*

the feasibility of a *pro rata* assessment of each member, or subscriptions within or without the society. It was finally decided that the required sum be raised by subscription.

Dr. Carr moved a committee be appointed to meet these requirements, that the necessary amount be raised by voluntary subscription as far as possible, and any deficiency supplied from the funds of the treasury, or *pro rata* assessment by the secretary, and that the secretary be empowered to make such assessment.

Seconded and carried.

Dr. Kent reminds them that any one who has paid the fees for one year is entitled to perpetual privileges at the Post Graduate School.

Dr. Brewster, chairman of the committee on amendment of the by-laws has had difficulty in conferring with his fellow committee, but the subject has been before the society for a year without arriving at proper conclusions—would present the following report to the society:

“It is the sense of your committee that when a member of their society renders himself obnoxious to this society by conduct unbecoming a man or a physician, that after sufficient investigation, a majority of the members present, may cancel his membership.”

There was discussion of the time and legality of making additional by-laws, of the possibility of a voluntary body ejecting a member for due and sufficient reasons, a question as to what one could do about it if such a body chose to expel a member. Finally it was moved, seconded, and carried, that the report be laid on the table.

The president appointed Drs. Dever, Schumacher and Martin as essayists for the next quarterly meeting, Dec. 15, 1892.

Adjourned.

S. L. GUILD-LEGGETT, *Secy.*

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THE HERING COLLEGE.—Every effect must have its cause. That there must be a cause, good, bad or indifferent for the recent *disinterested* comments of our esteemed contemporary the *North American Journal*, is apparent, for such side splitting sarcasm as the following is rarely found among its dignified and ponderous editorials. That our readers may be able if possible, to ascertain the “true inwardness” which prompted such delicate consideration in behalf of a long suffering profession, we append the funny editorial:

THE NEW COLLEGES.—The homœopathic profession has had thrust upon it lately a number of new colleges. It has borne the infliction with greater resignation because nothing could be done to prevent it. It may be said of some of these colleges that their appearance was justifiable. This in great measure is true of the southern schools. But the establishment of two new homœopathic colleges in Chicago was uncalled for and totally unwarranted. In these days of rapid advance in medical teaching, when the profession is demanding the utmost care and skill in the training of the medical student, the establishment of sickly schools, imperfectly equipped, lacking in clinical advantages and having no *raison d'être* save ambitious scheming may be considered as an assault upon medical progress. The prospectus of one of these alleged colleges would undoubtedly if it could be widely distributed contribute much to the gaiety of nations. Its author is as yet unknown, but it is suspected to be the child of Martin Farquhar Tupper. Claiming that true Homœopathy is no longer taught in homœopathic colleges this unconsciously humorous document remarks that "in its place a spurious science, devoid of true philosophy, emasculated by lack of internal principles, adulterated with polypharmaceutical methods, crude dosage and mædieval medicine, holds almost undisputed sway in our schools." The inferences to be drawn from this delicately phrased statement are presumed to be quite painful to the ungodly. This prospectus, however, is not made for use, but for ornament. Should it be handled, the exceedingly faint halo of modesty that surrounds, but does not touch it, would be destroyed. Shall the last vestige of the modesty of our friends the "true healers" be thus ruthlessly destroyed? Let us hasten to enclose this manifesto in a glass receptacle and place it on exhibition at the Fair as the latest production of those who are repositories of all that is known in medical science.

Of course it is "justifiable" for "sickly schools, imperfectly equipped, lacking in clinical advantages and having no *raison d'être* save ambitious scheming" to be established in the south, where, so long as they teach the same doctrine as the college for which our esteemed contemporary is the organ, no harm will result. But, if the "sickly schools" even in the south, should venture to teach Homœopathy as taught by Hahnemann, or to condemn the prevalent empirical methods so generally taught in our so-called homœopathic colleges they, too, would become a target for the criticism of our esteemed contemporary in "the interest of the profession." The infant school founded by Hering at Allentown, April 10, 1835, was looked upon by our allopathic friends as "an assault on medical progress;" and with the consecutive founding of each new college the "assault" has been repeated, yet, strange to say, "medical progress" has withstood the shock and bids fair to attain a ripe old age. Like Homœopathy so often in the throes of dissolution it is still a lively corpse, and has come to stay.

Now, for the *raison d'être*. The "prospectus" to which our contemporary so touchingly and modestly alludes, has not only been ornamental but practically useful. It has been the means of gathering within the class rooms of a "sickly school" in its first session, over seventy of the healthiest students—

physically, mentally, morally, homœopathically—to be found on the continent; a class of which any faculty might be proud, a class that individually and collectively will do credit to Homœopathy. This class, and not “ambitious scheming,” is the first *raison d’être* for “an assault upon medical progress.” This “prospectus” of 1892-3 will now be put in “a glass receptacle” and a more effective one issued for the coming session.

Professors who live in glass houses should not throw stones at “sickly schools.” It is unbecoming a dignified organ of a dignified school. If the author of “The New Colleges” will read the paper of the Prof. of Obstetrics in the New York College, published in September issue of the *Homœopathic Journal of Obstetrics*, and tell us in what particular it differs from any allopathic teaching on Obstetric, Antisepsis, or point out a single line pertaining to Homœopathy or The Better Way in obstetric practice, he will confer a favor on a long suffering homœopathic profession. In the opinion of some it is the most vicious “assault on medical progress” that has appeared in the year just closed. This and the prescriptions in the record books of Hahnemann Hospital and Ward’s Island Hospital by members of the New York College faculty form another *raison d’être* for the founding of a “a sickly college” where students may study and learn to practice Homœopathy.

Here is another *raison d’être* found in the *Medical Student*, Nov., 1892, the students’ organ of the Boston University School, and no doubt recorded by the watchful reporter as a nugget of rare value in homœopathic therapeutics. The students are evidently in doubt as to what is and what is not homœopathic teaching; but for this they are not to blame. Says:

PROF. J. HEBER SMITH.—If you have a case of genuine malaria give quinine, two to four grains per day, in addition to your homœopathically selected remedy. Either alone will be disappointing, but the combination is a grand success.

This sage prescription was treasured by the student, we presume, because when we have cured a case of “genuine malaria” it is so satisfactory to know *what remedy* did it.

A further *raison d'être* is what is taught from the Chair of Practice in the pioneer homœopathic college of our school, where Hering, Lippe, Guernsey, Raue, Frost and Williamson formerly did such splendid work.

For typhoid: Baptisia early, regardless of symptoms.

For hemorrhage, if alarming, morphine one eighth to one fourth gr. hypodermically.

Chronic gastric catarrh: pure carbolic acid in drop doses.

Gastric ulcer: 10 to 15 grs. tannin in a little water; but my favorite is one eighth or one-fourth gr. morphine hypodermically.

For follicular tonsilitis, use the galvanic cautery.

From the chair of Ophthalmology:

\*Catarrhal conjunctivitis: Hydr. Iod. Flav. Ung. Patr.

Granular conjunctivitis: Atrop. 4 to 8 grs. in 1 oz. water; apply locally

Keratitis Kali Iod. 5 grs. three times daily.

In the University of Michigan, into which Homœopathy was admitted on equal terms with Allopathy after a bitter struggle of twenty years duration, a proposition was recently made by the Dean of the homœopathic department for a union of the schools. The *Detroit Times* says:

The allopathic professors believed the union proposed by Dr. Obetz to be an indication that the homœopathic department was nearing its end. They did not believe that a union of the two departments was possible unless the homœopaths renounced their principles. They point to the fact as they claim that the homœopathic hospital has never been full.

Probably the Dean was unable to find sufficient difference in the therapeutics to warrant a longer continuance as a separate school. At any rate the question became so serious as to warrant the interference of the State Society.

When our homœopathic colleges sow the wind they must, expect sooner or later to reap the whirlwind. Water never rises higher than the fountain and the fountain, in our school at least, is the medical college. Here is the inevitable and legitimate result of such college work cut from the advertisement of one of our pharmacies. It is unnecessary to add that a pharmacy does not expend money for time and drugs simply as an amusement. If there were no demand for these kind of mixtures by graduates of our so called well "equipped" homœopathic colleges they would not be made.

A few tablets and their uses, largely employed by homœo-



pathic physicians, in which two or more remedies are combined.

CONSTIPATION.		WORMS	
No. 1.	{ Podophyllin . . . . 1x Leptandrin . . . . 1x Merc. dulc. . . . 1x	No. 5	{ Santonine . . . . 1x Merc. viv. . . . 3x Silicea . . . . 3x
BILIOUSNESS AND TORPIDITY OF LIVER.		CROUP, HOARSE COUGH, DIFFICULT BREATHING	
No. 2.	{ Nux vom. . . . . 2x Podophyllin . . . . 2x Mercurius viv. . . . 2x	No. 6.	{ Aconite . . . . . 3x Kali bich . . . . . 3x Spongia . . . . . 3x
COUGH, HOARSENESS, BRONCHITIS.		FEVER, CHILLS, INFLAMMATION.	
No. 3.	{ Bryonia . . . . . 3x Phosphorus . . . . 3x Causticum . . . . . 6x	No. 7.	{ Aconite . . . . . 3x Belladonna . . . . 3x Bryonia . . . . . 3x
NERVOUS DEBILITY, VITAL WEAKNESS		MALARIA.	
No. 4.	{ Aurum muriatic . . 3x Phosphoric acid . . 3x China off . . . . . 1x	No. 8	{ China ars. . . . . 2x Fer. phos. . . . . 3x Natrum sulph. . . . 3x

Students who are not grounded in the principles of the Organon, who are taught to treat disease instead of the patient, who see this kind of work done in the college clinic and hospital practice will first palliate, then alternate, then resort to mixed remedies, and finally to crude Allopathy. We say crude Allopathy for the more advanced allopathists are now using the single remedy. The following is our last *raison d'etre* from the pen of a well known and prominent southern homœopath:

Homœopathy now suffers, and is destined yet to suffer, more from corruptions among her professed votaries than from all other sources. Her principles, so beautiful in themselves, and so consistent when viewed in connection with other acknowledged truths in science, have only to be studied well in order to be adopted fully.

Not so the Allopathy and Eclecticism too often mixed in her practice; the further they are pursued, the more evident become their absurdity. The abhorrence, therefore, that these must ever excite in the cultivated and scientific mind will be attached to Homœopathy when found in company and close connection with them; nay, more, the living one must bear the reproach long after those chameleon hues of empiricism are faded and gone.

There are many in our land, who, professing to practice Homœopathy, often resort to the use of the lancet, cups, leeches, emetics, cathartics, large doses of mercury, etc. [Which includes morphine, quinine and the latest fads.] Some pursue such a course to retain old patrons; some to convince the community that they are not "bigoted," but understand and can practice "both ways;" some to indulge their indolence, finding it much easier to fol-

low the routine "bleed, physic and puke" than to take symptoms and *study out* remedies; while doubtless most do it out of sheer necessity, having capacities *to small* for any mental achievement \* \* \* \* \*

Nor is this the end of *mixing*. There are some "geniuses" calling themselves homœopathsists, who are so highly endowed with powers of discrimination as to set aside all natural laws in the arbitrary selection of their remedies. Not confined to one system or school they take the *best* from each, so that no disease or "flying pain" may hope to survive their charge. Eclectic-Homœopaths! wonderful men—able thus to give the world the strongest decoction of medical experience and learning.

The want of consistency apparent in all such mongrel practice, while it increases the prejudices of the ignorant and disgusts the learned, can but expose our system to ridicule and neglect. A community once thus imposed upon, will be slow, *very slow*, in placing confidence in the true homœopathist who may in after years settle in their midst. \* \* \* To Homœopathy the result of their labors is a minus quantity. The increase, therefore, of Homœopathy must ever be inversely as their increase. \* \* \* \* \*

While we have the strongest confidence in the ultimate triumph of Homœopathy, we may have occasion to fear lest it be her's yet to endure an Egyptian bondage, or an exile "in the wilderness" during the roll of "middle ages" dark with medical empiricisms, drugging and death.

To avert such a fate from the greatest of medical blessings let all true homœopathsists unite in maintaining the purity of their doctrines and practice. Wherever a society is formed, let its platform be similia. Let no physician be recognized or associated with at the sick bed who is in the least degree a mongrel. \* \* \* The libel, so industriously circulated by the "mixing sect," that pure homopathsists are circumscribed in their views, bigoted and illiberal, should in no wise turn us from the path of duty. If there is anywhere a wide field for scientific research, it is that open before the faithful followers of Hahnemann. For our part, we are willing to employ our time and energies in *extending*, not altering, the legacy of Hahnemann.—*Philadelphia Journal of Homœopathy*.

And yet, notwithstanding such a vigorous protest from this veteran his son who graduated from the University of Tennessee in 1881, has given many a patient confided to his care at Hot Springs by a homœopathic colleague the following mixture:

“℞ Tr. Nux vomica ʒ i.

Keiths Con. Tr. Podo. ʒ iv.

Fl'd Ext. Cascara s. ʒ iv.

℥ Sig. Take from 10 to 30 minims in ½ a glassful of water, every morning.”

The patient was justly indignant at receiving it when he expected a homœopathic prescription, paid the fee, and bottled his wrath which on his return home he uncorked on the inno-

cent head of his family physician. And yet he calls himself a homœopathic physician. Is it the fault of the doctor or the college teaching?

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**CHANGE OF CLIMATE FOR CONSUMPTIVES.**

*Editor Medical Advance.*—A four-line article over the name of "Salisbury," at the bottom of page 266 of your October number, to my mind, needs some comments.

The article reads as follows: "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." What a mistaken idea the whole article presents to a person of practical experience. When I was in my "teens" I lived in one of the best regulated families in New England (a doctor's family), where the food was the best and most wholesome the country afforded, and it was the best cooked too. There was no long-continued unhealthy alimentation in that house or neighborhood, yet I, from taking care of a consumptive, contracted the disease (I might say scourge) "consumption," so pronounced by five of the best educated physicians in the State. The article may be right in its statement that "nothing but the removal of the cause will cure it;" yet the writer leaves us in the dark as to how to "remove the cause." He says it cannot be done by change of climate. What nonsense to try to make us believe who have experienced a cure by removing the cause only by a change of climate, after the skill of the doctors (five of them) said there was no hope "only in a change of climate." I have had a personal experience of thirty years of immunity from the dreadful disease by such a removal of the cause. I am sorry to see such articles in print, especially when they creep into the *purest* and *best* medical journals we have published.

It has been found by practical research that while in the climate and atmosphere of New England consumption causes the death of fifteen thousand people annually, or twenty per cent of all its mortality, in New Mexico; a part of our country that was settled before New England had a name, the disease has never been known amongst its natives, and so

far as history of living is concerned, the people of that country did long continue in an "unhealthy alimentation" and sanitary condition, yet in spite of all this, the atmosphere was so pure that the disease never troubled them; while east of the Missouri River it was destroying more in our country than war and cholera combined. Prof. Marcy of Boston, in his annual address to the American Medical Association last June said: "More than one hundred thousand die annually in the United States of consumption." Verily, do all these die because of "long-continued, unhealthy alimentation?" Not that we can find out. It is estimated that during the past century more than nineteen million persons have been killed by the wars of the civilized countries. During the same time, this country of ours has buried not less than five millions of its people, or a number equal to one-twelfth the present population. Is it any wonder that we have burial casket syndicates at the present time? Isn't it a little singular that so little is known about the disease consumption and how to remove the cause? Many of the "pure Hahnemannians" fail to remove the cause, and their patients die because.

One of the most careful and correct homœopaths in this country of Fincke's and Swan's high potencies failed to "remove the cause of consumption" in two of my sister's dear children, and both died before they had reached the age of twenty-five years, neither of which had other than the best homœopathic treatment from baby-hood until they died. The young man was a favorite student of one of our best prescribers, their father a homœopathic physician, and their mother a daughter of a thoroughbred homœopathic physician of the Hahnemann type. These two died because "the cause" was not removed. The third child, a lad of fifteen years, strong and healthy, was at this time working in a store in Boston. The mother had no anxiety regarding his health, until the daughter who was nearing her earthly end, had a presentiment that her younger brother would soon follow the older brother and herself unless the cause was removed by a radical change of climate; in fact, she saw in a wideawake vision that the boy was to go far away, and all on account of the danger of death from consumption. She told her brother

this at noonday, admonishing him to be brave and go that his life might be spared. When the boy heard it, he thought his sister was dying, and communicated it to his mother, who immediately stepped in to inquire the cause of the strange phenomenon, when the daughter, as rational as ever, repeated her vision to her mother. Then it was she became anxious about the lad, and took him to see the kind physician, but did not tell him the cause of her sudden anxiety, until he had examined the boy, and given her the following advice: "Madame, do not allow any grass to grow under your feet until you get this boy into the Western climate, for there are visible symptoms that he will soon follow in the wake of the other two. No power on earth can prevent it in this climate."

The change was made at once. The daughter died within a week, but the boy still lives, because the cause was removed by a change of climate from Boston to the Rocky Mountain region. That was fifteen years ago, and now there is a happy family of three with prospects of a long life to all.

I have gone more into detail than I should, because of the radical assertion that you publish, viz: "No one can hope to treat consumption successfully by a change of climate," etc.

BOSTON, Mass.

W. P. ROBERTS.

[The quotation to which the doctor takes such positive exceptions is from Salisbury's admirable work on *The Relation of Alimentation to Disease*, and if he would read it carefully perhaps he might change his mind about it being "a mistaken idea." He would then find also how to remove the cause. Neither is the doctor's advice to send all consumptives to New Mexico wise, safe or judicious, for in the Hebrides, Faroe and Shetland islands the people enjoy as great immunity as in New Mexico, while the mortality is as large in sunny Italy as in foggy England. Hirsch says: "It is a disease of all times, all countries and all races." The publication of such articles may induce some to examine the *history* of this scourge and prevent them from blindly and indiscriminately sending patients to a certain health resort, whether it is the place best adapted to the patient or not.—ED.]

ANOTHER HOMŒOPATHIC HOSPITAL TO THE FRONT.—  
We are pleased to have the opportunity of publishing the following table from the results obtained in the treatment of insane in the three State Hospitals of Minnesota.

They figure for themselves, and show that homœopathic success of treatment is not confined to Middletown, but is assured wherever the principles and therapeutics of that school are properly applied.

## MINNESOTA HOSPITALS FOR INSANE.

HOSPITALS.	YEAR ENDING JULY 31, 1891.						YEAR ENDING JULY 31, 1892.					
	Whole No. treated.	Number died.	Percentage of deaths on whole No. treated.	Number discharged.	Number discharged recovered.	Percentage of recoveries on whole No. discharged.	Whole No. treated.	Number died.	Percentage of deaths on whole number treated.	Number discharged.	Number discharged recovered.	Percentage recoveries on whole No. discharged.
St. Peter.....	1208	59	4.88	217	71	32.71	1313	83	6.32	286	108	40.63
Rochester.....	1290	52	4.03	300	72	26.00	1367	35	2.51	104	45.21	
Fergus Falls..	144	4	2.77	20	14	70.00	301	18	4.81	76	42	50.00

COST OF CIGARS—WHY SOME PEOPLE ARE POOR.—  
The following figures show the cost of smoking three cigars a day, at five and ten cents each, for each period of five years from the age of 20 to the age of 70, 6 per cent. compound interest, semi-annually, being reckoned on the money:

FROM THE AGE OF	THREE CIGARS A DAY AT FIVE CENTS EACH.		THREE CIGARS A DAY AT TEN CENTS EACH.	
	Cost.	With Interest.	Cost.	With Interest.
20 to 25 years ...	\$273.75	\$313.95	\$547.50	\$627.95
20 to 30 years ...	547.50	745.74	1,095.00	1,471.36
20 to 35 years....	821.25	1,314.72	1,642.50	2,717.85
20 to 40 years....	1,095.00	2,081.16	2,190.00	4,281.24
20 to 45 years....	1,368.75	3,110.74	2,737.50	6,382.47
20 to 50 years....	1,642.50	4,494.41	3,285.00	9,205.16
20 to 55 years....	1,916.25	6,353.87	3,832.50	12,998.61
20 to 60 years....	2,190.00	8,855.02	4,380.00	18,100.14
20 to 65 years....	2,463.75	12,215.36	4,927.50	24,952.72
20 to 70 years....	2,737.50	16,216.37	5,475.00	34,162.14

—Rand, McNally & Co.'s Cyclopedia.

# MISCELLANY

SOCIETY REPORTS, COLLEGE NOTES, REVIEWS, ETC.

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## CINCINNATI—A VISIT TO "OLD PULTE"—SOME REMINISCENCES—PLANS FOR FUTURE WORK.

The first time I ever went to Cincinnati on my own hook was when I desired to enter Pulte Medical College as a very fresh student. I got off the smoking car of the Cincinnati Southern railway train and walked past about three or four miles of breweries, until I found the entrance to the college, at the corner of Seventh and Mound streets. I had a pocket full of strong credentials, almost seventy-five dollars in money, a vial of Aconite 1x and a very limited amount of anything else.

J. M. Crawford, who has since become famous in literature, was then Registrar, and his assistant, a young gentleman with a strawberry "cast of countenance," nearly smiled his beautiful whiskers out of joint as he surveyed my credentials and wrote out a receipt in full for my fees. Getting into college in those days was pretty much like getting into the circus—pay the gateman and walk in.

The great J. D. Buck was Dean at that time and when he patted me on the back and declared that I had all the earmarks of a successful physician I felt like buying out a whole brewery; but it was not until "Old Father" Owens stamped "approved" across my latissimus dorsi that my joy was complete. The old gentleman was a terror to "pass" and the student who missed his lectures on *Materia Medica* was sure to have a series of cold chills and tolerably warm sweats to follow.

The janitor, whose nose resembled a tomato in full ripeness and whose breath was dangerous near a flame, informed a crowd whose appearance was wholly unlike a ripe tomato that Prof. Walton was a talking in the amphitheatre. "Uncle" Hiram Smiley, of La Cross, Wis., a student of the

well-known J. W. Overpeck; Leonidas Alonzo Lorenzo Day, as bashful as a young maiden; Charles Miller, of Pennsylvania, with a new crop of auburn sideburns; William E. Schoonover, of St. Mary's, Ohio, who was fond of telling what tremendous physical giants his Indian-fighting ancestors were; Beardsley, who has since become a minister of the gospel; Dickey, the long, lank Texas brigadier; Shawber and Oglesbee, of Wapakoneta, were all there, and, of course, marched up stairs to hear Prof. Walton. The dean drove around in the afternoon, viewed the entire heard and allowed it to leak out unofficially that the present crowd beat any and all previous classes out of sight. This piece of information came straight from headquarters, and gave the boys a howling appetite for supper, of course.

Many may have forgotten that **THE MEDICAL ADVANCE** was for years printed in the basement of Pulte college. Prof. T. P. Wilson, now of Cleveland, was, I believe, its editor at that time, and when he removed to Michigan university, **THE ADVANCE** went with him to Ann Arbor.

A short time ago I made another journey to Cincinnati. This time I rode in a Wagner compartment, and stepped hurriedly across the frozen platform of the union depot to find a substantial breakfast at the Grand, where I did not, as of old, ask the price per week, but took things as they came, as was becoming a representative of **THE MEDICAL ADVANCE**.

Soon after breakfast I tracked up old Central avenue again to Seventh, down Seventh to Mound, and up the familiar stone steps into the memorable hall of Pulte Medical College. A venerable woman of Irish descent assured me that it was cold and asked me what on earth I wanted in a medical college.

"Madam," said I, "this is my old college—I was here years ago, am now getting old and have come back to see my old professors and the boys. What is going on up stairs?"

"Professor Walton is a talkin', sir,—away up—I believe, sir, in de amphitheatre."

"Is it possible, madam, that Prof. Walton is still talking? I heard that story the first day I ever came into this hall."

Sure enough, Walton was performing some amputations



for the boys, and was telling them exactly how to do it. Walton knows it and, what is more, he can tell it in a manner never to be forgotten. He is, with possibly an exception or two, the most forceful personality in the homœopathic school, a great surgeon because he is a great man, and a magnificent type of splendid American manhood. He is now the Registrar of the college, whilst Prof. Crawford has gone away off to Russia, and the Deanship has removed to Mt. Auburn, to rest upon the shoulders of Prof. Crank, that pale, frail, careful man who taught the boys to ask these four questions on making the first visit after the birth of a child: "How is the cord? Has the child nursed? Have the bowels moved? Has it passed water?" Some paternal experience leads me to amend our old teacher's queries by adding "Has it howled itself to death?"

Of course I saw Buck and McDermott! The former is as handsome and as full of good things as ever. He gave me a cordial welcome and slyly reminded me, with a far-away squint in his left eye, of his prediction of years ago. He told me of a good story on our own Dr. Lemuel C. Grosvenor, of Chicago, who was, according to Dr. Buck, "a mighty nice young lady when we roomed together at 'old Hahnemann' twenty-nine years ago." Buck and some fellow students went out to Lincoln Park, then a graveyard, and resurrected four "Remains," came home, ate tremendous suppers and came so near having the cholera that Grosvenor was kept busy in the capacity of nurse. Dr. Buck believes that Dr. Grosvenor will recall the incident if reminded of it. Some of Dr. Buck's friends intimate that he is thinking of investigating theosophy, but as the editor-in-chief does not allow me to discuss religion and politics I shall not stop to explain what theosophy really is.

The corner-stone of the system rests upon the supposition, so I am reliably informed, that a spirit never dies; that it appears at one time as a man, at another as a horse, and still later as a bird. According to this, the Tammany tiger and the Republican elephant are liable to change places any day; and the Alabama citizen who steals and eats a Democratic rooster is sure in time to take his place on the hen-roost and to get caught by a fox or a coon. Theosophy is undoubtedly

the only thing that will account for the fact that so many horses know so much more than so many men.

While enjoying a pleasant talk with "Eye and Year" McDermott, who should come in but Prof. Hartshorn, now retired on a competency and a case of "jint" rheumatism? I strongly advised the old gentleman to try the indicated remedy—a piece of advice which might have been deemed an impertinence, since he rarely gave it to us.

Prof. Hunt has retired from the straits of obstetrics and is no doubt working on a repertory at his Newport home, across the river.

The younger crowd has come to the front: Pauly is now professor of obstetrics, Stewart is on eye and ear, Geohegan on practice and McCormick has advanced well up toward the amen corner.

Pulte has wisely added the Organon to its curriculum, and Dr. W. S. Hatfield is giving a systematic course on the foundation principles of medicine.

Yes, I saw the veteran sage of Seventh and John streets, familiar to all, and known everywhere as "Pappy" Owens. The old gentleman has aged some as the years have gone by, but he is as energetic and as full of work as ever. He no longer lives at his old residence, but retains an office there. The gloom of a great affliction has told heavily upon him, and those who knew William Owens, Jr., need no reminder of his genial warmth and pleasing manners.

Pulte Medical College was founded over twenty years ago and was promised a rich endowment by the lamented Dr. Joseph H. Pulte. Whether this endowment was ever received or not I do not know, but at any rate the college owns a magnificent piece of property, clear of encumbrances. The building is very large—too large in fact, for the needs of the institution, and it will soon be divided into a college and hospital, both roomy and well appointed. The dispensary will be removed to the basement, and the first floor can then be utilized for lecture rooms. Cincinnati has long felt the pressing need of a homœopathic hospital, and this demand the faculty of Pulte college now proposes to supply. The work of renovation will begin as soon as the present term closes.

Worthington's pharmacy, at 170 West Fourth street, has

gone up the spout, and an advertising firm from "back east" has taken possession of the old stand.

The drug store of F. A. Crowther is still on deck across Mound street, and the sacred Presbyterian edifice to the rear on Mound is as convenient as ever to the pious students of Pulte. That paunchy saloon keeper at the corner of Barr street has been "at home" in the other world for some years—his beer pump run down and his vaso motor system beyond the reach of Aconite. Dr. Pauly's former assistant, the dusky-skinned Raphael, long ago crossed the alcoholic stream and his bleached bones are now in the Hering College at Chicago. I hope that Raphael's departed spirit has found a vast lake of pure Bourbon, surrounded by shady trees, where a siphon can be in eternal operation. The little restaurant near the hospital is still in operation and I did myself the honor to walk by it and to gaze reverently at the bare tables, from which some of the ablest men on the American continent have eaten many a breakfast in days gone by. Two new bridges span the beautiful Ohio, which was frozen from shore to shore during my visit. That superb anatomical painting still adorns the amphitheatre and the venerable skeleton, suspended on pulleys, hangs by its side. Many of the old allopathic guard are still on deck at the Cincinnati Hospital.

"Old Pulte" has turned out some of the most famous practitioners in America. W. E. Green, of Little Rock, the foremost surgeon at the south, is from Pulte, as is his brother, Frank P., of Memphis. Gatchell of Ann Arbor, whom everybody knows, and Fisher of Chicago, whom everybody ought to know; John T. Strode, of Maysville, Ky.; John Wright Dickey, of the Lone Star state, and scores of other well known men are all the finished product of that college. I might name a tall and extremely handsome Chicagoan who once kicked over a chair in Pulte's lecture room, but the eye of the chief might fall upon it and his name would be Dennis.

Cincinnati was once a great town in my eyes and I wasted pounds of good paper in telling my friends of its amazing sights. Today it surprises me more than it did when I first saw it. The clerk at the hotel asked me if I wanted a fire in my room. The mercury then stood four below zero. I told him that I was accustomed to fire, air, and water at home,

and requested these luxuries to be placed on my bill. One of the horse cars came to a full stop and while the animals were catching their breath an apparently healthy man, without cane or crutches, strolled out and made for the sidewalk. The idea of a street car lowering its speed to let a man on or off was so shocking that I nearly laughed aloud. During the day I saw three or four policemen—something one rarely sees in Chicago.

In order to avoid a line of drays and trucks I Chicagoed across the street, and two dozen pairs of eyes fairly blazed with amazement. Men wait on the corners for street cars, instead of meeting them in the middle of a block and jumping on. It is enough to make a Chicagoan homesick to note the absence of profanity among the teamsters and cab-drivers. A man can hear more drum-splitting oaths in one minute around the Polk street depot in Chicago than he will hear in a month in Cincinnati. The Chicago cabman who loses a tenth of a second bawls out a tornado of cuss-words, but the Cincinnati "cabby" cares nothing for losing ten minutes.

Nobody expects the sun to shine in Cincinnati, hence the smoke nuisance is a thing unheard of.

But, leaving Pulte, and old friends, and the river, and my hotel fire behind, I climbed into the cab of a stately mogul, rode until I got sleepy, then returned to my bed to wake up along the shores of lake Michigan. I found that Chicago and THE ADVANCE had not suffered seriously from my absence, and I am sure that my friends of the Queen City can manage to struggle along until I visit them again.

H. C.

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THE ANNUAL MEETING of the Hahnemann Medical Association of Iowa, will be held in Des Moines, May 3d and 4th. The meeting is called early to remove every obstacle from a full attendance of its members upon the Congress of Medicine, in Chicago, the last of the month.

Alice A. Goodrich, M. D.,  
 A. P. Hanchett, M. D.,  
 Secretary. Vice President.

**LINES ON A SKELETON.**

Original found pinned to a skeleton in the British Museum. A large reward was offered for the name of the author, but his name was never positively known, although the honor has been attributed to Wm. Darling.

Behold this ruin! 'Tis a skull,  
Once of ethereal spirit full;  
This narrow cell was Life's retreat,  
This space was Thought's mysterious seat,  
What beauteous visions filled this spot!  
What dreams of pleasures long forgot?  
Nor hope, nor joy, nor love, nor fear,  
Have left one trace of record here.

Beneath this mouldering canopy  
Once shone the bright and busy eye,—  
But start not at the dismal void;  
If social love that eye employed,  
If with no lawless fire it gleamed,  
But through the dews of kindness beamed,  
That eye shall be forever bright  
When sun and stars are sunk in night.

• Within this hollow cavern hung  
The ready, swift, and tuneful tongue;  
If Falsehood's sweetness it disdained,  
And, when it could not praise, was chained,  
If bold in Virtue's cause it spoke,  
Yet gentle concord never broke,—  
That silent tongue shall plead for thee  
When Time unveils Eternity

• Did these fingers delve the mine?  
Or with its envied rubies shine?  
To hew the rock or wear the gem  
Can nothing now avail to them,  
But if the page of Truth they sought,  
Or comfort to the mourner brought,  
These hands a richer meed shall claim  
Than all that waits on Wealth and Fame.

• Avails it whether bare or shod  
These feet the paths of duty trod?  
If from the bowers of Joy they sped,  
To seek Affliction's humble bed;  
If Grandeur's guilty bride they spurned,  
And home to Virtue's lap returned,  
These feet with angel wings shall vie,  
And tread the portals of the sky.

**COLLEGE NOTES.**

The following resolutions were passed by the institute at its latest meeting:

WHEREAS, It hath pleased an all-wise Providence to call from our midst our beloved friend and brother, Frank L. Reed; and,

WHEREAS, The aforesaid brother was an active member of the Hering Institute of Homœopathy; be it therefore,

*Resolved*, That we deeply regret the loss and that by his death the institute loses a warm supporter and Homœopathy a true friend, and his parents a loving son; and be it further,

*Resolved*, That a copy of the resolutions be spread upon the records of the institute and a copy forwarded to his family, and that they also be published in the college paper.

J. DOUGLASS MITCHELL,

HAILEY N. BAKER,

CHAS. E. ALLIUME,

*Committee.*

The Hering Institute decided that as the college had adopted the Latin diploma, it would be best to have both in the same language, and both diplomas will now be in Latin.

The members of the senior class are much indebted to Resident Physician Minnie M. Ousley of the Woman's Temperance Hospital for the kind invitations frequently extended to them to attend surgical operations by Prof. Boynton at that place.

We naturally gravitate towards the professor when there is any operation on hand, although as a class we don't expect to resort to surgery on every occasion where the indicated remedy fails—to come forward and volunteer its services.

What has become of our college pin?

The committee would beg to have their report considered or at least to be relieved from this onerous position "on the table."

The *Hahnemann Pulse*, a journal purporting to be a student's paper, has the following: "It is reported that a lecturer of some notoriety has consented to deliver a full course of lectures on 'Fevers of All Kinds' in a certain

Embryo college not a thousand miles from 'Old Hahnemann.' More than a decade of years ago they gave their compiler trouble in deciphering them, and if the dust of ages has not accumulated too thickly on the MSS. we will undertake to furnish verbatim from stenographic notes."

I would like to know if the author of this groveling article thinks that the abdominal lesion of typhoid is any different to what it was a decade of years ago, or if there is now a marked and constant lesion in typhus, and the abdominal lesion is not now found in typhoid.

If this is a student's journal alone, the author of the article above referred to, is evidently having a hard time getting his degree to have been in "Old Hahnemann" when these lectures were delivered.

We thank you for so complimenting Prof. Hoyne, for it demonstrates that his opinion is as valuable as ever, and that he is always sure of his ground before he expresses his opinion to his students.

This same "lecturer of some notoriety" does not tell the students of the Hering that *Mere* is good for Chancres, when a patient comes to him with Syphillis, but that it is good only when indicated according to the symptoms and is not any more valuable than any other remedy in our *Materia Medica*, if not indicated by the symptoms found in the patient.

This same journal gives us the startling news that a new system of medicine has been founded, known as "Osteopathy." I heard of an M. D. of Kirksville, Mo., who was creating quite a rage with this "Osteopathy," or "Bonology" several years ago, and I think that it was being worked for sometime before that.

If the room-mate of the author of this article will observe the posterior aspect of the author, when stripped, he need not be surprised should he find a strip of moss wending its way up each side of the vertebral column. In the locals of the Journal above referred to is the following question: "Irresistible inclination to lift the feet on going up stairs—what's the remedy?"

I would suggest that *Plumbum* as it is prescribed by some

of your Mongrel Homœopathic friends would destroy this inclination altogether.

Another question "Constant motion of the jaws while eating. Name the potency." If this man can move both his jaws, he will be able to get a position in a Clark St. museum. I think that if his "cheek" could be potentized, 'twould be well to prescribe it in the cm. potency, but as substances become more powerful with potentiation, some pharmacy will have to manufacture or have manufactured some steel vials to hold this powerful substance. Come up dear friends to our college and learn how Homœopathy is taught and practiced. If enough of you can be gotten together, we will start a spelling class and teach you that "Hering" is spelt with one "r."

At our first surgical clinic of the new year we had five very interesting operations and were cheated out of the sixth by a dose of asafœtida.

The case had been diagnosed as a malignant affection of the cervix uteri, but had made such improvement in a week that it was thought best to let it alone.

This is not the least of Professor Boynton's attributes as a surgeon, to know how to—not operate.

Dr. J. H. Allen has kindly consented to deliver a course of lectures to the students of Hering College. He is greatly liked by the entire class who hope he may become one of the regular faculty.

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#### THE WORK OF A DIRTY NOSODE.

Dec. 10. Abr. A——, aet 24, came to me, suffering with nasal catarrh and rheumatism, which baffled all efforts to subdue it.

Two years ago he contracted gonorrhœa, which was cured (?) by injections, and ever since he had been troubled with nasal catarrh and rheumatism, was intensely nervous, almost jumping off his chair when I crumpled a paper in my hand; also was complaining of a bubbling sensation in right kidney.

As his trouble dated from his cure (?) of the gonorrhœal discharge, I gave him Medorrhinum cm. two doses.



Dec. 18. Reports discharge returned, almost identical with the first attack, and also an acute Coryza.

℞ S. L. 2 a da.

Dec. 27. No  $\succ$  of other symptoms, but a continuance of the discharge.

℞ S. L. 2 a da.

Dec. 31. Reports improvement of all symptoms. Bubbling sensation in right kidney gone. Coryza  $\succ$ . Still very nervous.

Jan. 2. Reports all symptoms cured, but the discharge No dryness in nose.

The discharge being very indicative of Capsicum, it was given in the 1m, and on

Jan. 7. Reports all discharge gone, and says he feels better than for ten years.

And now the question comes to my mind, did I do wrong in giving two doses of Medorrhinum, when one would have probably done the work as well; and should I have prescribed Capsicum for the discharge?

It was giving him a great deal of discomfort, and it certainly was not a suppression. J. D. MITCHELL.

CASE 00 —G. W., age 5, was playing with his father who held his head roughly between his knees which caused him to complain of his ear at the time. A few hours later he was screaming with the earache. He did not believe in local applications and would allow no one to touch or scarcely come near it.

He got a dose of Arnica cm. and in certainly less than five minutes he was trying to begin another scuffle with his father and had no more trouble. A. W. VINCENT.

I wish to report the three following cases, as they were of special interest to me, and in the treatment of which I followed the instructions and teachings we receive every day.

CASE 1—Mrs. K——, aet 71, German. I called to see this lady for the first time Sunday, January 22d. I found her sitting propped up in bed with pillows, a *feather tick* wrapped around her body, and a breakfast shawl tied over her head. Her face was *pallid and cold, lips blue* and she was breath-

ing in gasps. Her *hands* were *cold*, likewise her *feet* which were also very *much swollen*. If she *lay down* she *could not breathe*. She complained of being *so cold*, but had a *burning* in the stomach, and was *very thirsty*, but the stomach would *immediately reject* anything and everything she *drank*.

Arsenicum 40 m. one dose dry on the tongue and *cones* left to be taken every half hour. I saw the case on the following Wednesday and she reported that before Monday morning every troublesome symptom had disappeared; even the œdematous condition of the feet had entirely gone, and Tuesday she got out of bed alone, something she had not done for two weeks. I was very much gratified with the result in this case, as I had so frequently heard it claimed that although "high potencies *might* do in *chronic* cases, when you had an *acute* condition you must give some *medicine*. I never expect to see a very much *more* acute condition, and the result showed what 'moonshine' will do if the prescriber is 'in the light' and the patient has the 'faith.'"

CASE 2—Clara R., aet 6. Had chills and ague three years ago and was cured (?) with quinine. Ever since then has not been strong. Gives out easily while playing, especially if she goes up stairs, gets out of breath, very sensitive to cold air and takes cold easily, at which time the cervical glands are enlarged and painful. No appetite, but drinks a great deal of water; face pale and pupils of *eyes always dilated*; sweats easily, mostly on head and forehead.

Calc. carb. cm. one dose dry on tongue with *cones* to take three times a day. Two weeks later saw the case and she had had a return of the ague on the fifth day after taking the medicine. She continued to have these every day for *four* days, each paroxysm being lighter than the preceding one. She felt well and her appetite had returned, and she slept well. A month later she had grown ruddy and strong, and could play all day with no inconvenience.

CASE 3—Mary C., aet 10. Had a ringworm, size of a silver dollar in the bend of elbow on left arm, another the size of a silver dime a short distance from the large one. I could get no symptoms except the following history. Her father had died at the age of 43 with a hemorrhage of the

lungs, and her sister, aet 18, was now confined to her bed in third stage of consumption.

The patient was tall for her age, very fine skin, black hair, rosy cheeks and large, brilliant eyes. The symptoms being mostly negative and the patient evidently of a tuberculous diathesis. I remembered Dr. J. Compton's experiments with Tuberculinum in such cases, and as an experiment gave Tuberculinum cm. dry on tongue. The ringworm disappeared in less than a week and her general health has been much improved.

A. W. HOLCOMBE.

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### NEW PUBLICATIONS.

INTERNATIONAL CLINICS a quarterly review of clinical lectures on medicine, neurology, pediatrics, surgery, genito-urinary surgery, gynecology, ophthalmology, laryngology, otology and dermatology by professors and lecturers in the leading colleges of the United States, Great Britain and Canada: edited by John M. Keating, M. D., Colorado Springs, Col., Judson DaLand, M. D., Philadelphia, J. Mitchell Bruer, M. D., F. R. C. P., London, England, and David W. Finlay, M. D., F. R. C. P., Aberdeen, Scotland, and published by J. B. Lippincott & Co., Philadelphia, Pa.

No better review of this valuable series can be made than a reproduction of a portion of the table of contents giving the wide range of clinical subjects under consideration and at the same time showing the masterly manner said monographs must be handled when we read their authorship.

The pulmonary complications of Influenza, by J. M. DaCosta, M. D., L. L. D.

On some of the clinical types of Cirrhosis of the liver, by David Drummond, M. A., M. D., (T. C. D.)

The diagnosis of Pulmonary Tuberculosis, by Theodore Williams, M. A., M. D., F. R. C. P.

Empyema and its treatment by valvular drainage, by A. M. Phelps, M. D.

A case of Typhoid Fever complicated with Pregnancy; subsequent relapse and development of Tuberculosis. By Richard Lea Macdonnell, M. D.

Occupation and pulmonary disease; the diagnosis and treatment of Pulmonary Consumption. By William Buckingham Canfield, A. M., M. D.

Diphtheretic Paralysis. By Hector W. G. Mackenzie, M. A., M. D. Cantab., M. A. Edin., M. R. C. P. London.

Fracture of the neck of the Femur; fracture of the Humerus; fracture of the Radius; fracture of the lower jaw. By John Ashurst, Jr., M. D.

Suppurative Synovitis following Parturition; Tubercular Arthritis after Typhoid Fever, requiring Arthrectomy; Tubercular Arthritis Subsequent to Cold Abscess, requiring Resection. By John B. Roberts, M. D.

Syphilis as an Etiological Factor in diseases; its pathology, practical and clinical importance—Aneurism of the Basilar Artery—Miliary Aneurism of the Arterioles of the Cerebrum—Pistol-shot wound of the head followed by Cerebral Abscess—Chronic Syphilitic Meningitis. By William Henry Porter, M. D.

Polycyst of left Ovary; twisted Pedicle; General Peritonitis; Adhesions; Cystic Degeneration of right Ovary; Removal; Recovery. Laparotomy for diseased ovaries and tubes. Alexander's Operation for shortening the round ligaments; the flap-splitting operation for complete laceration of the Perineum. By Paul F. Mundé, M. D.

The mechanical treatment of Inguinal Hernia. By W. D. DeGarmo, M. D.

Cancer of the tongue; Kocher's Operation; Recovery. By W. H. Carmalt, M. D.

Typical Abortion; its anatomy and treatment. By D. Berry Hart, M. D., (Edinburg).

Areolar Hyperplasia; Anteflexion and Dysmenorrhœa; Persistence of pain and Menstruation after Oöphorectomy. By Paul F. Mundé, M. D.

Sycosis. By A. H. Ohmann-Dumesnil, M. D.

Comparison between Lupus and Syphilis. By H. G. Piffard, M. D.

Lymphadenoma; treatment of Otorrhœa. By Beverly Robinson, M. D.

Congestion of the Kidneys; Rheumatoid Arthritis. By William Pepper, M. D., L. L. D.

Suppurative Pleurisy; Ovarian Cyst; Two. Aneurisms of Aortic Arch. By Alfred L. Loomis, M. D.

Clinical cases illustrating some of the important aspects of

Chronic Rheumatism and their treatment. By N. S. Davis, M. D., L. L. D.

Bone-grafting; Reimplantation of bone after trephining; the importance of Asepsis for the surgeon's hands. Extirpation of the rectum. By Robert F. Weir, M. D.

With this sample of the contents of volume I and finding the merit of the reports continuing equally good throughout the second and third volumes THE MEDICAL ADVANCE can commend the compilation of great practical value. Not but what its value might be greatly enhanced with the addition of the homœopathically indicated therapeutics.

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AN ILLUSTRATED ENCYCLOPÆDIC MEDICAL DICTIONARY, being a dictionary of the technical terms used by writers on medicine and the collateral sciences, in the Latin, English, French and German languages. By FRANK P. FOSTER, M. D., editor of the NEW YORK MEDICAL JOURNAL, and published by D. APPLETON & Co., NEW YORK.

Every student recognizes the imperative need of dictionaries to aid them in their investigations. A dictionary, however, to be of benefit, *must be accurate* and the worker must know of its reliability. *It must be complete.*

A careful examination of Foster's Encyclopædic Medical Dictionary excites wonder and admiration in the mind of the investigator. It is so complete, and, withal, so accurate as to justly deserve the title of ENCYCLOPÆDIC.

This work is not a luxury, but an actual necessity to scholars who aim to express their thoughts with any degree of exactness. It supplies the place of a library, and must not be classed with compilations, for each definition is given in the language of the one having charge of that subject, so there is that harmonious interpretation of meaning throughout each subject treated, which gives confidence to the investigator. The science of the present age is recorded in no one language, so the editors have considered each word in the Latin, French and German, as well as English, so that knowledge of a term in any of these languages will enable anyone to find its co-respondent in any of the others.

The publishers have contributed their share towards making the work popular by binding it in twelve separate books,

making it convenient for reference. They also furnish it in four volumes with more expensive bindings.

To say "it supplies a long felt need," will be but echoing the statement of every one who investigates the work.

Write the publishers for further particulars.

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PLAIN POINTS ON PERSONAL PURITY, STARTLING SINS OF THE STERNER SEX. By Rev. Geo. A. Hall. Columbian Book Co., Chicago, publishers. Price, \$1.00.

A careful review of this book was requested, owing to the fact that an article appeared in reference to the same in the January issue of the *MEDICAL ADVANCE*, which was not highly complimentary to the author.

It is not the purpose of this review to analyze the motive of the author, but an unbiased reader of the book would be likely to reach conclusions not far from the following: The reader who was not addicted to any of the vices enumerated would endorse most of the statements made in reference to the evils resulting from indulgence in any or all of the evil tendencies of the present age.

Evidently the book is not intended for such readers, for from title page to "finis," it appeals to the unfortunate, who has felt the force of the monster with whom he has entered into mortal combat. From a moral standpoint, the author is undoubtedly in the right, but as soon as he steps outside of his legitimate sphere (that of a moral and spiritual adviser) and takes up the roll of medical counsellor, he becomes a party to results, as far reaching in their evil influences as are many of the practices deplored throughout the book.

He will have many readers, because he deals with a subject which touches almost all mankind in a peculiar way, but it is a question if the positive harm arising from the reading of the book, will not more than counter-balance the possible good.

A 3d edition should be written in which with careful revision the book might be sent out upon a more successful mission.

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The British Homœopathic Society publishes a journal of their proceedings under the editorship of Richard Hughes. The first number of the new series is filled with valuable thoughts.

# MISCELLANY

## SOCIETY REPORTS, COLLEGE NOTES, REVIEWS, ETC.

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### MEDICAL COLLEGES.

Perhaps the time is opportune to discuss the medical college as an educational institution. A school purporting to train men for one of the most responsible callings in the whole range of human activities, and one claiming recognition as a "learned profession," ought to have reached some educational standards to which it is amenable and by which it may be fairly judged.

For centuries medicine has divided the honors with law and theology. It has been the associate and exponent of natural science in all history; as one has advanced so has the other likewise. Medicine has been dominated by a spirit of true scientific inquiry, reflecting the highest scientific knowledge of the various centuries as they have moved past.

It has placed under contribution the discoveries in chemistry, in physiology, physics and botany, biology, psychology, comparative anatomy, and ethnology, and in all other sciences that in any way relate to the preservation and restoration of the functions of life. It can do no less than this, nor is it immodest or egotistical for it to claim so much; though in so doing it assumes a responsibility and sets for its measure a standard by which it is hard to abide.

This consideration makes it apparent that one of the first duties of a medical college is to afford opportunity for the practice of the methods of modern scientific inquiry. This means a great deal. It is the especial crown and glory of science to invite the mind of man to independence of judgment, to encourage the habit of inquiring into the grounds of faith and practice, to discourage dogmatism and the *ex cathedra* of creeds and formularies. It does not tend toward skepticism, but to belief based upon facts which the individual comes to see for and of himself, not from their promulgation by others, however ancient or worthy the authority.

The laboratory does not ask the student to accept Newton's dictum on the laws of force, but says to him, "inquire of nature to see if these things are true." He then comes to believe and accept the conclusions because they are verified and verifiable in his experience. How absurd it would seem to see men divided into gravitation and anti-gravitation societies. No division among men can long continue upon demonstrable results in the world of science. If, therefore, divisions are found, they are the indications either of the weakness of the so-called law, or of those who attempt to demonstrate it. It is evident that the medical college should bring to its students genuine, clear and oft-repeated instances proving the correctness of the principles the college undertakes to teach. The calm unprejudiced judgment that conditions all true advance in knowledge; that attitude of mind which is rejoiced to discover any fact or truth, even though it utterly confound and put to rout all preconceived notions and cherished beliefs; that spirit of true wisdom which is always humble, receiving truth from all sources, high or low, from enemies and friends, wherever the light may proceed. Such must form the atmosphere of any college worthy to represent the noble calling of the physician.

But such a school must also stand for the whole body of medical knowledge, without partiality to any branch, and with neglect of none. Whatever is necessary for the physician to know beyond the academic equipment common to all professions the college should undertake to teach, and once having decided what that knowledge is, it cannot be true to its ideals nor maintain either the respect of itself or the charitable judgment of men if it does not endeavor to bring each department and chair to the highest degree of efficiency. Every man must find an opportunity to do his best, or there is an organic weakness in the institution itself. The freedom of university life should be encouraged in order to induce men to put forth their highest skill in the direction of their special branches.

It is no credit to the medical colleges that in many of the important advances in the profession, they have slowly brought up a masterly movement in the rear, whereas they should lead. Would a college turn out men strong in prescribing?



Then let it excel in its instruction and clinics in *Materia Medica* and diagnosis. Would it be honored in its graduates in the lines of special practice? Let it provide with wisdom equal facilities for these things. Would it win fame from its representatives in the field of surgery? Let it see to it that the ablest lectures, supplemented by unlimited clinical advantages be brought within reach of every student. In this way, and in this way only, can that all around, wholesome, broad medical knowledge be imparted that ought to distinguish the physician of the present day. There is a demand for such physicians and therefore for those colleges capable of training them.

Another demand equally imperative is for a broader foundation of general scholarship as a condition for entrance upon the study of medicine. The present standard is virtually none at all. The boy from the grammar grades of the public school is placed upon the same footing as the man from Harvard or Yale, and at the end of the same course of study is graduated with equal honors. The public is thus imposed upon, and the good name of the profession is lowered in public esteem. Instead of lengthening the course in medicine to five or six years, as some enthusiastic admirers of their own slow progress through a German university are now urging, it would seem better to me to raise the grade of brain power admitted to the medical schools. A knowledge of medicine may possibly be within the reach of the uneducated boy, but at the best his views must be very crude and unsatisfactory.

Still further should a medical college create and maintain an educational atmosphere, an air that will aerate and oxidize the intellectual faculties, and stimulate to that pride of learning common to the literary school. Less of the shop and street, less of rowdyism and gossip, and more of quiet, calm, persistent, scholastic effort; a more vital sense of the responsibility of instructor and pupil. These things are earnestly demanded, and must be supplied. One cannot walk through the halls of Oxford or Harvard, or even tread the greensward, without a reverent sense of regard, and a consciousness of an "atmosphere" of culture and honorable history made great by the great thoughts of great minds associated with these hallowed spots. To attain like results in the medical school, or to

approach them, the student must find those forces at work which can create the necessary conditions. Among these forces the one of greatest power is the group of men who constitute the faculty of instruction. These men should be men of liberal culture, broad sympathies, successful in life, of extensive professional knowledge, and of the highest moral and religious ideals. Second only to the faculty is that personal relation between teacher and student, whereby the latter is influenced and inspired to exalted ideals of manhood and professional success. Too much stress cannot be laid upon this point. The parents of the young men and women who throng the medical halls have a right to expect as much from those who offer to induct their children into the mysteries of the medical art. If a college would disciple its students it must meet them on the ground of their personality, their sympathies, their ambitions, their hopes and fears.

A third factor consists in those surroundings and appliances proven of value in educational work in other colleges. There are laboratories, libraries and reading rooms. A medical college with over thirty years of history without a single volume for a library, a laboratory (!) that would do no credit to a country high school, without a paper or periodical of any kind, or any room in which a student can find a place for a moment's study is a disgrace to the profession and a monument to the folly of its management. The argument sometimes advanced that the students would not properly use such advantages is puerile in the extreme. Amherst or Yale might advance it with equal force. It is the business of the management both to supply these necessities and to provide ways and means for their proper and effective use. Students and the public would be glad to respond to the demands of a college affording such privileges. Nor does the fact that the lecturers receive no salaries afford a valid excuse for the lack of these necessities. The students pay a liberal tuition, sufficient to secure the services of a curator and librarian who would devote themselves continuously to the care of the college interests and property. Medical students are no less appreciative of these aids to study than are other students, and would respond as quickly to an opportunity to exhibit their sense of the value of such materials. But coming to colleges

of long standing, and such as have held out through their circular inducements of special educational advantages, and finding nothing but small, battered, untidy, ill arranged quarters, poorly lighted and unventilated, their ideals of "a college" receive a shock from which they rarely recover. Like their predecessors, the new students lose their respect for the "institution," and fall a prey to the general spirit of disorder and disintegration. Add to these evils the crowning absurdity of making the janitor the medium of communication between the students and their instructors, making it necessary to bribe this menial in order to secure the hearing of a request, and one need not wonder at the almost total want of regard among medical men for their alma mater. It would seem that the time was ripe for some new college to succeed by an entire reformation of these defects in the organization, equipment and management of medical schools.

Another line in which the medical college needs strengthening is that of attention to the methods of scientific study. There needs ever to be drawn a wide mark between teaching and telling; between learning and memorizing. A lecturer's success is to be graded by what he makes his class to know, not by what he is able to recite before them; lecturing is not necessarily teaching—it often is a mere exhibition of the extent of a professor's reading and of little value to the student. Teaching is instinct with life—it brings the assimilated, perfected product of brain sweat mixed with experience to the student mind—or more exactly it begets life by life. It impregnates the intellectual being with the germ of a life and sees itself begotten in the soul of another. Mere lecturing, mere telling or reciting before a class conveys no life-begetting seed, and cannot therefore hope to reproduce itself.

Lastly, a medical college should inspire exalted ideals of professional life and character. The tone of a school is bad that makes profanity or vulgarity a current coin among students, that countenances irreverence for sacred things, that encourages students to speak of those things their fathers have respected, with a slur or disapproval. On the other hand, the physician needs the profoundest regard for the mysteries of life and death, for the hopes and ideals of the better things among men, for the exalted conceptions of manhood and

especially womanhood held by the best men in all ages. He needs a broad and Christian charity for men in their misfortune, weakness and sin, and a spirit of philanthropy co-equal with his great opportunity. Is it not reasonable to demand of those colleges that offer to train our young men for the vocation of medicine that they include in their curriculum the work of giving right ideals and proper direction of mind and heart for the attainment of the highest success? Without enumerating other factors, some of which are of great importance in the development of the true college life, it seems to me that any college recognizing the points above enumerated can lead the way in the future. Where such a school is to be built, and who is to do the great work, is a secret, perhaps, still hidden in the womb of time.

CHICAGO, March 16, 1893.

T. J. GRAY.

#### THE STATE'S MEDICAL SCHOOLS.

Just before the expiration of the 50-day limit a bill was introduced into the legislature to provide for the establishment of a homœopathic college in the city of Detroit. The bill, as **THE NEWS** understands the situation, was fathered by Dr. E. R. Ellis, one of the leading disciples of that school of medicine in this city, and is as follows:

*The People of the State of Michigan enact:* SEC. 1. James McMillan, Dexter M. Ferry and Don M. Dickinson are hereby appointed a board of trustees, and are authorized and instructed to establish a homœopathic college, to be located in Detroit in connection with Grace hospital. Said trustees are appointed for terms of two, four and six years, the same to be arranged by lot, and on the expiration of such terms their successors shall be appointed by the governor and confirmed by the senate, one every two years, for periods of six years. Said trustees may appoint a secretary and treasurer, and their compensation shall be the same as is paid to similar trustees and officers in other similar boards in this state.

SEC. 2. On the first day of January, 1894, the treasurer of the state of Michigan shall pay out of the general fund to the order of the aboved named board of trustees the sum of fifteen thousand dollars (\$15,000) and the same amount on the first day of January of each year thereafter, which moneys shall be applied by said trustees exclusively to the support of said homœopathic college.

SEC. 3. All moneys, lands or other property which may be given by donation or otherwise to said trustees for the benefit of said college shall be held by them and their successors as property of the state, for the exclusive uses of said college.

SEC. 4 The act of 1875, establishing the homœopathic medical department of the university of Michigan at Ann Arbor is hereby repealed and said department in Ann Arbor shall be discontinued on and after July 1, 1893, and the board of regents of said university are hereby instructed to turn over to the trustees named in Sec. 1 of this act, all instruments, apparatus, appliances and other movable property belonging to or connected with said department in Ann Arbor.

At the present time there is a measure before the legislature to increase the yearly contribution to the support of the university from one-tenth of a mill on the dollar of assessed valuation to twice that amount, or one-fifth of a mill. The reason assigned for this required increase in the contribution for university purposes is the growing expenses of the university. THE NEWS has often shown in the past that the continuance of the medical department at Ann Arbor is an uneconomical, unscientific and entirely disadvantageous arrangement. The students of Michigan university's medical school are not of the class who at any time, in the pursuit of the professional information they start out to acquire, have need of the advantages of the other schools, or of the library outside the medical library. They certainly do not have anything like the amount of clinical practice that would be available in a great city with the multitudes of cases passing through its hospitals as examples of all the ills and injuries possible in the varied life of a great community. For that reason alone the medical schools should both have been in Detroit long ago. Were they here they would be practically self supporting. Two minor schools in this town manage to make ends meet and are said to give an excellent training in the science of medicine. Why should not the schools of medicine of Michigan university be equally self supporting, with enlarged opportunities for attendance, for clinical observation and for training in the actual practice as well as the theory of the art of Esculpius?

This is a good time, when the basic contribution for the support of the university is being considered with a view to doubling it, to consider whether or not the economies growing out of the proper location and management of the medical schools would not make such increase unnecessary. The homœopathic college would be as good as any to make the experiment with. The legislature should give the measure the fairest consideration. ,

**ANNUAL RE-UNION OF THE ALUMNI ASSOCIATION  
OF THE HAHNEMANN MEDICAL COLLEGE,  
PHILADELPHIA, APRIL 19th, 1893.**

The Alumni Association of the Hahnemann Medical College, Philadelphia, requests the pleasure of the company of the Alumni of the College, at its annual re-union and banquet, on Wednesday, April 19th, 1893.

The business meeting will convene at 4:30 P. M. in Alumni Hall, Hahnemann Medical College, Broad Street, above Race, Philadelphia, and the banquet will be held at 10 P. M. at "The Stratford," corner of Broad and Walnut Streets.

The trustees and faculty of the college extend a cordial invitation to all the members of the alumni and their friends to attend the forty-fifth annual commencement, to be held on the same evening, at 8 o'clock, at the Academy of Music, Broad and Locust Streets, Philadelphia.

Banquet cards can be secured from any officer of the association, at \$3.50 each. The cards being limited to two hundred, the committee cannot guarantee to furnish any applied for after April 18th, 1893. If you can make arrangements to be present at the banquet, notify the secretary, and he will secure a place for you.

W. W. VANBAUN, M. D., *Secretary.*

419 Pine Street, Philadelphia, Pa.

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*Three Years.*—Wm. B. Van Lennep, M. D., '80, 1421 Spruce Street, Philadelphia; Isaac G. Smedley, M. D., '80, 1705 Arch Street, Philadelphia; William R. King, M. D., '81, 1422 K Street, Washington, D. C.

### MILK SUGAR.

It has long been a problem what to do with the by-products of milk. The whey has always been regarded as an exceedingly valuable product, if its constituents could be utilized. Much time and money have been freely devoted to experiments in this direction. These have been attended in the past with discouraging as well as unsatisfactory results in this country, the Swiss people alone among Europeans being the only ones who had made any progress in the matter, their product—the sugar of milk—commanding the market and dictating the price.

Recently we had a chance interview with one of the leading cheesemakers of the world, who, knowing our interest in this matter, gave us the interesting facts that are used in this article. Mr. W. E. Smith, to whom we are indebted for whatever of interest may attach to the thought we shall express, is the largest dealer of cheese in this city. Being a manufacturer as well as a seller of cheese, the loss involved in throwing away the vast quantities of whey that accumulated in his many factories, presented a field for study. To his mind it was an interesting one, and being a tenacious man, he stuck to it until he had triumphed in the production of an article of milk sugar, equal in character to the best Swiss product. Having succeeded in accomplishing a great industrial achievement, Mr. Smith presents his results in a way to interest every man who owns a cow, as well as the multitude who are concerned only in her product.

At Mr. Smith's factories, the receipts of milk average about 10,000,000 gallons a year. When the cheese is made, the by-products of such a quantity of milk are enormous, and the waste implied under the old methods seems lamentable, as well as willful. Under the new *regime* another story is told. The farmer figures in it to his advantage. At these factories he is paid five cents per hundred pounds extra for the milk, after its cheese constituents have been abstracted

in addition to the original price. In this connection Mr. Smith informs us that he paid over \$3,500 for this by-product of milk during 1892.

One aspect of the importance of this industry when fully developed is presented in the above outline. There is another phase of it—the commercial one—that is of greater moment. In this connection Mr. Smith informs us that 260,000 lbs. of the Swiss product was imported into this market during the four months ending April 30, 1892, in addition to the home output. There are no means of learning the volume of the production of the home article other than that based on mere guesswork. That it must be important may be gleaned from the fact that the American Lactose Company, of which Mr. Smith is president, purpose turning out 300,000 lbs. of this product during the current year.

The medical world has long been acquainted with the value of milk sugar. It has recognized its virtue as an absorbent of drugs because of its insoluble properties in alcohol, and on that account its use in *materia medica* has been of steady growth. This is an interesting feature of this by-product of milk to the professional mind. But there are other resultants of whey that are equally interesting to the lay intellect. From the time the whey is first taken in hand until it is ready for the consumer's purpose as milk sugar, it is subjected to six processes under the Smith system of manufacture. All of them are the result of years of experiment, the details of which are the secret of Mr. Smith and his son, whose labors have contributed to the discovery of them in a material degree. Before leaving this phase of our topic we would state that the milk sugar produced by the Smith system is vastly superior to the imported one for medicinal use, because of the former's greater dryness. Another thought in this connection was impressed on us. Mr. Smith stated that  $\frac{1}{4}$  oz. of his milk sugar, added to the quantity of milk placed in the ordinary nursing bottle, raises the milk to the quality and chemical condition of that found in a woman's breast. This will be glad tidings to worn out mothers. The loss of energy involved in the nursing of a healthy infant until it has reached the weaning period is an intense strain on the mother. All this can be avoided by the use of



this product, which is soon to be placed on the market in  $\frac{1}{4}$ ,  $\frac{1}{2}$  and 1lb. packages for nursery use. The present wholesale price is 16 cents a pound in barrel lots. When Mr. Smith began manufacturing milk sugar the price was 30 cents. Then the McKinley bill was passed, which placed a duty of 8 cents per pound on it, and the price then went to 35 cents per pound wholesale. Gradually the price has fallen, until now it is only 16 cents for the American product, wholesale.

Having presented some of the features of whey until it becomes sugar, we are surprised to learn that there still remain other valuable and useful by-products. These are utilized in the production of poultry and dog food. Their names indicate their uses and their utility for farm and home purposes. Another by-product is lactose vinegar. Its uses are manifold, the most pronounced being its curative properties in gout and rheumatic afflictions, it being a perfect remedy for these disorders. It has still another virtue, that in the presence of the threatened plague of cholera makes it of great value at this time. A stomach fortified with a dose of this vinegar can survive the most violent attack of cholera. All recent scientific investigations of this scourge indicate that death occurred only when this acid was not present in the stomach of the cholera patient.

The knowledge of the existence of so pronounced a remedial agent in this dreadful disease, should be wide-spread, nay, it should be universal. There remains this to be stated: This product will soon be on the market and easily procured at a small outlay. It is certified to be absolutely and chemically pure, as are all the products we have mentioned, by so eminent an authority as Prof. A. H. Elliott, of the College of Pharmacy of this city. The salesroom of this concern—The American Lactose Company—is located at 300 Greenwich street, New York city, where Mr. Smith will be pleased to furnish such information as does not trespass on his rights, about these products, to parties properly accredited.

Truly the cow, and her product, is one of the wonders of creation, that become more marvelous as investigation and study reveal her, and them, to our knowledge.—*American Dairyman.*

### THE WESTERN HAHNEMANNIAN CLUB.

At the office of Dr. H. P. Holmes, in Omaha, there gathered Saturday evening, February 11th, a number of physicians for the purpose of forming a medical society, the principles of which should be strictly Hahnemannian. It is the first institution of the kind west of Chicago and the event certainly marks an era in the work and spread of the better kind of Homœopathy. Ten physicians joined as charter members and several more have promised, so the new society enters upon its career with some sixteen members.

A peculiar feature of the meeting was the perfect unanimity of feeling, as not a sentence of the preamble, declaration, constitution nor by-laws met with an opposing voice. The only feeling manifested was that the new society should be as perfectly formed and governed as was necessary for an institution of the kind.

The following preamble and declaration was adopted:

In consequence of the fact that Homœopathy, as taught by Hahnemann through his life work and his Organon, is suffering at the hands of those who would adulterate it with the uncertainties of Allopathy, Eclecticism and Empiricism, we, the undersigned physicians, believing that the truest and best system of therapeutics is that covered by the law "Similia Similibus Curantur" and the Organon to be the best guide in practice, do hereby organize ourselves into the *Western Hahnemannian Club* for the purpose of promoting the welfare of true Homœopathy and for our mutual improvement.

*Declaration:* We believe the principles set forth in Hahnemann's "Organon of the Healing Art" to be the only true guide in therapeutics, the law of similars the only basis for prescribing, the single indicated remedy to be ever the best, and that as practitioners of Homœopathy we consider the mixing and alternating of remedies to be non-homœopathic and believe that the nearer we follow the law of similia the better will be the results.

The constitution provides for the application and admittance of members in the following manner: The applicant shall endorse the declaration at the time his application is presented. This application shall lay over for one month and at that time is voted upon by ballot only. Two negative ballots shall lay it over for one month more, and on this second trial two negative ballots shall lay it over for six months. No application shall be presented to the society nor be acted upon with the applicant present.

It is the aim and intention of the club to be largely of a social nature and to run with as little machinery as possible.

But one permanent officer is elected, that one being the secretary who shall also act as treasurer. The presiding officer is temporarily appointed at each meeting. The club will start with Omaha and Council Bluffs as a nucleus and it is hoped it will rapidly grow to take in a large portion of the Missouri Valley. Its meetings at present are semi-monthly, the first and third Saturday evenings in each month. Quarterly or semi-annually extra sessions will be held at which time outside members will have a better opportunity to be in attendance.

HORACE P. HOLMES.

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**AN OPINION OF HERING COLLEGE.**

*My Dear Dr. Allen:*

Allow me to say that I am happy beyond measure to know that we have at last in our country a college wherein *purè, unadulterated Homœopathy* is to be taught.

Dr. Hering was a bosom friend of mine, and his honored name is a synonym for all that is pure and great in Homœopathy.

Your school could not hoist upon its banner a more appropriate name. And in doing this, with an eye single to the perpetuation of the Hahnemannian law of "Similia," I pray that the Divine hand which handed down to us this, the only law of cure, will guide and direct this institution, and give it a prosperity and an influence that shall reach its limit of usefulness only when time itself shall cease.

Let each and every man of you, my dear brother, be faithful. Lift up our battle-flag on high. Long enough has it been trailed in the dust. And by whom? By outsiders? By the Allopaths? No, no. *By the enemy within our own ranks.*

Faternally yours in the cause,

C. CARLETON SMITH.

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DR. J. H. McCLELLAND, *Dear Sir:*—I received a copy of the *Pittsburg Gazette* of February 15th, containing a communication showing that the efforts of your committee on medical legislation in behalf of the bill providing three *separate* examining and licensing boards will probably prove successful.

This is the wisest plan, the best system, and the soundest policy that can be adopted. It is the system that the homœopathic medical profession of this state unitedly advocated and finally secured by very nearly a unanimous vote of the legislature.

Before the enactment of our three-board bill the old-school physicians were fierce opponents thereof, claiming in most positive terms that the purposes intended, viz., the *unification* and *permanent elevation of the standards of medical learning* would not be secured thereby; but now, after a satisfactory trial of nearly three years, there are no stronger advocates or more zealous defenders of the law than our old-school associates, as is indicated by their strenuous efforts now being put forth for preventing a repeal or even any amendments thereof. The inclosed resolutions exhibit their interest and zeal in this work.

I notice that the form you have prepared fails to make adequate provision for proper supervision of the examinations under independent, non-partisan and non-medical authority.

This is a very important point; one that can be easily established, it would seem, under the auspices and control of the State Department of Education.

The statement of reasons for establishing the three-board system, issued in the form of a circular by your committee, is a very suitable campaign argument; one that will prove convincing and effective.

I can only wish that as effective means were being used in Illinois and Connecticut, where efforts are now being made to establish *single* examining boards.

In this connection let me state with most emphatic earnestness, that efforts put forth by leading members of our school, such for example as Dr. Fisher's editorial in the February number of the *Medical Century* should be promptly replied to, the unsoundness of their arguments revealed, the harmfulness of their advice should be pointed out, and better plans and a more satisfactory system should be strongly advocated.

I hope that, as President of the American institute, you will exert your influence as potently as possible not only in behalf of establishing the state *license* instead of the *diploma* as the standard of medical attainment, but also, the establish-

ment of *separate* examining and liscensing boards in each state for the representatives of the three recognized schools of medicine.

I will be glad to furnish your committee or any others with copies of circulars such as were used by our committee in its canvass in this state three years ago. These circulars contain concise statements of reasons, and sound and convincing arguments specially applicable to existing exigencies in other states.

FEBRUARY 20, 1893.

### AMERICAN INSTITUTE OF HOMŒOPATHY.

#### BUREAU OF MATERIA MEDICA.

*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 elevate and dignify this important topic, and place it where it belongs, in the very forefront of Homœopathy, we respectfully solicit answers from you, as we do from all other eminent students and teachers of our *Materia Medica* the world over, to all the following questions:

1. What advice do you give concerning *Materia Medica* to a student beginning medicine by a year's preliminary study?
2. 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?
3. 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?
4. Do you teach the potency of the remedy studied? If not, why not? If you do, how do you explain the potency you advocate?
5. When should the *Organon* be taught and how?

We know that you have the good of Homœopathy constantly at heart; that you feel proud of the manifest progress of our school wherever civilization is greatest, and that you

fully appreciate the vital relation of *Materia Medica* to this progress. We, therefore, solicit your aid in order to arrive at the best method of studying and teaching this most important subject. Will you please communicate your decision at once, with such suggestions as will aid in perfecting the programme, or such criticisms as you see fit upon the above subject? Whatever you think of the matter, please give us at once the benefit of your thoughts, and let us begin "to get together."

Yours fraternally,

WM. E. LEONARD, M. D., *Secretary.*

THE MISSOURI INSTITUTE OF HOMŒOPATHY will meet at Kansas City on the 18th, 19th and 20th of April. Physicians desiring to attend should remember that the Chicago & Alton Railroad offers advantages and comforts unequalled among American railroads. The Kansas City Vestibuled Limited makes the run in both directions in 14½ hours. For sleeping car tickets and other information apply to Robert Somerville, 195 Clark St. Chicago.

THE FOURTH semi-annual meeting of the Northern Indiana and Southern Michigan Homœopathic Medical Association will be held in the parlors of the Hotel Hascal, Goshen, Indiana, Tuesday, April 25, '93. Excellent railroad facilities. W. B. Kreider chairman local committee.

The meetings of this young but vigorous society have thus far been a grand success. The coming one is to be still better. No pains will be spared to make it pleasant as well as profitable. The officers and members ask your hearty support and co-operation. Arrange your affairs early, as far as possible, to be present. A number of prominent physicians and surgeons will take part in the deliberations. All are invited, especially those of northern Indiana, southern Michigan, northeastern Illinois, and northwestern Ohio. Will you come and read a paper? Session to begin at 10 o'clock. Volunteer papers solicited.

H. A. MUMAW, *Secretary.*

A. L. FISHER, *President, Elkhart.*

A NEW MEDICAL COLLEGE.—A bill has been introduced into the Legislature at Albany, and has, we learn, passed both houses, incorporating the Bayard Homœopathic Medical College.

# MISCELLANY

SOCIETY REPORTS, COLLEGE NOTES, REVIEWS, ETC.

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**PRESIDENT TELFORD BURNHAM'S ADDRESS AT THE  
FIRST ANNUAL COMMENCEMENT OF HERING  
MEDICAL COLLEGE, APRIL 10th, 1893.**

*Ladies and Gentlemen:—*

The first year's experiences of Hering Medical College are thus far most encouraging to its founders and friends, and full of bright promise for its future.

Less than a year has passed since its founders, in no spirit of antagonism or intolerance, but believing that the time had come for an improvement in the ways and means of education for the practice of homœopathic medicine, met and determined to incorporate and establish a college, which should not only thoroughly teach all the fundamental branches of a scientific medical education, but should also by precept and example, in theory and in practice, teach Homœopathy in its purity, and consistently with the principles of its great founder, who said: "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."

In pursuance of this determination of its founders, a petition for the incorporation of Hering College was soon after made, which stated its object to be: "To organize and conduct the necessary colleges, hospitals and dispensaries for the thorough education of students in the art and science of Homœopathic medicine and surgery."

And on the 20th day of last June the Certificate of Incorporation was duly issued by the Secretary of State of Illinois.

A building which was deemed large enough to meet the requirements of the college for some time to come was rented; and about October 1st matriculations began.—Within a short time thereafter nearly seventy students had matriculated,—most of whom were found to possess an unusually

high degree of intelligence and general education, had attended other medical colleges in good standing, and had come to Hering College to learn more of homœopathy and pursue their other medical studies and to graduate from Hering. Thus furnishing her with most excellent and harmonious material for her different classes.

This large attendance of students at the very opening of a new medical college was due in great measure to another important fact, namely: a faculty of the highest character and ability had been selected for this new college, consisting of between twenty and thirty professors, and instructors, some of whom had been connected with one or more of the leading educational institutions of the country, and had earned wide and honorable reputations as professors, writers or practitioners in their respective departments of medical science and practice. They came from different quarters of the land and they came with diversified experience and learning. But they came in full sympathy with the high aims and purposes of the new college,—determined and delighted to teach and practice the great law of *similia* in its purity and consistency. And the result has been that a spirit of harmony, of mutual respect and forbearance and of willingness to subordinate individual views and interests to the best interests of the college, has so pervaded their first year's work in all their relationships to each other, to our students and to the officers of our corporation, that it has been an inspiration and a delight to all connected with the college. And, not being of their number, I feel that I have the right to thus publicly speak the truth about them, and thank them in behalf of our students and our trustees for their noble work, and congratulate them upon its splendid results. And tonight we are here to see this tree of knowledge, planted less than one year ago, bear its first matured fruit.

Such, ladies and gentlemen, is the brief outline of the history of Hering Medical College; and it is, I am told, without precedent in the history of similar institutions.

What better time could have been selected for the founding of such an institution than the Columbian Anniversary year with all its awakenings of intellectual activities and its comprehensive measurements of human Progress! And what



better location could have been found than in this grand City of Progress, whose energies, heretofore devoted mainly to laying the foundations of great fortunes and tall buildings, are now being directed more and more to laying those of libraries, art galleries, monuments, hospitals, colleges and universities; and whose generous citizens are becoming more and more able and inclined to give to these noble objects, and to administer their own bequests.

I might tell you now of our hopes and plans for the future;—how we hope to provide the best of hospital dispensary and clinical facilities; and how we desire to take advantage of every opportunity to establish our college upon a sound and independent financial basis,—in order that ideal instruction and facilities may be afforded in every department.

But we believe that an ounce of performance is better than any amount of promises. And we will therefore leave the future performance of Hering Medical College to speak for itself.

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**THE WORLD'S CONGRESS OF HOMŒOPATHIC PHYSICIANS AND SURGEONS, AT CHICAGO,  
MAY 29, 1893.**

Arrangements for the congress are being rapidly completed. Some of the addresses have been received. All the chairmen of sections are actively at work and report marked progress. Several sections are completed and the rest will soon be in order. All the papers will be of high character. Many of the veterans in the profession will be present and deliver addresses on subjects of vital interest. In the scientific work of the congress the younger men who have achieved distinction in our school will be represented. The sections which they conduct will be made very interesting through their work and that of their worthy associates. Women will be ably represented in all departments. There is every prospect that the congress will assume a pronounced international character.

Dr. Albert Haupt writes that a number of German physicians expect to attend. C. Bojanus of Samara, Russia, has already engaged rooms at the Great Northern. Dr. Oscar Hansen of Copenhagen will either be present or send report

from Denmark. Drs. P. C. Majundar and B. N. Banerjee of Calcutta, India, are on their way to Chicago. Dr. Joseph Adams of Toronto, Canada, will attend. F. R. Day of Honolulu is expected. Dr. Piaze of Bogota, Columbia, may represent personally his country. Dr. A. C. Eastman, an educated Sioux, will speak for the North American Indian.

It is hoped that a considerable number of British physicians will be present, and that our Mexican associates will attend in force. The acceptances received at the World's Auxiliary Headquarters of invitations to the congress and the applications for quarters made to the local committee, already indicate a prodigious attendance. The latter committee is bending its energies with success towards securing comfortable accommodations for all our guests at reasonable rates.

The magnificent art building on the lake front, with its many large halls, seven of which have been devoted by Pres. Bonney of the World's Congress Auxiliary to the exclusive use of the congress, will afford ample facilities for all our meetings.

A committee representing the profession of Chicago, with Dr. George A. Hall as president, is erecting a fine building just within the entrance to the exposition grounds, as a Homœopathic hospital and headquarters. It will worthily represent Homœopathy before the world and afford many comforts and conveniences to physicians of our school during their visit to the exposition. It will be to the interest of Homœopathy to have full representation at the congress. There is not only magnetism in the large number that attend a great convention, but a deep inspiration that is long-lasting, and productive of beneficial results, not at once recognized. It is a duty which we owe to our cause, to be present in such numbers as to demonstrate instantly and beyond cavil, the paramount importance of our school.

The eyes of the world will be upon Chicago during the exposition period. The proceedings of the congress will be universally and fully reported. Every Homœopath laboring in his national, state or local society, will find his work made easy by the results of a convention of grand proportions and sterling work.

Let every physician of our school make a sacrifice, if necessary, to be present. J. S. MITCHELL, M. D.,

Chairman World's Congress Homœopathic Physicians and Surgeons.

J. P. DAKE, M. D.,

Chairman American Institute Committee on World's Congress.

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### WORLD'S CONGRESS OF HOMŒOPATHY.

#### NOTES.

Dr. A. C. Eastman, an educated Sioux, will report on American Indian medicine at the meeting of the congress.

Dr. C. Bojanus of Samara, Russia, whose papers for the institute have always been of interest, has engaged rooms at the Great Northern. He will personally report to the congress on Homœopathy in Russia.

Dr. A. Haupt writes that there will be a number of German physicians who will attend the Homœopathic congress.

The new art institute in which the meetings of the congress are to be held is rapidly approaching completion. It is a fine structure, costing \$1,000,000. It contains two large audience rooms seating 3,500 each, and twenty halls holding several hundred each. President Bonney of the World's Congress Auxiliary has assigned one large audience room and six of the smaller halls for the exclusive use of the congress of Homœopathic physicians and surgeons.

A syndicate representing 8,000 newspapers has applied for permission to report the proceedings of the congress. Excellent arrangements are under consideration by the Associated Press. Doubtless the reports of the sessions of the Homœopathic congress will be very widely published.

With the large number of new hotels soon to be completed and the extensive arrangements being made by the local committee of arrangements there will be ample accommodations for all who wish to attend the congress, and their friends, at reasonable rates.

Dr. J. H. Buffum, chairman of the committee on entertainment, has been obliged to resign on account of ill-health, and Dr. A. K. Crawford has been appointed to take his place.

The sections are being rapidly made up. Below is a partial list:

## SECTION OF GYNÆCOLOGY.

O. S. Runnels, M. D., Chairman, Address.

"What Homœopathy has done for Gynæcology," L. A. Phillips, M. D., Boston, Mass.

"On some Important Clinical Aspects of Passive Septic Invasion," Edward T. Blake, M. D., London, England.

"The Relation of Surgery to Gynæcology," Charles E. Walton, M. D., Cincinnati, Ohio.

"Platic Surgery of the Vagina," W. E. Green, M. D., Little Rock, Arkansas.

"Cæsarian Section," H. F. Biggar, M. D., Cleveland, Ohio.

"Fibroids," J. W. Streeter, M. D., Chicago, Ill.

"Vaginal Hysterectomy," J. M. Lee, M. D., Rochester, N. Y.

"Removal of the Entire Uterus and Appendages in Abdominal Hysterectomy," Homer L. Ostrum, M. D., New York City, N. Y.

## SECTION OF OPHTHALMOLOGY AND OTOLOGY.

"Reflex Neuroses from the Eye," Dr. Jas. A. Campbell, St. Louis, Mo.

"Ophthalmic Therapeutics," Dr. E. H. Linnell, Norwich, Conn.

"Refractive Errors," Dr. Thos. M. Stewart, Cincinnati, Ohio.

"Ophthalmic Surgery," Dr. E. G. Bissell, Rochester, N. Y.

"The Study and Correction of the Disorders of the Ocular Muscles," Dr. Harold Wilson, Detroit, Mich.

"Recent Advancements in Otology," Dr. Howard Bellows, Boston, Mass.

"Use of the Vibrometer in the Treatment of Deafness," Dr. Henry F. Garey, Baltimore, Md.

"Aural Therapeutics," Dr. Henry C. Houghton, New York, N. Y.

## SECTION OF PÆDOLOGY.

Emily V. D. Pardee, Chairman, South Norwalk, Conn.

Millie J. Chapman, Secretary, Pittsburg, Pa.

"Prenatal Medication," Millie J. Chapman.

"Rachitis," Robert N. Tooker.

"The Awkward Gait of Children," Sidney F. Wilcox.

"Contagion in our Public Schools and its Prophylaxis,"  
Lucy C. Hill.

"Headache in Children," Mr. Gerard Smith, M. R. C.

"Albuminuria in Children," Henry C. Aldrich, Wm. P.  
Ray, Mr. Dudley Wright, L. R. C. P.

"Enteric Diseases of Children with Homœopathic Treat-  
ments," E. Louis Orleman.

"Neuroses of the Bowels," E. Lippincott.

SECTION OF CLINICAL MEDICINE.

"Neurasthécia, with Therapeutic Suggestion," Dr. Conrad  
Wesselhoeft, Boston, Mass.

"Empyema," J. M. Schley, New York, N. Y.

"Moist Heat as a Therapeutic Agent," W. A. Edmunds,  
St. Louis, Mo., J. P. Sutherland, Boston, Mass., Dr. F. H.  
Orme, Atlanta, Ga.

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THE COMMITTEE ON ARRANGEMENTS for the World's  
Congress of Homœopathic Physicians announces that it has  
made arrangements with different hotels and apartment houses  
to accommodate at least 2,500 guests. If notified in time it  
can take care of fully double this number.

The chairman of the committee, Dr. A. K. Crawford, 70  
State street, Chicago, wishes it distinctly understood that  
unless he is applied to prior to the meeting of the congress, he  
will not be responsible for accommodations of intended  
visitors.

The prices arranged for range from \$1.00 per day and up,  
European plan; and \$2.50 per day and up, American plan.

The following is a partial list of the hotels, their location  
and rates, with which contracts have been entered into:

GREAT NORTHERN, Jackson, Dearborn and Quincy streets,  
\$2.50 per day, European plan.

GREAT WESTERN, Jackson and Franklin streets, \$1.50  
per day, European plan. First-class restaurant in connection.

THE ISABELLA, Oglesby avenue and 61st street, \$1.50 per  
day and up, European plan. \$15 to \$70 per week for rooms.

THE HAMPDEN, 39th street and Langley avenue, \$2 to  
\$4.50 per day, European plan. Dining room in building.

McCoy's, Clark and Jackson streets, \$1 to \$1.50 each. \$3 to \$4.50 per room.

THE LEXINGTON, Michigan boulevard and 22d street, \$5 per day, American plan.

THE BEVERIDGE, Calumet avenue and 26th street, \$4.50 per day, including breakfast and dinner, lunch Sundays.

THE SAVOY, Jefferson avenue and 55th street. Rates same as Beveridge.

THE ST. CATHERINE, Grand boulevard and 40th street. Rates same as Beveridge.

KENYON, 3845 Vincennes avenue. \$1 sleeping accommodations. 50 cents meals cafe.

THE HANCHETT, 529-531 East 50th court, \$2.50 per day, American plan.

A limited number can be accommodated in private houses at \$2 per day for meals and lodging.

Applications must be sent at once. Address all communications to

70 STATE STREET, CHICAGO.

A. K. CRAWFORD, M. D.

#### **WANT FAIR TREATMENT.—HOMŒOPATHY AND THE PROPOSED INFECTIOUS HOSPITAL.**

Mayor Latrobe yesterday received a communication from Dr. F. C. Drane, dean of the faculty at the Homœopathic College, asking him to withhold his signature from the ordinance for an infectious hospital until a delegation representing the professors and patrons of homœopathic medication can be heard. He says that they strongly favor the erection of such a hospital, which they believe the city urgently needs, but favor a plan, however, which will enable the sick to be treated by homœopathic physicians when they so desire, as two hundred thousand of the population, when sick, are treated by homœopathic methods, and are mostly of the wealthy, educated and refined classes. Those who when sick prefer homœopathic medication should not be put at a disadvantage, he says, and asks that the homœopathic school be represented on the medical staff. "To deny to homœopaths the privilege of practicing their profession in the service of the city," he writes, "is to put Baltimore among the least progressive of American cities, a majority of which have for years granted

equal representation with the old school in their public institutions." The Mayor replied that he will be pleased to learn further what the homœopaths may wish to say on the subject. —*Baltimore American, April 14, 1893.*

#### **HOMŒOPATHIC MEDICAL COLLEGE OF MISSOURI.**

The Homœopathic Medical College of Missouri conducted its 34th annual commencement March 23d at Pickwick Theater, St. Louis. The invocation was asked by Rev. Charles P. Masden of the Union M. E. church, after which Dr. Wm. C. Richardson, Dean of the college, presented his report. He referred to the past year as one of the most prosperous in the history of the college. The institution, he said, was planning to increase its usefulness by the erection of a hospital, to be managed in connection with the college, during the coming summer. The degree of Doctor of Medicine was conferred by Dr. W. A. Edmonds, president of the board of trustees. In addition to instructions on professional ethics, Dr. Edmonds asked them to promise him to lead christian lives, and admonished them to abstain from the use of intoxicating liquors and tobacco.

The graduates were: A. C. Potter, Nashville, Tenn., Mary J. Kraft, Columbia, Mo., Isabel Reed, Collinsville, Ill., J. K. Goodman, Calico Rock, Ark., W. L. VanDeveer, Andalusia, Ill., Alice Butterworth, Chetopa, Kan., Edward Mellies, Woodburn, Mo., Ellen B. King, Naponee, Neb., Agathon Hoffman, St. Louis, Chas. H. Krause, St. Louis, Augusta T. Witterer, St. Louis, John Engelbrecht, Drake, Mo., and Cannon A. Hart, Dallas, Texas. The prizes were awarded by Dr. J. A. Campbell, and the address on behalf of the faculty, "The Graduate," was delivered by Rev. George E. Martin of the First Presbyterian church. The exercises were interspersed with musical selections by Miss Agnes Gray Mrs. Dora Messing Meyberg, Messrs. Charles Kunkel and Louis Conrath.

At the conclusion of the commencement exercises, the alumni association and lady friends repaired to the Lindell hotel, where the twentieth annual banquet was held. Covers were laid for about eighty. Dr. Campbell officiated.

The opening toast, "Our College," was responded to by

Dean Richardson. Dr. T. Griswold Comstock spoke on "Advances in Medicine," and "Woman in Medicine" was then dwelt up on by Dr. Lizzie G. Cutherz. Dr. S. B. Parsons spoke on the "Rise and Progress of Homœopathic Surgery." "How we Got There; or The Days Gone By," was discussed by Dr. C. H. Goodman. "Our Sprouts" was left to Dr. C. A. Hart. Dr. Mortimer Ayers of Rushville, Ill., replied to the toast of "The Country Doctor." Drs. Edmond and Schott responded to impromptu toasts.

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**SOUTHERN HOMŒOPATHIC MEDICAL COLLEGE AND HOSPITAL.**

Second annual commencement, Tuesday, April 11th, 1893, in Alumni Hall, College Building, 16 W. Saratoga St., Baltimore, Md., 8 o'clock, p. m.

Programme. Music by Jungnickel's Orchestra, Ross W. Jungnickel, Conductor. Overture—Raymond, Thomas; selection—Robin Hood, De Koven; Medley—Plantation Songs, Boettger; entrance of the Regents, Faculty and Graduating Class at 9 o'clock; selection—La Cigale, Audran; Prayer by Rev. J. B. Van Meter, D. D.; selection—Serenade, Tittl; Valedictory by Prof. N. W. Kneass, M. D.; selection—Tyrolean (by request), Zeller; Conferring of Degrees by the Vice-president of the Board of Regents, Aubrey Pearre, Esq.; Waltz—Homage to the Ladies, Walteufel; Benediction; March—High School Cadets, Sousa.

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**ARE ASYLUM PHYSICIANS PARTY PENSIONERS.\***

The notion that public officers are the pensioners of a party, not the servants of the whole people, seems to die hard. The prospect appears to be that the officers of all the hospitals for the insane of the state of Illinois will be turned out to make room for members of the political party which, after an outing of thirty-five years, has once more gained the upper hand. It is true that the present governor, in his canvass, made charges of extravagance and mismanagement against those institutions, but we presume that no one will seriously maintain that a lack of confidence in their management is the only, or even the principal reason for so sweeping a change.

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\*From the *American Journal of Insanity*, April, 1893.



It is also true that, so far as one wrong can justify another, the course of the republican party, during the long period of its dominance in the state, has afforded an excuse for such a course. Only republicans have been appointed on the boards of trustees, and we understand that the officers of the hospitals have been regularly assessed a portion of their salaries for the campaign funds. It is not long since the superintendent of the hospital at Anna was driven out of office with little or no pretense of concealment of the fact that the ground of his dismissal was his lukewarmness in partisanship, and, from all that we can learn, his successor has not erred in that direction, although his attainments as an alienist have not, we believe, even yet, earned him any very wide celebrity.

We do not suppose that if a member of Governor Altgeld's family were to become insane, and he were looking for a suitable private hospital, it would ever occur to him to enquire into the physician's views on the tariff. We have no doubt that multitudes of those who will applaud his action in this matter, or take it as a matter of course, employ, by choice, physicians of a different political faith from their own in their families, and would laugh at the idea that a man's political views have anything to do with his professional competency. It is the view that the salaries of these offices are not, primarily, the reasonable compensation for honest and faithful discharge of their duties, but the reward of activity in an entirely different field, that allows people to view with approval or indifference such changes, entirely without regard to the merits either of those who are turned out or those who are put in.

The pernicious effect of such a policy is so plain that we should feel as if we were insulting the intelligence of our readers by arguing the question. Men whose aspirations are for professional eminence and usefulness will hesitate about accepting positions in which such qualities count for nothing. Even if competent men are secured, they are sure, in a state in which parties are pretty evenly balanced, under such a system, to be turned out before they have acquired the experience that will enable them to do their best work. The inevitable tendency, under such conditions, is to the filling of the offices by men whose only object is to make money out of

them, and who, knowing that the time is short, will "make hay while the sun shines."

We have no doubt that, in time, the mischief of treating the funds provided for the relief of the unfortunate as plunder will become so plain that it will be no longer possible in a government like ours. But we fear that a good many object lessons will be needed first, and in the meantime the insane must suffer. We shall be as much surprised as gratified if the medical profession of Illinois, without distinction of party, shall denounce the iniquity as it deserves. In the meantime, we believe it is the right and the duty of the American Medico-Psychological Association to scan critically the qualifications of the men who profit by the misfortunes of its honored members, should they apply for admission.

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**A SYMPOSIUM ON TRUE HOMOEOPATHIC PRESCRIBING.**

1. The Simillimum, by Edward Rushmore, E. D., Plainfield, N. J.
2. Taking the Case, by H. C. Allen, M. D., Chicago, Ill.
3. Comparative Value of Symptoms, by S. E. Chapman, M. D., Watsonville, Cal.
4. Repertorial Work in Prescribing, by H. P. Holmes, M. D., Omaha, Neb.
5. Comparison of Remedies, by J. T. Kent, M. D., Philadelphia, Pa.
6. Examination of the Materia Medica, by E. B. Nash, M. D., Cortland, N. Y.
7. Books before Patient's, by Wm. Jef. Guernsey, M. D., Philadelphia, Pa.
8. Value of Materia Medica Chaff, by W. A. Yingling, M. D., Nonchalanta, Kans.
9. The Potency, by J. R. Haynes, M. D., Indianapolis, Ind.
10. The Repetition of the Dose, by C. W. Butler, M. D., Montclair, N. J.
11. The Change of Remedies, by B. LeB. Baylies, M. D., Brooklyn, N. Y.
12. The Alteration of Remedies, by J. D. Tyrrell, M. D., Toronto, Canada.

13. Therapeutics of Surgery, by E. W. Sawyer, M. D., Kokomo, Ind.
14. Prescribing for Women, by Mary Florence Taft, M. D., Chicago, Ill.
15. The Mother in Pregnancy, by Geo. W. Winterburn, M. D., New York, N. Y.
16. The Case Book, by W. A. Yingling, M. D., Nonchalanta, Kans.
17. Neural Analysis as applied to the testing of the high potencies upon the human organism, by B. Fincke, M. D., Brooklyn, N. Y.

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**SOCIETY MEETINGS, 1893.**

- American Institute of Homœopathy, Chicago, May 29.  
World's Congress, Chicago, May 29.  
International Hahnemannian Association, Geneva Lake, Wis.
- Alabama, Huntsville, May 9.  
Arkansas.  
California, San Diego, May 10.  
Colorado, Denver, May 17.  
Connecticut, New Haven, May 16.  
Illinois, Chicago, May 30.  
Indiana, Indianapolis, May 3.  
Iowa, Des Moines, May 3.  
Kansas, C. A. Bozarth, Herrington, Topeka, May 3-5.  
Kentucky, M. Dills, Pres. Carlisle, Danville, May 16-17.  
Maryland, Baltimore, April 11.  
Massachusetts, Boston, April 11.  
Michigan, Detroit, May 9.  
Minnesota, Minneapolis, May 16.  
Maine, Augusta, June 6.  
Missouri, Kansas City, April.  
Nebraska, Lincoln, June.  
New Hampshire, Concord, June 21.  
New Jersey, Trenton, May 9.  
Ohio, Toledo, May 9.  
Oregon, Portland, May 10.  
Pennsylvania, Philadelphia, September.  
Rhode Island, Providence, April 14.

Tennessee, Huntsville, Ala., June 10.

Vermont, Montpelier, May 31.

Wisconsin, Milwaukee, May.

Washington, Seattle, May 9.

#### NEW MINNESOTA MEDICAL LAW.

With every session of our Legislature there seems to be a desire on the part of the physicians of Minnesota to alter, amend, or kill the existing laws in regard to the practice of medicine in the state.

Dr. Chester G. Higbee contributes a paper to this issue of the *Argus* on the subject. Dr. Higbee states that he was a member of the joint committee who framed and agreed upon a bill, which provided that the possession of a diploma from a recognized medical college should entitle its owner to practice in the state, or in the absence of said diploma, the applicant should pass an examination before the board.

Between the time of the acceptance of the bill by the joint committee and its passage as a law the *or* was changed to *and*.

Thus physicians are compelled to both present evidences of being graduates from reputable medical colleges, and stand an examination as well.

An effort is being made to amend the law so as to make it the same as the Illinois Law, which provides for a diploma from a reputable college.

Other parties are making a strong fight to keep the law as it stands. What the outcome will be no man can tell.—*The Argus*.

#### MOVEMENT FOR A NEW MEDICAL LAW IN WISCONSIN.

The bill providing for new medical law in Wisconsin is meeting with warm opposition in the Legislature. Some Milwaukee physicians are behind the protest against the bill and they have sent out a circular. The present law is quoted in full in the letter which is signed simply "The Committee," and no names are attached to show from whom it comes. While this work is being done against the bill the measure has many friends who are urging its passage with much

vigor. The bill is not the same as was introduced in the Legislature two years ago. It has many modifications and is now supported by the three great schools of physicians in the State, allopaths, homœopaths and eclectic. Hon. N. C. Evans, who introduced the bill, is himself a practicing physician. He says that he has much hope that the bill will become a law and says that it will in no way prove burdensome or arbitrary upon the honest practitioner, but will do much toward preventing quackery. The bill provides for the appointment of a board of medical examiners upon precisely the same basis that the state now has a board of dental examiners and examiners for admission to the bar. The board is to consist of seven members, of whom three shall be from the allopathic school and two each from the homœopathic and eclectic schools. It requires five of these to license a candidate for practice, hence the members of no school of practice can pass a candidate without assistance from the others. Whenever a candidate desires to practice medicine in the state he shall present to the board a diploma from some duly chartered medical college and then submit to examination upon branches connected with the practice of the Esculapean art. Any person not complying with the provisions of the act and pretending to treat human beings for diseases or wounds shall be liable to a fine or imprisonment. The act is made not to apply to students practicing under the direct supervision of a physician, nor shall it apply to any one rendering gratuitous services in case of emergency, nor to women practicing exclusively midwifery.—*The Argus*.

#### READY TO HEAL THE SICK.

The Chicago Homœopathic Medical College held its annual commencement exercises this afternoon at the Schiller Theatre.

It was the seventeenth commencement of the well-known institution and excelled all previous ones both in attendance and the proficiency of the graduates. Forty-four young men were called upon the stage and in the presence of their relatives and friends were presented with the certificates which empower them to practice their chosen profession. It was a happy gathering, and when the exercises were concluded

congratulations were showered upon the proud owners of the college's diplomas. The Schiller Theatre orchestra under the direction of Gustav Luders rendered music during the exercises. The members of the faculty were all seated upon the stage and one of them—Dr. J. S. Mitchell—conducted the exercises. Following is the programme as carried out:

Overture—"Zampa," Herold.

Prayer

Selections from "Wang," Moorse,

Conferring of degrees, J. S. Mitchell, A. M., M. D.

Waltz—"Visions d'Amour," Waldteuffel.

Faculty valedictorian, L. C. Grosvenor, M. D.

Cornet solo, Lee Fisher.

Class valedictorian, John H. Stotts, M. D.

Medley of popular airs, G. Luders.

Address, Rev. T. G. Milsted.

March—"En Avant," Bilse.

The graduates were:

M. A. Barndt,  
M. R. Balliet,  
J. W. Bird,  
Joseph L. Black,  
E. H. Buffum,  
James T. Combs,  
F. L. Davis,  
G. A. Delamater,  
F. C. Dickinson,  
Owen C. Evans,  
James F. Flynn,  
H. G. Forrest,  
W. K. Foote,  
John H. Gale,  
C. E. Holloway,

G. B. Hamlin,  
C. B. Harpole,  
J. E. Hotchkin,  
F. F. Jackson,  
H. E. Johnston,  
S. A. E. Johnson,  
P. H. Keyser,  
Rollin G. Knapp,  
H. H. Lawrence,  
H. S. Llewellyn,  
George E. Lewis,  
J. P. Longwell,  
M. C. Mackin,  
E. H. Merwin,  
Edward S. Miller,

Geo. Moe,  
G. W. Patchen,  
John M. Reid,  
Joseph Rieger,  
W. D. Smith,  
A. P. Shearburn,  
Peder Soe,  
S. P. Sorenson,  
John H. Stotts,  
H. W. Sutcliffe,  
W. P. Sutton,  
W. B. Thewalt,  
G. L. Tisdale,  
W. Trowbridge.

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#### CLASS OF '94.

The class of 1894 connected with Hering College organized Saturday evening, April 8, 1893, at the office of Prof. H. C. Allen, and after adopting a constitution and by-laws, proceeded to the election of officers for the ensuing year with the following result: President, Wm. H. Shaw; Vice-president, W. W. Stafford; Secretary-Treasurer, U. S. Barr.

# MISCELLANY

SOCIETY REPORTS, COLLEGE NOTES, REVIEWS, ETC.

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## KANSAS CITY.

**Seventeenth Annual Meeting of the Missouri Institute of Homœopathy, April 18, 19 and 20—Many Prominent Men Present and Some Splendid Papers Read—A Growing Society.**

As usual, THE ADVANCE correspondent had his grip packed ahead of time, and long before the clans began to assemble had begun his journey by slow stages to the city at the mouth of the Kaw.

The first stop was made at Joliet, where I spent a delightful day, socially and professionally, with an old friend, Dr. Cynthia J. Carr, and our new friend Dr. Stevens.

More than thirty years ago John Stevens, a frisky lad of nine years, said "Adieu, adieu, my native shore," and went to sea. When he returned his father was dead and his mother had removed with her family from New York State to Illinois. All traces of his family being lost, young Stevens went out to fight the Indians in the far west. He came back to civilization a strong advocate of peace on earth and good will toward all Indians. He studied music and became one of the lights of his profession. One day he concluded to visit Joliet to see the great prison, and while in the city accidentally overheard a familiar name, which led to the finding of his old mother, after a separation of thirty-one years.

Dr. Carr was at that time attending Prof. Steven's sister and by some means they met. As a result of this meeting I spent the day at Joliet with Dr. Cynthia J. Carr-Stevens and husband. While serving me with a second round of fine old maple syrup, Prof. Stevens leaned forward and showed me a frightful scar on top of his head, the result of a wound given by an Indian war club. No wonder he is a man of peace!

From Joliet I journeyed to Mexico, Mo., where I found my friend, Dr. T. H. Winans, standing on the dark platform with a searching wind blowing furiously through his side-

burns. It may not please some of Dr. Winans' old friends to learn that he has fallen from grace, and has actually begun to practice Homœopathy as Hahnemann practiced it and taught it. He studies his cases closely, writes them down fully, spends hours and hours pouring over his materia medica, and is having such a degree of success that he will soon have the first practice in Mexico, and one of the best in Missouri.

I was much pleased to meet Dr. Geo. H. Nicholls, a recent convert from the old school, who is ardently studying the principles of scientific medicine under the guidance of Dr. Winans. He is an able and studious man, and will no doubt make one of our strong men after awhile. I must express to Dr. Nicholls my sincere regrets at not being able to spend more time with him.

Bidding THE ADVANCE'S Mexico friends adieu, I took the train for Slater, where I was pleased to make the acquaintance of Dr. Brenizer, who was graduated from the Hahnemann of Philadelphia thirty years ago. Dr. Brenizer does not seriously impinge upon the domain of Allopathy at Slater, and for the reason that he finds it necessary to preach and practice mild eclecticism, in order to satisfy the prejudices of his patrons. The single remedy and the potentized dose do not act at Slater, although they act at Chicago and Kansas City. There seems to be something in the air, or the water, or the earth, or under the earth, or on top of it, at Slater that will not yield to pure Homœopathic practice. The same complaint prevails at a great many places. I used to think myself that the action of the indicated remedy was deeply influenced by state and county lines. In the South it was no good in fevers and in the North it was not "strong" enough to grab a typhoid intruder by the heels and throw him out the window.

Rain was pouring down in torrents when the Chicago and Alton's iron greyhound snorted into the union depot and sent the fumes of the stack to mingle with the smoke of Kansas City.

Going at once to the Midland Hotel I found the preparations for the meeting complete and orderly. The Midland management deserves thanks for its courtesies to the Institute



members and for the spacious and elegant assembly rooms assigned to us for meeting purposes.

The society was called to order by the handsomest eye and ear man in the country, James A. Campbell of St. Louis.

Thomas Howard Hudson, who eats and sleeps in Kansas City, and who lives all over the world as the author of "Two Decades in Medicine," opened the ball wittily and appropriately by an address of welcome, to which Brother Westover, of St. Joseph, responded most happily.

The attendance was from first to last large, and the interest was maintained at high pressure till the moment of final adjournment. Those present numbered about one hundred. The near approach of the Columbian Congress at Chicago kept a good many away.

St. Louis did not send a large delegation, but, like the negro's Thanksgiving turkey, "while de breed am small de flavor am delicious." Campbell, Richardson, Morgan, McElwee constitute a strong team, whilst Lizzie Gray Guthers is a team all by herself.

The interior towns of Missouri did well in the matter of attendance, and the Kansas City profession turned out in creditable numbers at every session.

The pronounced homœopaths, or the *Materia Medica* men, as they were called, had things pretty much their own way, and for once it was simply glorious to hear the old, old story of the single remedy and the careful prescription, and to see such giants as Hoyne, Runnels, Hudson, Kraft, Holmes, Deiderich and others laying down the law of the homœopathic land in good old style.

Chicago sent a large representation.

A big man walked into the rotunda, peeped over his left shoulder at some bystanders, hurried to the desk and wrote the name of T. S. Hoyne on the register.

On the morning of the second day the bell boy fell down stairs and smashed a satchel wide open. He did not know the owner, but a few empty flasks, a deck of cards with two aces missing, a big "hoss" pistol and a collection of de odorifero "weeds" led me to identify the outfit as the property of Alderman Smith. This gentleman has kept his election a profound secret from his medical friends, but I promised to

expose him on my return, and here he is—Alderman W. A. Smith, M. D., of Morgan Park.

Passing by a secluded nook of an upper corridor, I saw two quiet, scholarly gentlemen seated at a table with a bottle of Apollinaris water between them. They were talking “shop,” and I did not show to them the light of my wonderful countenance. One was Frank Kraft and the other was Horace P. Holmes. If Chapman of California had only been there!

Napoleon Bonaparte was the Frank Kraft of France, and, like his American contemporary, he was a small man, not quite as handsome as his pictures. Kraft is by no means a giant in physique; he is not pretty, and if it were not for his brains he would be a very ordinary specimen of what Byron calls “human clay.”

Dr. Peter Deiderich weighs about two hundred pounds in flesh, but in Homœopathy he weighs a ton. He stands up and hits from the shoulder, and talks like a Dutch uncle when occasion requires it.

Lemuel C. Grosvenor, of Chicago, gave the institute a baby talk, for which he is famous. Coming home we rode together from Kansas City to Mexico, Mo., and, for my part, I very much hope that the ride may be repeated at an early date.

Moses T. Runnels, whose face beams like a full moon when he is pleased, and whose firmly set jaw indicates enough bulldog to devour any bear in the Rocky Mountains when he is displeased, introduced the following:

*“Resolved, That the Missouri Institute of Homœopathy hereby condemns the practice of those so-called homœopathic pharmacies that manufacture, advertise and sell proprietary medicines and other mixtures not homœopathic.”*

Editor Delap thought the resolution entirely personal, and in this he is probably correct, since it hits with more or less force about all the pharmacies in the United States, and comes down upon a certain Missouri concern like a thousand of brick. The resolution passed, after a hot contest, and I hope that some practical results may follow its adoption.

The next move of the convention was to kick out a person named Woolf, of Joplin, who, it seems to me, ought to have been retained and elected to the highest office in the Institute, for he can cure every disease under the sun and does not hesi-

tate to proclaim the fact in a highly-perfumed newspaper advertisement.

This reminds me that I saw a card circulating around the hotel rotunda that was a rank piece of impudence on the part of an exceedingly ordinary chap. The card is printed in two colors, red and black, and its profusion of literary matter ought to disgust even the stupid sensibilities of the presumptuous donkey who had it printed. There may be, however, some excuse for this card; few ever heard of its author and as there is no reason outside of curiosity why he should be remembered by anybody it is well to tell a great deal about himself while he is at it. There is a world of difference between a prominent man and a prominent ass.

The Institute, having reduced its membership by one, concluded to enlarge its happy family, and conferred honorary memberships upon the following boquet:

Lemuel C. Grosvenor, M. D., A. K. Crawford, M. D., Howard Crutcher, M. D., T. S. Hoyne, M. D., Wilson Smith, M. D., Clifford Mitchell, M. D., all of Chicago; H. P. Holmes, M. D., Omaha, and Geo. B. Peck, M. D., Providence, R. I.

One day an election was held, and the following "produce" came out of the hat:

Dr. W. P. Cutler of Kansas City, president; Dr. Lizzie Gray Guthurz of St. Louis, first vice president; Dr. F. M. Martin of Maryville, second vice president; Dr. Henry J. Ravold of St. Joseph, secretary; Dr. L. C. McElwee of St. Louis, provisional secretary; Dr. W. B. Morgan of St. Louis, treasurer; and Drs. J. A. Russell, L. C. Van Scoyoc, J. T. Thatcher, C. J. Burger and John Harris, Board of Censors.

William P. Cutler is not quite as handsome as his pictures represent him to be, but he has a charming wife and four bright children to make up for artistic faults, and is a clear-cut, brainy, progressive homœopath in addition. The truth is, those program pictures are *very* handsomely executed and it takes a tremendously fine appearing man, one such as Campbell, for instance, to come up to the mark.

Lizzie Gray Guthurz of St. Louis is now vice president, and when she gets on the program with her picture, there

will have to be a mighty good-looking crowd of men to maintain the reputation of our side of the house.

Dr. Martin of Maryville is a pretty close follower of the law and a very pleasant gentleman withal.

Henry J. Ravold of St. Joseph, is one of the strong, active young men of the Institute.

McElwee and Morgan of St. Louis, like the Dutchman's first-grade wine, speak for themselves.

The women were out in force. Drs. Guthertz, Canfield, Condon, and others were interested and interesting spectators.

It was an inspiration to meet Dr. J. W. Cartlich, a reader of *THE MEDICAL ADVANCE*, and of course a careful and successful prescriber. He is one of the ablest men in Kansas City and deserves special mention for his firm stand against shot-gun prescribing.

Moses T. Runnels, whose thoughtful and splendidly written article on "Gonorrhœa and Sterility" appears in this issue, says:

"I am convinced that a great many doctors do not do one-half as well as they might do. Laziness, carelessness and polypharmacy go hand in hand. He who would succeed must deny himself and study his *Materia Medica*."

It is surprising how much truth some men can crowd into one little paragraph.

Dr. Henry Croskey came from Wichita and located in Kansas City to practice his specialty—eye and ear diseases. He is a careful student of *Materia Medica*, a splendid prescriber, and is sure to make a high mark as a practitioner in his new field.

My old schoolmate Newmeister is a very pleasant man to meet and I hope that his love of the law of similars and his care in prescribing may increase as the years go by.

Somebody observed that Brother Lemon of Olathe, Kansas, was "no fool on *Materia Medica*." I should say not myself. He and Dr. John Hudson, brother of "Two Decades" Hudson, divide the homœopathic field at Olathe, and, what is better yet, they live like brothers and each enjoys the fullest respect of the other.

Mr. John B. Delbridge, the popular and well known

Chicagoan, was on hand and a more pleasing gentleman one does not meet in a day's ride.

The Horlick people were ably represented by Mr. C. S. Hitchcock, who kept a pot of hot water always on hand and who mixed up a drink which, had it been intoxicating, would have broken up the Institute.

*The Kansas City Times* says that Dr. Woolf was bounced for printing a colored professional card. This is an error. There was a highly-colored and loud-smelling card in circulation, but it was not that of Woolf. A green reporter evidently concluded that the colored card man needed kicking out, and got his names mixed.

By the way, the press reports were as poor as skimmed dishwater. *The Times* did pretty well, compared with the other papers, but *The Journal* and *The Star* reports were an insult to the convention. There was no excuse for this, since Dr. Kraft supplied the local press with abundant typewritten matter every day. The Kansas City papers are either hostile to Homœopathy or the Institute officers are blamable for the wretched failure of their newspapers to report properly the proceedings of a highly interesting and important gathering.

Hudson's paper rattled the windows; Holmes' address on Hahnemann drew forth loud applause, and Frank Kraft's "Wine, Woman and Song," took the roof off.

Prof. Hoyne gave a rather constipated talk on cholera—too short, but very fine, as far as it went.

Goodby, brethren and friends, until next year. THE MEDICAL ADVANCE will join you at St. Louis next April, depend upon it.

And the banner of Similia, oh, long may it wave,  
O'er the land of the free and the home of the brave. H. C.

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#### HOMŒOPATHS IN CONVENTION.

The fourth semi-annual meeting of the Northern Indiana and Southern Michigan Homœopathic Medical Association was held April 25th, in the parlors of the Hotel Hascall, at Goshen, Indiana, Dr. A. L. Fisher in the chair. Members present, Drs. G. W. Bowen, Ft. Wayne; W. E. Newton, Ligonier; John Borough, Mishawaka; A. L. Fisher and H.

A. Mumaw, Elkhart; I. O. Buchtel, Auburn; and W. B. Kreider, Goshen.

Rev. Dr. H. L. Vannuys opened the proceedings with prayer.

The names of Drs. Levi E. Keehne, Milford; Geo. A. Whippy, Middlebury; and W. A. Whippy and M. K. Kreider, Goshen, were presented for membership. The report of the censors was favorable and the election of applicants unanimous, Prof. H. C. Allen, of Chicago, was elected an honorary member of the Association. Dr. H. A. Mumaw was appointed necrologist for the ensuing year. He reported the demise of one respected member, Geo. F. Love, Jones, Mich.

Dr. W. B. Kreider, chairman of the bureau of Ophthalmology, reported a case of mechanical injury to the eye, with reference to the advisability of enucleation. A surgical clinical case was next presented. Dr. G. W. Bowen then read two important papers, "Bronchial Obstruction by Foreign Substances," and the "Prevention of Death by Cessation of the Heart's Action." Dr. W. E. Newton reported a case of croup in an elaborate and carefully prepared paper. Dr. H. A. Mumaw read a reprint on the symptom which indicates the remedy. All of the papers were fully discussed. Dr. Bowen being of a poetical turn of mind, then read, "Love's Flight," one of his own happy productions.

Chairmen of bureaux were then appointed by the President: Surgery, Dr. I. O. Buchtel; Ophthalmology, Dr. W. B. Kreider; Materia Medica, Dr. W. A. Whippy; Practice, Dr. G. W. Bowen.

Election of officers for the ensuing year resulted as follows—President, Dr. G. W. Bowen; Vice-president, Dr. W. E. Newton; Secretary, Dr. H. A. Mumaw; Treasurer, Dr. W. B. Kreider.

On invitation by Dr. Newton it was decided to hold the next meeting at Ligonier, on the first Tuesday of October, '93.

The session was enjoyable as well as profitable. All the members and invited guests expressed themselves as well pleased with the excellent accommodations and superb dinner which the Hotel Hascall afforded.

**HAHNEMANNIAN MEDICAL SOCIETY OF IOWA.**

The Hahnemann Medical Association of Iowa held its twenty-fourth annual session in the parlors of the Savery House, Des Moines, Iowa, Wednesday and Thursday, May 3 and 4, 1893. Dr. Alice A. Goodrich, of Des Moines, filled the president's chair to the fullest satisfaction of all, and departed somewhat from the beaten path of president's addresses with a paper entitled, "Woman in Medicine."

Report of secretary showed a membership of 125, only about one-third the doctors in the state identifying themselves with our state society work. The treasurer's report showed our \$300 donated to the homœopathic department of the I. S. U., during the past year, by resolution a year ago, to aid in enlarging and improving our hospital at Iowa City.

The report of the Hospital board for the past year was encouraging in every particular. The patronage has been large, and the accommodations taxed in the extreme. The state authorities would gladly give us more room, but cannot at once. However, we have encouragement to believe they will do so during the meeting of the next legislature.

The University Committee report the condition of our department harmonious and prosperous, the largest class in the history of the school having been in attendance during the past term and graduating an excellent class of 23.

The legislative committee has done little work as the legislature has not been in session, but a good campaign is mapped out for the coming winter and some effective work will doubtless be done. The Homœopaths are entitled to more of the medical work in the state institutions and they mean to secure it. At present only two of said institutions employ homœopathy,—viz., the Reform School for boys at Eldora, in which Dr. J. E. King has the treatment of the children, and the School for the Deaf at Council Bluffs, where Dr. A. P. Hanchett is employed. Another insane asylum is sadly needed and will doubtless soon be provided, and its care must be in charge of homœopathy. This will be part of the work to receive the attention of the committee on legislature during the ensuing year.

A most excellent programme of over sixty papers was

offered, the most of the writers being present and reading their papers. It was noticeable that the papers were of an unusually high order in the matter of supporting purer homœopathy and recommending more careful work, as well as in other respects. The discussions were spirited and scientific, but in no case became bitter or caustic. In fact, the degree of unanimity with which with one accord the association is moving into the high level of the very best work, was frequently commented upon by the observing. As evidence of this note, the following resolutions offered to the society by a committee of three appointed by the chair to prepare the same:

RESOLUTIONS RELATING TO PHARMACIES.

WHEREAS, A number of so-styled homœopathic pharmacies are making and widely advertising so-called homœopathic compounds and proprietary medicines, and

WHEREAS, These compounds and proprietary medicines are composed of several drugs, the combined effects of which are not known, and

WHEREAS, The practice of administering these unproven drugs and compounds is contrary to the principles of homœopathy; therefore

*Resolved,* By the Hahnemann Medical Association of Iowa, that we condemn this practice, and that we consider it an affront to each of us personally and to the fair name of homœopathy, since their use would be a direct violation of its most sacred principles.

*Resolved.*—That we will individually and collectively refuse our patronage to all pharmacies engaged in making and vending these objectionable drugs and compounds.

*Resolved.*—That these resolutions be made a part of our records and also that they be furnished to the medical journals for publication.

A. M. LINN, M. D.,

Chairman Committee.

The resolutions met with the most enthusiastic support from every member present and were adopted without a dissenting vote, and it is to be hoped every state and our national societies will very soon take like action and drive some of our mongrel pharmacies out of our ranks altogether or else



into a better kind of work than they have been engaged in for some years past. Cedar Rapids physicians extended a cordial invitation to the association to meet in their city in 1894, which was by vote accepted. The following officers were elected for the ensuing year:

President, A. P. Hanchett, Council Bluffs; vice-President, W. A. Hubbard, Cedar Rapids; Secretary, D. W. Dickinson, Des Moines; Treasurer, Geo. Royal, Des Moines.

Board of censors: C. E. Watters, Cedar Rapids; W. A. Hubbard, Cedar Rapids; J. Moorhead, Cedar Rapids; J. W. Watzek, Davenport; T. L. Hazard, Iowa City.

University Committee: F. Becker, Clarmount; B. Banton, Waterloo; J. E. King, Eldora.

Legislative Committee: Geo. Royal and A. M. Linn, Des Moines; C. H. Cogswell, Cedar Rapids.

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COMPETITIVE EXAMINATION IN THE GRACE HOSPITAL, DETROIT, MICH.—The next regular competitive examination for position of Junior Assistant to the House Surgeon of the Grace Hospital, Detroit, will be held at the Hospital on Saturday, June 24, at 4:30 p. m.

Term 18 months. First six months as Junior Assistant; second six months as Senior Assistant and Ambulance Surgeon; third six months House Surgeon.

Applicants must show evidence of graduation from a recognized homœopathic college.

All applications must be sent to the president of the medical board, the Grace Hospital, Detroit, Mich., not later than June 15, accompanied by a certificate of good moral character.

ROBERT H. SILLMAN, Supt.

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#### NEW PUBLICATIONS.

THE ANATOMY OF THE PERITONÆUM, with thirty-eight colored illustrations. By Franklin Dexter, M. D. New York: D. Appleton & Co.

This little work of 86 pages presents a concise, accurate and clear description of the peritonæum, beginning with its development and tracing it step by step to completion. The author very properly holds that a thorough understanding of this important structure is only attained through a knowledge

of its structural development. The volume will be of extreme interest and importance to students and to practitioners who have to deal with the intricacies of abdominal surgery.

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THE DISEASE OF INEBRIETY FROM ALCOHOL, OPIUM AND OTHER NARCOTIC DRUGS. ITS ETIOLOGY, PATHOLOGY, TREATMENT AND MEDICO-LEGAL RELATIONS. Arranged and compiled by the American Association for the study and cure of Inebriety. New York: E. B. Treat, Publisher, 1893.

This is a volume of 38 chapters, and it deals with nearly every feature of the subject of Inebriety, which it treats as a disease springing from a great number of causes, among which it places mechanical injuries. The work might almost be denominated an encyclopedia of Inebriety, its various chapters being filled with facts, figures and opinions which cover almost the entire field. One of the most interesting and valuable chapters is that devoted to the relations between pulmonary consumption and the abuse of alcohol.

There is one view of the causes of the drink evil which we can hardly indorse with sufficient emphasis; we refer to physical overwork without compensating repose and sleep. A sharp distinction is here made between mental weariness and physical exhaustion. The man with a headache may take a dose of some sedative, less often a narcotic, and rarely a drink of something stimulating; as a general rule he goes to sleep, if he can, and lies as quietly as possible if he cannot. Nature herself has supplied a supreme and we might say an automatic remedy for an overworked head, and a pair of heavy eyelids rarely fail to do their duty in good time unless long abuse of their tender warning has deadened their sensibilities. Sleep suggests itself as the natural and orderly restorer of the mental forces, and it is well that it is so near at hand when the drain upon them has become burdensome. The man, however, who has a lame back, or he who has taken too long a walk, or has got his feet wet, or has fallen on the ice, or has taken a ride in the cold air, is pretty apt to include some form of alcohol among the agencies needed for his restoration to the normal condition. It is astonishing what excuses can be found in the various disturbed physical conditions for the use of intoxicants and narcotics.

Aside from what we may call the accidental causes of inebriety, such as traumatism, grief, disappointment, etc., our opinion is that the disease—for such it may be called without a stretch of pathological jurisdiction—is in the great majority of instances the direct and tangible result of education in the matter of indulgence. The drinking habit is cultivated, step by step, and finally is fastened upon the victim as “second nature;” and in fixing the responsibility for this condition we attach the entire blame to the individual himself, since any other course, whilst doing a possible injustice here and there, would open the floodgates of irresponsibility behind which human beings are always so fond of retreating. One inheriting consumption, or cancer, or blindness, or neuralgia may not be blameable therefore, but he is responsible, morally and logically, if he does not resist their encroachments to the utmost.

The medico-legal features of the work are so extremely thoughtful and valuable, so full of interest and suggestions, that we regret our inability to speak of them at length. The book is handsomely bound and sells for \$2.75.

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THE INTERNATIONAL MEDICAL ANNUAL AND PRACTITIONER'S INDEX: a work of reference for medical practitioners. Eleventh year. New York: E. B. Treat, Publisher, 1893.

This volume of 600 pages comprises the latest and most thoughtful observations of the leading practitioners and teachers in Europe and America. It reports progress and discovery in the fields of therapeutics, surgery, pharmacy, chemistry and sanitation, and accompanies it by careful editorial criticism. It is, in short, precisely what it pretends to be—a universal mirror of medical progress, and practically an encyclopedia in the hands of the practitioner. The references are universally complete and the index is one of the most satisfactory features of the entire volume. Numerous illustrations and several finely executed plates enrich the compilation quite materially. The surgical department is especially interesting and instructive. New methods and new appliances are brought out accurately and as fully as their merits demand.

One of the essential requirements of progress demands the

elimination of that which has been proved and found wanting; and this the *International Annual* does courageously and fairly. Procedures that have been fairly tested and which have failed to meet the requirements necessary, are dealt with in a most thorough fashion.

To the homœopathician this book will afford many convincing proofs, thoroughly unconscious on the part of the contributors, of the steady growth of the application of the law of similars, as for example the references to *Cantharis* in urinary troubles, and *Lodum* for non-acute rheumatism of the small joints.

The work is securely and attractively bound and will make a valuable addition to a library. The price is \$2.75.

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LIPPINCOTT'S MAGAZINE for May 1893.—The many admirers of Rosa Nouchette Carey will be gratified to learn that the complete novel in the May number of LIPPINCOTT'S is from her facile and well-tried pen. Its title is "Mrs. Romney."

The third in the series of Lippincott's Notable Stories, "A Pastel," by Cornelia Kane Rathbone, is a delicate and touching sketch of wasted loyalty and disappointed hope. It is illustrated throughout.

James Cox furnishes a full and glowing account of "New St. Louis," illustrated with cuts of a dozen of the huge buildings which have lately risen in that thriving and progressive city.

John Bunting traces the origin and history of "The Society of the Cincinnati," with the violent objections which were raised in its early days against its supposed aristocratic character and dangerous tendency. This article also is illustrated.

Mrs. Gertrude Atherton supplies a short but appreciative account of the American sculptress Kühne Beveridge, with a cut of her most notable work, "The Sprinter."

Professor L. M. Haupt has a brief article on "Colonel Pope and Good Roads."

M. Crofton, in "Men of the Day," gives sketches of William Morris the poet, Archbishop Satolli, and Secretary of War Lamont.

The poetry of the number is by Louis Chandler Moulton, Dora Read Goodale, Charlotte Pendleton, and Arthur D. F. Randolph.

THE CENTURY COMPANY AT THE WORLD'S FAIR.—The Century Company will show in their exhibit at the Columbian Exposition a great number of interesting original manuscripts and drawings for important illustrations in *The Century* and *St. Nicholas*. Manuscript poems by Tennyson, Longfellow, Whittier and Bryant will appear in the *St. Nicholas* exhibit, with the manuscript of the first chapter of "Little Lord Fauntleroy," by Mrs. Burnett, and original stories by other well-known writers. The originals of famous letters and documents quoted in Messrs. Nicolay and Hay's "Life of Lincoln" will be shown, including a certificate of a road survey made by Lincoln in 1834, with a bill for his services at \$3.00 a day, the letter of the committee apprising Mr. Lincoln of his first nomination for the presidency and his reply, the corrected copy of the inaugural address from which he read, March 4, 1861, the original draft of his proclamation calling for 75,000 men, drafts of important messages to Congress, as submitted to the cabinet, Mr. Lincoln's written speech on presenting Grant his commission as lieutenant-general, and the autograph copy, in pencil, of General Grant's reply. Letters from General Grant to the editors of *The Century* regarding his papers for the War Series—the last from Mt. McGregor—will be exhibited, with original manuscripts by General McClelland, Joseph E. Johnston, and others.

The Century Company will show also how an illustration is prepared for the magazine, from the artist's drawing to the printed page, by wood-engraving, and by various photo-engraving processes; how the "Century Dictionary" was made, with copies of the earliest English dictionaries, and manuscripts and proofs of the "Century Dictionary" in various stages. This exhibit, with that of other publishers, will be found in the north gallery of the Manufactures and Liberal Arts Building.

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THE RIGHTS OF WOMEN AND THE SEXUAL RELATIONS. By Karl Heinzen. Preface and postscript by Karl Schmemann. Second edition. Price, cloth \$1.00; paper 50 cents. Detroit: Karl Schmemann.

This work is unique in many respects. It is written by a man who evidently has an opinion and is not afraid to express

it. He has taken the following for his motto: "Learn to endure everything, only not slavery; learn to dispense with everything, only not with your self-respect; learn to lose everything, only not yourself. All else in life is worthless, delusive and fickle. Man's only sure support is in himself, in his individuality, resting in his own power and sovereignty." This fully outlines the character of the author. He has evidently little respect for authority in mere matters of opinion. He writes with a directness not often met with and with an utter indifference to popular prejudice. He evidently wants the reader to feel that he is describing vicious habits and customs of society, and the rights of women will never be secured until these vices are uprooted and destroyed. He advocates what he deems right, leaving consequences to care for themselves. He denies that nature is inherently vicious and maintains that it is what it is because of the restraints to which it has been subjected.

The author says:

"Women must see that their degradation is founded on the rule of force, the rule of money, the rule of priests. It must, therefore, have become clear to them that they cannot depend on an improvement of their lot before the liberty and right of all men have been attained, the existence of all men have been secured, and the essence and dignity of all men have been recognized in purely human conceptions.

Everything that they can be and can wish for depends on these three points, their liberty, their rights, their dignity, their social position, their marital happiness, their love, their education, their everything.

Women must enter the ranks of the revolution, for the object is the *revolution of humanity.*"

Every admirer of those champions of human rights, Wendell Phillips, Lloyd Garrison and Charles Sumner will read with interest this volume of their co-laborer Karl Heinzen.

F. T. Neely, Chicago, announces for early publication a new work by Mrs. Frank Leslie. Her recent book entitled "Are Men Gay Deceivers?" is now being translated into Spanish and is at present enjoying an unusual sale.

F. T. Neely, Chicago, announces that he will soon issue "Uncle Tom's Cabin" in half vellum and paper cover, same as his edition of "Reveries of a Bachelor."

# MISCELLANY

SOCIETY REPORTS, COLLEGE NOTES, REVIEWS, ETC.

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## OUR HOMŒOPATHIC COLLEGES.

The members of our college faculties, both individually and collectively, assume a burden of no light responsibility when they accept a chair and undertake to fulfil its duties. For our colleges were chartered to teach Homœopathy; and if they fail to teach it, or teach something diametrically opposite, there is no reason or excuse for their existence, as such. If not true to the self-imposed trust, the name is often a cloak for deception. The student who relies upon the promises of the annual announcement and pays for a homœopathic education which he never receives, has just cause for complaint. He has asked and paid for bread, and is given a stone. In his annual address before the New York State Society, President Fiske voices this complaint. But the complaint is not new, and President Fiske is not alone in his brave attempt to stem the swelling tide of eclecticism in our ranks. In a recent editorial in the *North American Journal of Homœopathy* this question of college teaching is dealt with in a vigorous and trenchant manner:

President Fiske, in his address, touched upon some very important topics. His declaration that "I am a homœopath" was significant and timely. Significant, because it indicates the recognition of a stealthy undercurrent of a weak and timorous sentiment which yearns for morganatic alliances with the old school; timely, since the occasion demanded that an unqualified declaration of principles be again made. No valid reason in these days can be offered by any homœopathic physician for sending his students to allopathic colleges. Their schools are no better equipped than ours, they have no better teachers, and they give no better instruction. The man therefore, who, turning his back on homœopathic institutions, deliberately decides to entrust his students to the care of "regulars" to the end that a homœopathic education may be secured is not to be counted among the friends of homœopathy.

The craze for something scientific (?) as allopathic empiricism is styled, in the closing decade of the nineteenth century, is pitiable in the extreme. Many professed homœopaths

recommend their students to attend allopathic colleges that they may be thoroughly grounded in all the fundamental branches. But as our contemporary says: "their schools are no better equipped than ours, they have no better teachers, and they give no better instruction." Then why not become grounded in the primary branches at home while they are being strengthened instead of being poisoned in Homœopathy. This vicious practice, so prevalent in our school, has borne bitter, bitter fruit in the past, and unless corrected, is likely to produce a similar crop in the future. But for this practice the three sons of the honored and lamented Dunham would not now be practising Allopathy, a fact that should cause every true homœopath to blush with shame. Recommended to attend an allopathic college by a professed homœopath, they have never been able to shake off the prejudices inculcated.

In all Europe there is not a single homœopathic college. A student must first become an allopath before he can practice Homœopathy; and those homœopaths who have traveled this thorny road, keenly feel its disadvantages, for they know what it costs, mentally, physically, and financially to disentangle themselves from the web of doubt and prejudice so skillfully woven about them during their college course. In a recent private letter the talented editor of the *Homœopathic World* says:

"It is a grand thing to have a school, the whole atmosphere of which is imbued with the higher Homœopathy. The thing that keeps us back here [in England] is that we have no school at all, and our students have to be turned out allopaths before they can practice. Then it is a great chance if they are ever re-converted."

But while this criticism is just, because true, there is another side to the question. What have the faculties of our homœopathic colleges done to aid in what they now so severely condemn? Have they been loyal to the trust imposed upon them by their charters? For years, many of our ablest and truest homœopaths have sent their students to allopathic colleges, "because it is easier to convert them from allopathy than from the mixed practice taught in our homœopathic colleges." When a professor in a homœopathic college instructs his class that intermittent fever cannot be



cured without quinine; that for relief nephritic colic must have morphine; that erysipelas is not amenable to homœopathic treatment; that hemorrhoids and fistulæ must be treated surgically; that diseases of the skin can only be cured by medicated topical applications, etc., is it not time and is there not cause for the profession to call the colleges to account. When a member of a homœopathic college faculty openly boasts of practicing allopathy, is not the profession warranted in believing that he teaches what he practices? A shameless boast of this kind recently occurred in the court of common pleas, New York City, Coblitz vs. Stannard, *et al.*, tried at the late spring term before Judge Pryor (see minutes of stenographer, page 164) in which the medical expert testified, "I practice both systems." And yet it was telegraphed to the world that he was called as homœopathic counsel in the case of the late Mrs. Harrison. As a distinctive school of practice, is a prognosis of our future difficult? Is there any doubt as to whither we are drifting? Is there not cause for complaint on the part of the homœopathic profession? Should the colleges do all the fault-finding?

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#### HEART FAILURE.

"Bishop Phillips Brooks died today of heart failure."—  
Daily Paper.

What in the name of common sense is heart failure, *per se*?  
Why not say that the good bishop died for "want of  
breath," forsooth?

One expression is just as sensible and just as true as the  
other, but the physician who allows himself the use of such  
terms stultifies himself and becomes a noble ass.

Heart failure has a "knowing" sound to the unlearned;  
but, tell me, ye learned leaches of asinine proclivities, did ye  
ever know death to occur without heart failure? I trow not!  
But tell me, if ye can, what causes the heart to fail? for it is  
that and that alone that interests or should interest the physi-  
cian in determining the cause of death in any case. Ah! it is  
the old, old allopathic story of "putting the cart before the  
horse," of substituting effect for cause.

Would it not be better to point out the cause of the heart  
failure—since heart failure, *per se*, does not and cannot exist

—more scientific, more accurate, more truthful, than to make use of such a contemptible subterfuge to beguile the unthinking and the unlearned?

May not a suspicion be well-founded that the term heart failure is too often used to cover a multitude of disastrous results from abuse of coal tar products, etc.?

Verily, it mightn't be healthy for scientific practitioners to be too explicit as to the cause of death in certain cases.

If, however, they are aware of the dangers of these drugs, why do they not discard them and learn the Better Way? Verily, their cure is more to be dreaded than the disease!

The use of such terms among the members of the benighted school is bad enough, but for a professed homœopath to indulge in such rot, and to prescribe Digitalis, Strophanthus, etc., to prevent such an untoward accident is simply disgusting.

Why, brethren, if you can only give us a heart tonic *that never fails*, we will cause all the undertakers in the country to go out of business, for we can then prevent this dire condition without which there can be no death.

We note with joy that some boards of health have refused certificates of death in which heart failure was given as the cause. We would that there were more such!

Any thinking man must see at a glance that such a condition, *per se*, can not exist—for a healthy heart never fails—until the force of life has reached its lowest ebb.

FREDERICK HOOKER.

SYRACUSE, N. Y.

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THE LIBBY PRISON WAR MUSEUM.—Of the many attractions outside of the World's Fair in Chicago, there are but few in which there is so much interest centered as there is in the Libby Prison War Museum. In 1889 this celebrated prison was removed from Richmond to Chicago and converted into a War Museum. The project was undertaken by a syndicate of the best known business men of the city whose enterprise was conceived in a commercial spirit, but has attained a national reputation. A project such as this was never before heard of. To move a brick and stone building the size of Libby more than a thousand miles, across rivers and

mountains, was an enterprise that many of the best known contractors in the West refused to undertake at any price. But the move was made with success. Then the famous old structure was filled with war material that represents the work of a lifetime and the expenditure of half a million dollars. The great collection is conceded to be second to none in the country and includes much of the most valuable material that the greatest civil war the world has ever known has left to posterity. The collection includes thousands and thousands of relics of every description, many of which form important links in the history of the Nation. The old building itself is fraught with interesting memories and the story of the celebrated tunnel escape of Feb. 9, 1864, never fails to interest the visitors. One hundred and nine Union officers made their escape through that tunnel, which formed one of the most thrilling events in the history of the war.

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SHALL HAHNEMANN'S "CHRONIC DISEASES" BE RE-PRINTED?—"Some one ought to reprint Hahnemann's *Chronic Diseases*." So say many practitioners. But to bring out such a work involves the expenditure of a goodly sum of money—a risky expense, that few publishers care to assume. Messrs. Boericke & Tafel have, however, determined to make the attempt to reprint this grand old work. Estimates have been obtained, the cost figured out, and now it only remains for the gentlemen of the homœopathic medical profession to indicate their wishes. If a sufficient number will subscribe to the undertaking to enable the publishers to see their way towards paying for paper and type setting, the old book will again be obtainable; otherwise it will remain out of print.

The only English edition of the *Chronic Diseases* ever published was issued in five small volumes, in 1845, and has been long since out of print. The proposal is to reprint that edition in one volume of a size uniform with the *Materia Medica Pura*—pages  $9\frac{3}{4} \times 6\frac{1}{4}$ —on fine paper, and bound in half morocco. So printed, it will make a solid volume of about 1,200 pages. The price, delivered to subscribers, will be \$8.00 net.

The first period of Dr. Hering's preface to the *Chronic*

*Diseases* will give those unfamiliar with the work an insight into its nature: "Hahnemann's work on chronic diseases may be considered a continuation of his *Organon*; the medicines which follow the present volume may therefore be considered a continuation of his *Materia Medica Pura*." The first volume of the five is devoted to the following subjects: "Of the Nature of Chronic Diseases," and the "Treatment of Chronic Diseases;" this latter embracing papers on "Sycosis," "Syphilis," and "Psora." The remaining volumes are taken up with Hahnemann's provings and comments on the "Anti-Psoric Remedies," about forty-seven, embracing many of the most important remedies in Homœopathy, such as *Arsenicum*, *Lycopodium*, *Sulphur*, *Silica*, *Phosphorus*, etc. No mightier monument to the memory of Hahnemann will ever be raised than his own books, not the least important of which is his *Chronic Diseases*.

Subscribe through your regular pharmacist, or book dealer, or direct to the publishers, Boericke & Tafel, 1011 Arch street, Philadelphia, Pa.

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A MANUAL OF CLINICAL OPHTHALMOLOGY. By Howard F. Hansell, M. D., Lecturer on Ophthalmology, Jefferson Medical College, etc., and James H. Bell, M. D., Jefferson Medical College Hospital, etc. With 120 illustrations. Philadelphia: F. Blakeston, Son & Co. 1893.

"A brief review of the anatomy, physiology, refraction and common diseases of the eye," is what the authors have attempted, and in this they have succeeded. The work does not pretend to treat this specialty exhaustively, but it does furnish a practical work for the under-graduate, which will prove a valuable aid in his college work, and the general practitioner will find it invaluable. It is well illustrated, and this will greatly facilitate the mastery of the subject by both student and practitioner. Like all works from this well-known house, it is a splendid specimen of the printer's art.

# SYMPOSIUM

OF

## HOMŒOPATHIC PRESCRIBING.

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### MATERIA MEDICA CHAFF.

W. A. YINGLING, M. D., NONCHALANTA, KS.

Homœopathy being based on law we can approach its study with assurance and certainty. There are many things yet to settle because of the want of sufficient experience in the practice of the pure art. These unsettled points are not foundation principles *per se*, but they lie so near to basal principles that an unbiased and intelligent study of them is incumbent upon all who may be desirous of the truth. The greatest barriers in the way of the rapid advance of *pure* Homœopathy are the want of intelligent observation on the part of the prescriber, and the embrace of the materialistic and empiric arms of the monster cuttle fish of the "regular" practice. It is difficult to cut loose from materialism and empiricism, especially when the taunting finger of ridicule points the incredulous to possible, even though temporary, shame. Doctors, like sheep, want a leader, and the one who bleats the loudest, even though discordant and incompetent, becomes the bell-wether to lead the succulent sprigs of the profession into the visionary way "which seemeth right unto a man, but the end thereof is the way of death to confiding multitudes." If a man has polish, and by good luck, favor or intrigue, secures a position of responsibility and trust, his word becomes the dictum of the many, and his *surmisings* ultimate facts about which there can be no doubt. Koch was the "greatest benefactor of the race since Jenner," as alleged by the leading

lights of the "regulars," because he was *after an idea* started by the homœopaths, and surmised as to the results. And now Amick of Cincinnati, is prominently before the professional world as the "greatest benefactor," as he is *after* the jack o'lantern of a "sure cure." Almost the entire profession threw up their hats in the immense applause for Koch, but the breeze of common sense fanning their brows cooled their ardor, and with the calm second thought investigation is proceeding with more care, the result of which has been a step nearer the God-given principles of pure Homœopathy. The same results will follow the Amick fiasco.

The followers of Samuel Hahnemann need not go astray, led by the flitting light of the will-o'-the-wisp into the morass of error, for they have a guide provided by the master mind of the founder of Homeopathy. "The Organon of the Art of Healing" is the fountain of wisdom from which all who desire the truth may be satiated, and prepared to enter upon a career of usefulness and honor. The "Organon" of Hahnemann is the foundation of all true homeopathic teaching and knowledge. Without the benign rays of its light none could successfully practice the system of medicine founded by the sage author. With a due comprehension of its teaching, coupled with judgement and the proper use of the *Materia Medica*, any one can become a skillful prescriber and a benefactor of the afflicted among mankind. Some one may deny this and allege a successful practice without even a casual reading of the volume. The successful practice is but the allegation of the gainsayer, and in the second place, all who have studied the art sufficiently to become legal practitioners have necessarily been well enough imbued with the principles of Homeopathy, even though unwittingly, to accomplish a degree of success. The man who has never been instructed in the science and art of boxing, may, upon frequent occasions, defend himself with success, though not with the skill and ease of the practiced boxer.

The instruction of all the homeopathic schools must, in a degree, be based upon the teaching of the *Organon*. Like the effect of Christianity upon civilized man, so the benign teaching of the *Organon* has had a salutary effect upon the entire medical profession. If it were possible to wipe out, to

entirely obliterate the *results* of the teaching of Samuel Hahnemann from the homœopathic literature you would have remaining only a mass of useless materials, and the general practice of medicine would retrograde to the custom of a century ago with but little improvement. All attempts to change or remodel the foundation principles have ended in confusion and chaos.

Where law is there is system; system gives the means of accessibility resulting in competency as prescribers. In the absence of law confusion must prevail for there is no guide, no mentor, save only, with the many, unreliable observation and inefficient practice. That a given medicine relieves and cures a given disease is no guaranty that it will cure the same disease in another patient. Those who best observe the treatment of disease realize that any given case may demand for its cure almost any one of the many remedies. Herein the experience in the one case will not help in the relief of another case without the guidance of a law of cure. To give a remedy in the treatment of a new case merely because the same remedy cured a former case is but guess work. To prescribe a remedy in a given case because the symptoms of the patient are fully covered in the pathogeneses of the remedy is scientific, and certainty of cure is the result. The prescriber must have a reason for his prescription. To be able to prescribe with scientific certainty he must be a student of the healing art as taught by Samuel Hahnemann in the *Organon*. All the ablest prescribers have been students of Hahnemann, and consistent followers of his teaching. Whilst any one may add to the armamentarium of the profession by adding new remedies, and after very close observation offer intelligent suggestions as to those things which are, as yet, unsettled, yet it is a matter of fact that no improvement has been, or can be, made upon the law of cure, or upon the principles of the Healing Art upon which Hahnemann has spoken with certainty.

From Hahnemann we get facts upon which we can build; only as we build upon his *Organon* are we true homœopaths. The best student of the teaching of Hahnemann becomes the best possible prescriber; i. e., he would not, and could not, be as good a prescriber without such study. Those who deem

themselves not in need of such study become the routine givers of drugs and ever tend to the "mire and clay," and the uncertainty of the "regular practice." Those who feel their need of such study, and persistently search out the truths from the rich mines of golden thought as enunciated by Hahnemann, become the master prescribers and ornaments of the profession.

The teaching of the *Organon* is based upon law. Law gives certainty of results. As we have law we can build for the future with the assurance of permanency and stability. The old school practitioners are ever changing because they have no law of cure. They grope in the dark searching for light, but find none because they reject the only law of cure possible. Today they may stumble upon an epidemic remedy, because it is homœopathic to the disease, but in the very next endeavor to combat the enemy they must begin *de novo*, trying this or that until by seeming chance a curative, or rather a palliative, is happened upon. Thus change is the rule. The treatment of one generation will not suffice for the next. It is the opposite with the New School. The treatment of one age is good for all ages. The material of Hahnemann is used today because it is positive and valuable in all times. A drug produces the same effect and will cure the similar disease at any period of time. There is no change. New symptoms may be ascertained, more may be known of the sick-making power, hence of the curative range of the remedy, but the same symptoms of a patient always have and always will point unerringly to the same remedy. There is no casting off of old garments with the true homœopath. The remedies that Hahnemann gave us are our polycrests today. The true homœopathic prescriber is the same yesterday, today and forever, in regard to the manner and matter of his prescription, because he is well-founded upon positive law and is governed in his prescriptions by positive law. He is prepared for any new disease with certainty of successful treatment because he has a law to guide him to the curative remedy.

Hahnemann teaches that every drug has its own peculiar effects, and some symptoms unlike those of any other drug. He says, *Organon*:

§ 118. "Each drug manifests peculiar effects in the



human body; and no other drug will produce effects of exactly the same kind."

§ 119. "There is no doubt that every species of plant differs from other species and genus in exterior form, in the peculiar manner of life and growth, in taste and odor; nor is there any doubt that every mineral, and every salt differs in its external and internal, chemical and physical properties, which alone should have prevented one from being mistaken for the other. It is, therefore, equally certain that all of them differ and deviate among each other in their morbidic as well as in their healing properties; and that each of these substances acts in a manner so peculiar and distinct, and produces alternations in the state of health and feelings of a man, so different from all others, as to prevent them from being confounded."

If the prescriber ascertains these differences and has them at command, he can prescribe speedily and accurately, because these peculiarities will guide him to the true similitum. The conclusion we draw from this is, that the more peculiar a symptom, the more unlike every other symptom, the more certainty there will be in the remedy. Every one realizes that many symptoms are in common with a large number of drugs. These are useless in prescribing except to show that the totality of symptoms have been covered. The commoner the symptoms the less valuable as a guide to indicate the similitum; the more *peculiar* and *uncommon* the more valuable as an indicator of the true curative remedy. This is plainly taught by the master. He says:

§ 153. "This search for a homœopathic, specific remedy, consists in the *comparison* of the totality of the symptoms of the natural disease with the list of symptoms of our tested drugs, among which a morbidic 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 almost to every drug."

We are to prescribe, or to select the remedy, on the prominent, *uncommon* and *peculiar* symptoms, but the selected remedy must cover the totality of symptoms. To cover the totality of symptoms is necessary and very emphatic. The more peculiar and individual the symptom covered by the drug the more certainty there will be that the whole case has been covered. The peculiar symptoms are merely to be guides to the similimum and not isolated indicators of the remedy. The true prescriber will verify his choice of a remedy by consulting his *Materia Medica*, except, possibly, in epidemics where most of the cases are alike. He will be sure, at least, that the totality of symptoms are covered. This rule should never be lost sight of by the prescriber. We can assert with some degree of certainty that if we find a symptom of a drug produced by no other drug we really find the curative, or the guide to the true similimum. The only qualification necessary would be to *know* that the symptom is actually produced by no other drug. This want of absolute knowledge requires the constant use of the *Materia Medica* to verify the choice.

These more peculiar characteristics are usually odd and are called by some, in derision, "chaff." Instead of searching for facts these objectors refuse the light which would aid them so materially in relieving their confiding patrons. The part of a true philosopher is not to reject on account of oddity or peculiarity, but to test by reason and experience. By a due consideration of these facts, and by keeping them in mind when studying the *Materia Medica*, the homœopathic physician would lessen his labors as a prescriber by a hundred-fold, for these "chaffy" symptoms *point* every time to the true similimum.

It is a fact which cannot be gainsaid that every variation from the status of health is a true symptom. The more peculiar this variation (symptom) the more specific becomes the indication of the curative remedy. If the long, slender feces like a dog's stool, of *Phosphorus* is recognized as a true symp-

tom, why should the "square" stool of *Sanicula* be esteemed as chaff? If we consider the propensity of the *Belladonna* patient to bite, strike, to spit at those around, as a symptom upon which we can prescribe why is not that peculiar propensity of the *Mercurius* subject, to pull other people's noses, also worthy our consideration? The only reasons we could have for casting out the peculiar symptoms of *Mercurius* would be the infrequency of its occurrence and the want of experience. The man who has considered this peculiar symptom in his prescription will esteem it as valuable a guide as that of *Belladonna*. *Natrum sulph.* has a peculiar symptom which alone was the key to the curative remedy after many months of failure in treatment, the invariable itching of the ball of the big toe when taking off the boots at night. This symptom is odd, it is supposed chaff, but it proved to be the only symptom which led to the remedy covering every other symptom, and cured the patient after repeated failures of the most careful prescriptions. The "continual counting" of everything in the room, of the furniture, of the flowers on the wall paper, of everything, so that the poor woman was almost distracted, of *Physostigma*, was the guiding symptom to the curative remedy in another case.

It is this class of symptoms that the revisors of the *Materia Medica* wish to eliminate and to replace by the common symptoms peculiar to the drug, and in many cases peculiar to very many drugs. We do not advocate the practice of prescribing on one or two symptoms, for this would be to ignore the specific commands of the master to cover the totality of the symptoms of the patient. The idea we wish to impress on the mind of the reader is to use these "chaffy" symptoms as pointers or guides to the remedy covering the totality so as to readily turn to the *Materia Medica* to compare the symptoms of the drug with the symptoms of the patient, and to thus scientifically prescribe. It is an error to suppose that any one can make the habit of off-hand selection of the remedy a constant practice. This will result in failure and discouragement, and lead inevitably to retrogression. The good prescriber will be the most careful, and the successful prescriber will have ever at hand the *Materia Medica*, and

seldom give medicine without consulting it carefully. The homœopathic physician has no sinecure, he must be a worker, constantly applying his mind to the study, not of the fads of science so called, but of the *Materia Medica*. Some of the best prescribers seldom, or possibly never, make a prescription without first consulting their books, but these men know the peculiar symptoms and are thus enabled to "turn to" the proper remedy with dispatch and ease. It is said that Dr. Ad. Lippe would read over a new remedy frequently, until he found one or more symptoms *Peculiar to the drug*, and would then prescribe the remedy at the first opportunity. He did not prescribe on the peculiar symptom alone, but the peculiar symptom directed him to the remedy which, *when it covered the case*, he prescribed.

These "chaffy" symptoms are not always present; in many cases we can only get the more common indications for a prescription, in which event we have more trouble to find the *similimum*. At times a dozen or more remedies may be indicated in a given cases, and it would be mere guess work to make a prescription. In such a dilemma if we can elicit from the patient something peculiar to the case we will find the symptom peculiar to a particular drug. Right here is the diverging line between the good and the indifferent prescriber. The one will give something *in hopes* to do some good, or, what is worse, to get the fee; the other will elicit something peculiar to the case which will enable him to intelligently prescribe a curative remedy. Here is where many fail on the one hand, while others show their superiority as prescribers.

The "chaffy" symptoms are the more *odd* of the peculiar ones. They are not so frequent as the peculiar ones, for the "uncommon or peculiar" symptoms are met with in every remedy. Our plea is that these very odd symptoms should not be discarded as chaff, but that they should be utilized as true indications for a prescription, or, rather, that they should be considered in the choice of a remedy. All the "peculiar" symptoms come under the range of this paper, but we especially emphasize the importance of the very odd ones as they are so frequently entirely discarded or ignored. The physician who learns the importance of these symptoms will make great

strides towards efficiency as a prescriber, and will understand the true art of homœopathic prescribing.

It must not be thought that this paper covers the whole range of homœopathic prescribing. This is but one of the many parts to be considered. The well-equipped physician will seek to know and to understand all branches of the art of true homœopathic prescribing.

In conclusion I would impress on the mind of the reader that those symptoms which have the most to do with pathology have the least to do with the homœopathic prescription. These pathological symptoms are simply diagnostic; the *prescriptive* symptoms are the mental or moral, the idiosyncratic, those of aggravation and amelioration, sensations, desires and aversions, the prominent, uncommon and peculiar, (characteristic). The peculiarity of the drug must correspond with the peculiarity of the patient.

To be able to use these peculiar characteristics as the basis of a prescription requires a thorough understanding of the philosophy of homœopathics, and a clear view of the "image of the drug." The master of the homœopathic Materia Medica can comprehend the image of a drug from these peculiar symptoms because he has the basic principles of the homœopathic system well in hand, and knows what symptoms will combine to make a perfect picture or image of the drug. This prescriptive ability is far from guess work; it is masterful knowledge, a knowledge not only of the Materia Medica, but also of the various branches of science upon which the catholic system of medicine is founded. The young prescriber must reach his prescription by the most painstaking and laborious route; each *careful* prescription will prepare him to save both time and labor in the succeeding. This is the only road to success; all the renowned prescribers walked in it. There is no excellence without great labor.

Those who restrict their practice to the use of the low dilutions fail to comprehend the utility of these peculiar symptoms, and discard as useless everything that smacks of the "chaffy." To understand the beauties of homœopathy and realize the reliability of these peculiar symptoms, the high and highest *potencies* must be used. "The higher we

ascend, we find more clearly the *special and peculiar character of the remedy.*" This italicization, as well as the words, was indited by Jahr. Also the following, from his Introduction to the Clinical Guide, will throw light on this very interesting subject:

"§ 20. All provings, made only by crude substances, have given us so far only general manifestations, as they are also found in every other material of the same general action, but hardly any special characteristics. Only to the Hahnemannian provings with dilutions [potencies] up to the thirtieth are we indebted for the most characteristic symptoms. We do not deny the necessity, in order to get acquainted with the general generic effect of a medicament, to make provings with large undiluted doses: but to get at the *strictly differential* qualities, distinguishing it from all others, related to it, it will be just as necessary to make conscientious and careful provings with the higher and highest dilutions.

"§ 21. By continued diluting and concussing, remedies get therefore neither stronger nor weaker, but their *individual peculiarities become more strongly and more rigorously developed*, and it is this which has for a long time governed me in my practice \* \* \* for I know, that *exactly the specialty*, which we need, is only fully developed in the *highest* dilutions, and from them only can we expect the best results, and it is really remarkable, what quick success often follows the application of *only a single dose.*" (Italicized by Jahr.)

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#### BOOKS BEFORE PATIENTS.

WM. JEFFERSON GUERNSEY, M. D., PHILADELPHIA, PA.

No objection has ever been offered to a *study* of one's case, and all must admit that greater accuracy is to be obtained by it. The question has only to do with the *effect* of such research *before patients*, and, it might be added, their nurses and friends, for these often appear a self-constituted jury to commend or condemn the prescriber. The young practitioner is ever hampered with an inordinate desire to appear learned on the subject under treatment; and the older physician, although supposed to have attained a public confidence

that will render him less sensitive to this unpleasant scrutiny and consequent criticism, is, nevertheless, not entirely free from a desire to astonish the on-lookers with the impression that "he knows it all." Indeed, this is a matter of professional pride that is not altogether censurable, for it is to his financial interest, and the medical man has not yet learned to subsist without bread, even if he can go without his quota of sleep.

The earlier we can induce our patients to feel that we are a necessity to them the better it will be for them and for us. What a wonderful help to the physician to feel that he has obtained the confidence of his patient, and particularly so if the trust is merited, and that it is easier to prescribe for such an one the reader will admit. How, then, can the recent graduate obtain, and the veteran prescriber better retain, this desideratum than by showing his patient such an interest in his case as will prove to him that he is *determined* to find the correct remedy, even if he has to "hunt in a book" for it. And, as a favorable result is rendered more probable by this means, it would seem that in the end it must furnish sufficient endorsement for itself.

After all, it is not as much the *act* as the *manner* of it that will be judged, and *confidence* to study in a small public will be the result of practice in that direction. I find myself turning over page after page today before patients, without trepidation, whom I would have avoided treating thus some time since. It is a salutary remedy to our timidity, therefore, to boldly attempt what is not only our privilege but our duty. "It is the sole *duty* of the physician to heal the sick," and this includes any act on his part that is necessary thereto, and the whole question is answered in the declaration of Hahnemann that "when an act has to do with the healing of the sick, any neglect to make ourselves masters of it is a crime."

At the risk of repetition I would like to strongly emphasize the declaration that the physician should assume an air of confidence and right to study at any and all times, and this feeling will be increased by calling attention to a like habit among members of the legal profession. Where will you find a lawyer who will venture an opinion until he has looked up his case, frequently before his client, and he has no delicacy in telling you that he would like time to consider it. The more

noted the attorney the more apt he is to do this, and judges even hold cases "under advisement." Is your faith in your legal advisor lessened by this extra caution, or does it not rather render the value of the service more apparent?

I do not say that a study of each prescription is wise, nor should it be necessary, but I do emphatically declare that when the physician finds it such he is bound not to neglect this duty. He can often study to better advantage when alone, and when feasible *he* can hold his case "under advisement" and medicine may be sent or called for later: but he should not allow a false delicacy to restrain him from an immediate study of the case whatever the surrounding circumstances (if he feels the need of it). when time is a desideratum.

Let us have no hesitancy in keeping such books at hand as experience may have proven of most assistance to us: and confidence in their research will be achieved both by the *habit* of their use and by the superior results that this better mode of prescribing must engender.

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#### THE COMPARATIVE VALUE OF SYMPTOMS.

S. E. CHAPMAN, M. D., WATSONVILLE, CAL.

To duly estimate the relative, or comparative value of symptoms, requires all the acumen and finesse of the accomplished physician. Without the ability to recognize and give due weight to symptoms as they present in any case, success in the treatment of disease is an impossibility. This fact should not be a source of discouragement to the student of homœopathy, but should rather stimulate him to his best endeavor. The true follower of Hahnemann has a perfect ideal and he presses steadily toward it. The road is no more a royal one than is the one to mathematics; for that "there is no excellence without great labor," is preëminently true in the study and practice of homœopathy.

A symptom is a sign, mark, or indication of disturbance of that vital principle which Hahnemann so aptly has termed "spirit-like force," and is of importance by so much as it is *prominent, uncommon and peculiar*. Organon § 153. In a restricted sense symptoms are contrasted with physical signs: but as we use the term, the totality of the symptoms com-



prehends all that pertains to the case; nosology, pathology, subjective and objective manifestations, mental aberrations, disposition, etc. We have suffered formerly a great waste of time and space in the discussion of the relative value of symptomatology (used in the restricted sense mentioned above) and pathology as a basis for therapeutics. Let the totality of symptoms cover the whole field, and we may there set a mile stone and move on.

Symptoms naturally arrange themselves into two grand divisions, subjective and objective. Subjective symptoms are those known to the patient alone, and of which the physician can take no cognizance, nor form any estimate, except as they are detailed to him by the patient; such as aberrations of mind and the several senses; sense of pain, weight, lightness, fulness, emptiness, etc.

Objective symptoms are those apparent to the clinician, and of which the patient may or may not be conscious; such as appearance of tongue, eyes, skin; decubitus; character of the pulse, respiration, temperature; pathological conditions as developed by physical examination; quantity, color, consistency, odor, of all morbid discharges, etc. Indeed, any state, condition, or sensation that may be caused by drug action, must be comprehended in the totality of symptoms.

The symptoms that are of value to the prescriber are not likely to be numerous in a given case. The choice of the remedy often hinges upon a single indication which is prominent and peculiar, and which serves to distinguish it from one or more other remedies under which are found all the concomitants.

Suppose we stand by the bedside of one who presents the special features of typhoid fever. There is fever with its nocturnal exacerbation and morning remission; dry tongue; sordes upon teeth and lips; soreness in right inguinal region upon pressure; frequent offensive alvine discharges, etc. The diagnosis being established, we might now call for three glasses of water and give Arsenicum, Baptisea, and Rhus tox., in half-hourly alternation, and with great complacency felicitate ourselves with the thought that we had done our duty, whole duty, and nothing but our duty, by this case. But this is as far as possible from the truth, and is the sort of prac-

tice far too prevalent among the professed followers of Hahnemann. It has but a nosological basis, is wholly unscientific, strictly unhomœopathic, and usually unsuccessful. The followers of Hahnemann must sit down and take the whole picture. Somewhere in the *Materia Medica* is a drug picture that is its counterpart or similitum, which is usually found quite readily by the aid of the repertory. And this faithful taking of the case is the grand *sine qua non* in any conceivable medical case, and will alone lead us to the remedy that will so surely, speedily and pleasantly heal our patient.

In case cited above, the fever, dry tongue, sordes and diarrhœa are common to many remedies and indicate no one in particular. If, in addition to the many symptoms just enumerated, we find upon closer examination great anguish of mind; fear of death; cannot endure being left alone; unquenchable thirst, drinking frequently small sips; extreme restlessness with great and rapid prostration; all symptoms worse from 12 P. M. to 2 or 3 o'clock A. M.; we have an *Arsenicum* picture, and the *Baptisea* and *Rhus tox.* are superfluous and detrimental to the case.

If the face be dark red and of besotted expression; mind confused; head feeling as if scattered about; breath, stools, urine and sweat exceedingly fœtid; these are the characteristics of *Baptisea*, and *Ars.*, *Rhus.*, and all other drugs should be eliminated.

Should the patient be stupid; face red and swollen; tongue smooth and red, or with red, triangular tip; great aching of the limbs, bed feels too hard, changes position frequently; profuse, watery, sanguineous, or jelly-like evacuations; worse after midnight; we then have the *tout ensemble* of *Rhus tox.*, and there is no reason, science, excuse, nor success in giving anything else.

And so we might go on giving the characteristics of many remedies, anyone of which might be indicated in this disease. What has been said of these three remedies in the treatment of typhoid fever, is true of all other drugs, not only in the treatment of this disease, but it is a general truth that holds good in the management of all ills to which the flesh is heir.

Usually the subjective and mental symptoms are of the greater importance, or more likely to be peculiar and promi-

nent. The weeping, gentle, submissive mood, with pains that shift rapidly from place to place, better in the open air, are so characteristic of *Pulsatilla* that they instantly suggest that remedy to the mind of the prescriber. If, in addition to the above we have painful, protruding piles; constipation with difficult evacuations; gastro-duodenal dyspepsia; what shall be said of the homœopath who will give for this picture *Nux vom.*? And yet with too many, hemorrhoids, constipation, and dyspepsia mean *Nux* always. This is routinism and will totally fail in the hypothetical case under consideration. The disposition of *Nux* is always morose and irritable, the pains of fixed character, and it prefers indoors. These considerations constitute a set of contraindications that should prevent the administration of *Nux* to above case. They who ignore these signs, so plain that he who runs may read, will fail to cure many in this common and very large class of patients. Pronounced moods and sensations are always of incomparable value to the prescriber, and usually are the key to the solution of the problem. Pathology *per se* is incompetent to afford data that are of much—if any—assistance to the therapist. While a homœopath should have at least a general knowledge of pathology, yet many times it is an unknown quantity, and can be known but after an autopsy; and even then it cannot always be determined. For this and other reasons fully as cogent, pathology can never be the basis of a scientific therapeutics.

The writer was called to see an infant aged three months. For six weeks it had screamed almost incessantly, night and day. Five allopathic physicians, one after another, and finally in consultation, had done what they could for it without the least success. A more wretched specimen of a baby could not be imagined. A mere bunch of fragile bones and skin with death evidently in immediate presence. Scientific (?) medicine could not determine the diagnosis and pathology, hence were completely at sea as to treatment. After as careful an examination as possible, all that could be elicited was the following:

- Extreme emaciation and exhaustion.
- Bowels retracted and constipated.
- Skin dry and wrinkled.

But little elevation of pulse and temperature.

Pains that come and go suddenly.

It would sleep a few minutes, and then suddenly awaken and scream with all its puny power for several moments, manifesting extreme pain that could not be located. Then as suddenly followed the interval of sleep, with the recurrence of pains as before. And this had been the history of the case from its incipency, except when under the influence of opiates, which, it is hardly necessary to say, had been used liberally. The results of physical examination were absolutely *nil*. How much of the present condition was due to drugs could not be determined. But one salient point presented upon which to base a homœopathic prescription: pains come and go suddenly. The cause and location of these pains were unascertainable, and must the child die for this reason alone? Let us see. There is in the Homœopathic Materia Medica a drug of which this symptom just mentioned is almost exclusively characteristic—Belladonna. One drop of this remedy, 200 x potency, was given. After two diminishing paroxysms of pain it dropped into a sweet sleep of several hours duration, and awoke—cured! Certainly this one subjective symptom was of incalculable value, because it was prominent, unusual, and peculiar. Its importance may be expressed in the following formulas:

Pains come and go suddenly, Belladonna 200x=LIFE.

Pathology; nosology; United States Dispensatory; homœopathic Mat. Med.—Belladonna=DEATH.

This picture is not in the least over drawn, nor can the value of a prominent symptom be too highly estimated. This report illustrates fairly well the importance of giving due consideration to phenomena that are not worthy the notice of the patho-nosological prescriber.

Again: Florence A. aged six years. Has had continued fever for two weeks, when the writer was called.

High pulse and temperature, < at night.

Nocturnal delirium and restlessness.

Eyes bright and glistening, sclerotics injected.

Great thirst, drinking large quantities of water.

Complete anorexia.

Tongue red and dry.

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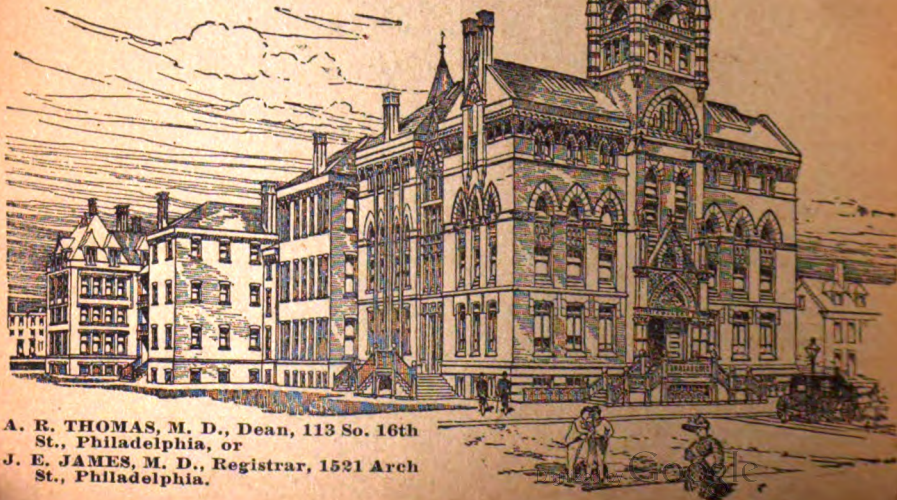
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