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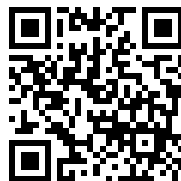
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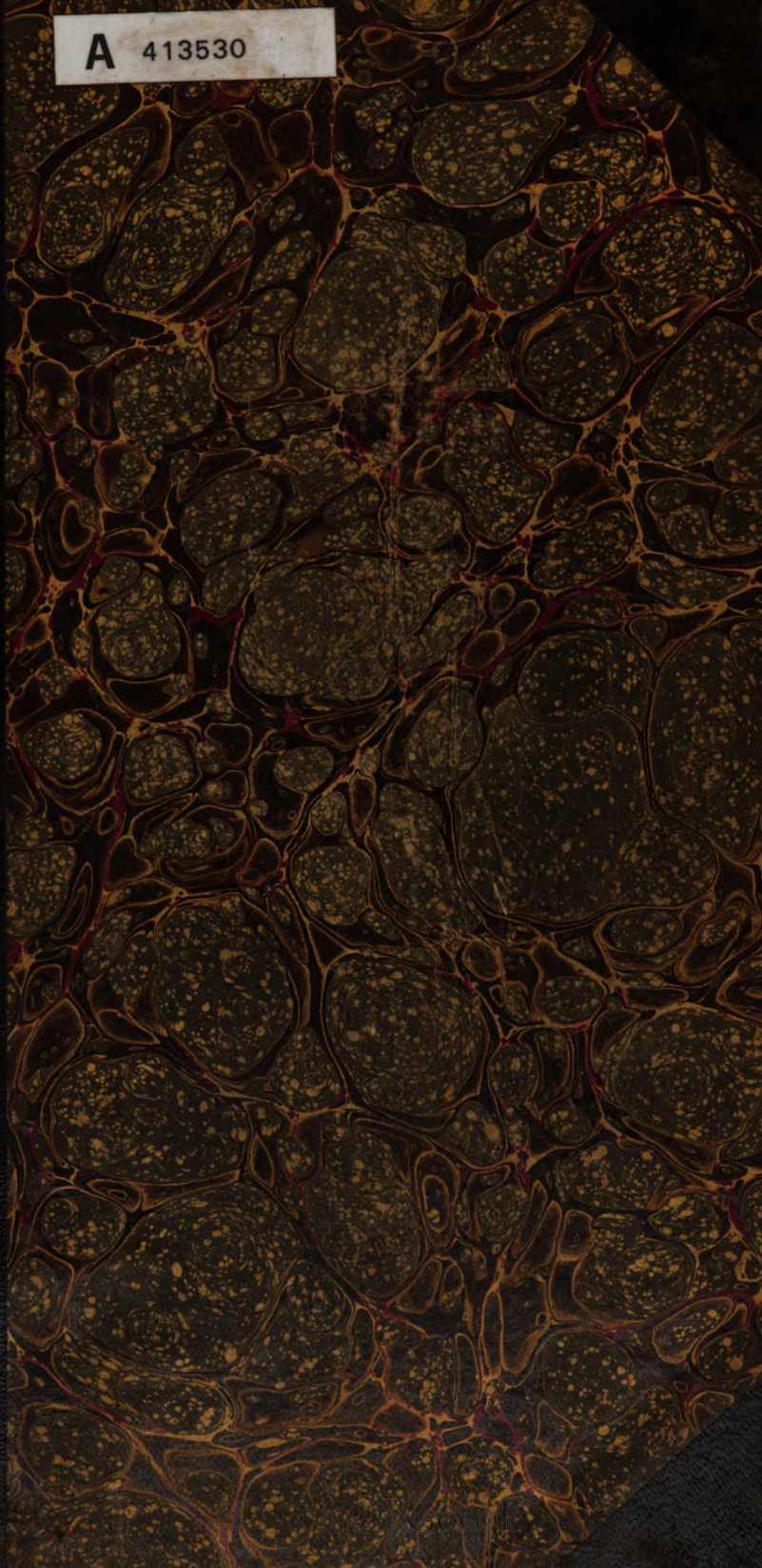
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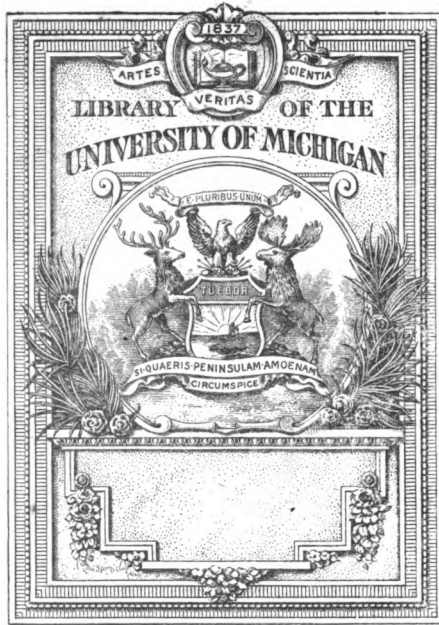
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A MONTHLY MAGAZINE OF

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H. W. PIERSON, M. D.,  
EDITOR AND GENERAL MANAGER.

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## Materia Medica and Therapeutics.

### ZINCUM METALLICUM.\*

PROF. J. T. KENT.

Zincum is one of those peculiar metals, antipsoric in character, which enters deeply into the life, and makes a profound impression upon the nervous system.

It has a wonderful effect on the assimilation. The general vital functions seem to be impaired or lowered. It retards the ability to throw outward such manifestations as have a natural tendency to go outward, as in measles and scarlet fever, there is an inability to come out. It seems to be a lowered action.

This being the case, we observe that such constitutions are feeble; feeble children with pallid skin; feeble circulation in the skin, which is unhealthy looking; torpid secretions from the skin; dry skin.

We find in Zincum, accompanying this pallid, nervous, weakly, sickly constitution, a lack of reaction in things in general, a lack of vital reaction, they are slow to react, slow to convalesce. They are deeply impressed with shock, and yet you couple this sluggishness with an over excitability of the nervous system. There is an increase of the sensibility, or sensitivity of the patient.

Zincum is an over sensitive, weakly, delicate patient, one who suffers from reflex nervous irritability and cardiac weakness. Extremely fidgety particularly in the feet; the child, woman, man, will keep one foot going all the time, keep one foot swinging. You will see the patient in your office keeping

\*Lecture delivered at the Philadelphia Post-Graduate School of Homœopathics.

one foot going all the time, pat, pat, pat. Another will keep the foot swinging continually. This peculiar fidgetiness, manifested by the foot, is seen in various forms of nervous conditions.

Involuntary discharge of urine and stool. Weakness of the sphincters, loss of tone of the sphincters, in the lower types of brain trouble, with involuntary discharges and great weakness.

I once cured an eleven year old girl who had a troublesome involuntary urination; the mother told me the following symptom:—she said to her daughter one day in church “why don’t you keep your foot still?” The daughter replied “Mama, if I do, I will lose my water” I observed afterward, that the feet were going all the time. Zincum cured that involuntary urination and made a healthy rugged child.

The extreme sensitiveness of Zincum is like that of Nux-vomica, and they are inimical, because so much alike. Here is one of the mysteries of inimical remedies. You would suppose that as they are similar, they would become antidotal, but there are instances where they are very similar and inimical.

In Nux-vomica, they are sensitive to all manner of treatment, the highest potencies excite symptoms and produce symptoms, rather than cure. The over-worked and over-excitables belong to Zincum and Nux-vomica.

Opium and Sulphur, should be thought of when there is lack of action from well indicated remedies. There is that in Opium, where there is a diminished sensitivity, this is natural to Opium.

In over sensitive people, where all sorts of medicines are proved, first you get a slight amelioration and then a proving of the remedy. No matter how much you have labored with this extremely sensitive subject, you give a remedy after working over it days and nights, and think it the most similar to all the symptoms of the case. Now, first, the symptoms may be suppressed and then the drug symptoms come on and you get a regular proving.

This is a peculiar kind of constitution and requires the most perfect selection of the remedy. They are the over-sensitives, and hard to find a remedy for and to manage. You must not give this class too high potencies, the two hundredth or the one



thousandth are better suited to these subjects. You can commence better with these potencies and then go higher afterward.

You don't recognize these subjects in the beginning always. A pallid, extremely excitable, nervous and fidgety woman or man you may look out for.

Zincum produces a profound impression upon the brain and spinal cord, bringing out a great many symptoms, hysterical and mental; unconsciousness. A condition analogous to hydrocephalus and hydrocephaloid complaints.

Zincum corresponds to a state and condition of affairs that is very low in its character, a low order of disease manifestations, I mean to say, when a patient comes down near to death's door, there is inability to rouse him up, even patting the soles of the feet will not be felt, the reflexes are abolished, loss of sensation in the conjunctiva, rolls the head, unconsciousness, paralysis of one hand or one foot, or paralysis of all the limbs; involuntary stools and urine: sometimes there is paralysis of the rectum, and then the feces have to be scooped out, rolling of the head and constant motion of the jaw; twitching of the muscles of the face and eyes; screaming out with sharp pain, but not so piercing as with Apis. It is a termination of that stage which precedes death. Where there has been congestion of the meninges, or cerebro-spinal meningitis, and the patient has had the Belladonna or Bryonia symptoms. If Belladonna, there were present the hot flushed face, throbbing carotids, bright eyes, dilated pupils, spasms, full bounding pulse, intense heat, great restlessness and some thirst. Now if this is a deep seated trouble, Belladonna may not be sufficient, otherwise Belladonna will wipe it out. If the trouble is tubercular, you will get no decided amelioration of the case, the restlessness and intense heat may be reduced, but the rolling of the head increases, as also the crying out in sleep, jerking of the muscles and the tendency to unconsciousness, until the involuntary discharges, stool and urine, come on, but the child can still be roused up. This is a Hellebore condition, we have left Belladonna, Bryonia and Gelsemium. If you do not get relief very soon from either of these, the Hellebore condition comes on. The Hellebore patient can generally be roused, but he rolls the head night and day.

Now both Hellebore and Zincum have grating of the teeth and motions of the jaw, but when the patient has gone into that state where the reflexes are abolished, then Zincum comes in. The paralysis is more profound, the child is pallid, ghostly and hippocratic. When you give Zincum, your aggravation may be by copious vomiting, diarrhoea or sweating. If this is not let alone, you are in trouble. You may watch that case for several weeks and it gradually comes about. Nobody has ever cured any of them unless he knew how to go on with what I am about to describe. After several weeks, the child commences to get nervous and irritable and rolls across the bed like a hoop-snake. He screams so that the neighbors hear him and come in to see what is the matter with that miserable doctor who will not give that child an opiate to stop his sufferings. There is no doctor between this and "Kingdom come" who could wait when this child comes out of this awful coma, without knowledge. The mother will say "Doctor, my child is in constant agony, moaning and groaning, can't you do something? If you can't stand that, then don't take such cases; let them die a natural death. Can you not see that this irritability is coming back through from the trough of death to recovery? Just so sure as you meddle with it that patient will die. When he commences to get stupid again, then is the time to give another dose, it may be Zincum, of the appropriate remedy, but when he commences to scream, it is a good way from death. I watched a little boy through just such a state of affairs (such cases are generally boys) and he is now the healthiest one in the family, because he was cured. Two other boys of that family died before of a similar trouble, tubercular meningitis.

If you are a young man, they will never permit you to save their child. They will not believe what you say. They want relief and they don't know, nor believe that the child will die.

When the Hellebore state comes on, I take the mother aside and tell her what the child must go through in order to get well, and I make her swear that she will stand by me through thick and thin. Will you let your child get well, or will you drive me off, I say. She will say "Doctor, since you have told me what will happen, I will stand by you, but even then, when the time comes, I have to remind her with "Did I not

tell you so? Now, you will have to go through with this. It means about two months of anxiety and distress. It will be about three or four weeks that the child lies like a skeleton. If you do not know this, what will you do? What will you do when they say ‘‘Doctor, can’t you help my child? when that child goes down into the trough of death, skin, muscles and sensories are paralyzed, and of course there is numbness everywhere. What would most naturally take place as the sensation is returning to the skin? It is like that of a frozen hand or a paralyzed part, filled with ants, creeping and crawling. These sensations are dreadful, but not painful, but this creeping and crawling is awful.

Now, you get just what *Zincum* produces, this is just what patients complained of that have died of Zinc poisoning, as if there were creeping and crawling and tingling. It comes back, because it leads the patient back through its own pathogenesis.

There are a great many peculiar things about Zinc. The inflammatory conditions are somewhat like *Ignatia*. Its inflamed parts are better from pressure. It has a sore throat with the pain between the acts of swallowing. Highly susceptible, nervous patients, who have chronic sore throats, and the pain is better from swallowing solids. Here *Ignatia* and *Zincum* are somewhat alike. Zinc is complementary to *Ignatia*. Zinc and *Nux-vomica* are inimical. It may seem strange that *Nux-vomica* and *Ignatia* are inimical, as they are twin sisters.

The spinal symptoms are attended with a great deal of tingling, burning, soreness and sensitiveness to pressure. Spinal symptoms are associated with paralysis of the bladder and rectum. Prolonged and tedious constipation, urine slow in starting to flow. Can pass urine only when sitting, but in some instances has gone beyond that and cannot pass urine except when sitting and leaning backward against the seat with hard pressure. These symptoms occur with spinal trouble. The aching in the spine is in the dorsal, lumbar and sacral regions. It is better by walking and worse on rising from a seat. In *Rhus*, the aching is in the sacral region and is better by walking and comes on when he sits. *Calcarea*, *Phosphorus*, *Sulphur*, *Rhus* and *Sepia*, have this in the highest degree. *Zincum* occupies a lower grade in aggravation on rising from a seat. *Petroleum* and *Ledum* have it in a lower degree.

In neuralgic affections, Zincum is a very important remedy. After those spinal symptoms have gone on for some time, numbness begins in the soles of the feet, and cutting pain with soreness in the heel when stepping on it, numbness of the soles and the lower portions of the legs.

Another feature of a disease of the spinal cord that Zinc has cured, may be associated in "Tabes Dorsalis" and that is, the fulgurating pains which are present are stitching, stabbing and tearing.

You will be struck with the frequency of the hard tearing pains all the way through the remedy.

Zinc is especially prominent in having the tearing, rending pains. It is like Plumbum. Tearing pains with burning.

Arsenic has pains as if hot needles here and there, the smaller nerves have this sensation, like hot needles.

Rending, tearing headaches, better somewhat by pressure and worse in a warm room and better in the open air. This is peculiar to the headaches in general, while the pains over the body are often better by heat.

Zincum sometimes enters into a copious sweat with extreme sensitiveness to pain, wants to be wrapped up with a great amount of clothing, but no amelioration from sweat. The warmth becomes necessary when the symptoms are in the lower extremities, or lower part of the spine, that is the more outward portions of the body. but the head is the opposite.

Zinc has a great many prominent eye symptoms. Sulphate of zinc has been used by the old school for burning of granular lids and they have found out that the granulations are more likely to stay away than under the sulphate of copper. These medicines have cured this condition when given in the highest potencies. Dunham cured a pterygium with it, but the general symptoms of Zinc were present. Dunham intended to have the patient operated upon, but he improved so much during the summer that when the cold weather came, he had improved so much he trusted to Zincum to finish the case, which it did.

I once heard an eye specialist say that he had tried Zincum in a great many cases, but it failed every time, and hence Dunham must have made a mistake. Dunham was a wise man because he cured his patient.



If Zincum corresponds to the symptoms of a patient, it will be more likely to cure the pterygium, because it produces that kind of thickening of the inner canthus, shooting, stitching, tearing pains in the inner canthi of both eyes. This was present in Dunham's case. The muco-purulent discharge need not be present.

Another feature is intense photophobia; he cannot stand the light; he becomes almost blind from light close to his eyes.

Zincum has actually cured those white opacities that form upon the cornea. It has some very peculiar and striking heart symptoms, constriction of the heart and whole chest, in weakly, debilitated subjects.

I have cured heart cases with Zinc where they have had all sorts of medicine, in spite of the Digitalis, Strophanthus, etc., Zinc did the work fairly well.

Zincum has vomiting of water as soon as it reaches the stomach, like Bismuth. Wine and stimulants aggravate all the symptoms of Zincum.

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#### THE INDIVIDUALITY AND MENTAL CHARACTERISTICS OF NUX VOMICA AND ACONITE.

JOHN BENSON, M. D. COLFAX, WASH.

As long as the Allopathic school continues upon its traditional treatment of drastic purgatives and cathartics; as long as the dear people, whose health our old school brethren are so carefully protecting by one-sided medical laws; where none but their own quackery is tolerated, will treat and dose themselves with the numerous patent nostrums of the day; as long as exists the typical nervous, pushing business man of to-day, too often supplementing his own vital forces with the liberal use of tobacco, tea, coffee and alcoholic stimulants, and whipping up his sluggish digestive organs by the excessive use of strong, spicy condiments; as long as all of these and Homœopathy exist, Nux Vomica will be found to be pre-eminently the polychrest of our school. Hahnemann quaintly terms it "a polychrest most cherished and precious," and no other remedy, under the above conditions, is as often indicated, nor more often prescribed, than is the potent Poison Nut.

Such being the case, it behoves the Homœopathic student

to thoroughly master the symptomatology of this most important of his remedies. He will find it a thousand-armed octopus, many more than had Briareus of old, stretching out of its numerous extremities to intermingle and entwine with those of nearly every other remedy in the *Materia Medica*, yet through all its ramifications possessing such strong characteristics peculiarly its own, that once seen or learned, can never afterwards be completely forgotten.

In line with my former article\* in the *ADVANCE* I will now take up for review, the individuality and mental characteristics of the *Nux Vomica*, and afterwards compare them with those of a few of the remedies mentioned by Bönninghausen. But I shall claim the privilege of permitting my thoughts to wander from the subject under discussion, and of amplifying the symptoms and conditions seen in turning over the leaves of the *Materia Medica*, by making such criticisms and suggestions as has been taught by study and practical experience.

In the first place, the *Nux* patients, like all others affected with gastro-intestinal disorders, are essentially pessimists in their views and character. Thus being diametrically opposite to those suffering from pulmonary ailments, who as a rule, are so optimistic. Every symptom is tinged with billiousness. The world is only seen through jaundiced spectacles. For them life has no joys; occupation, no pleasures. For them, no silver lining exists beyond the dark clouds of daily existence.

All is gloom, all is despair, friendship a myth, love but a name.

*Nux* is irritable, sullen, fretful, keenly observant of every look, word or action of those about him, and ready to take offense at any harmless word. He is quarrelsome, easily excited or angered, and inclined to find fault, or scold at any thing and everything. He is anxious about his state of health or condition; talks about it, and about committing suicide; but is afraid to die. The memory is weak, cannot read or calculate, for the connection of ideas cannot be retained. But there are no mental illusions or aberrations; through all its symptomatology, the mind of *Nux* remains clear and unclouded. There is great lassitude; a general disinclination to both mental and physical labor, and on account of not resting well the after part of the night, he gets up tired and listless.

(\*See p. 37, vol. xxxi.)

Hughes states that *Nux* is especially suitable to vigorous persons of dry habit, tense fibre, ardent and irascible temperament and tenacious dispositions; to persons addicted to the use of much wine or coffee, and to those of sedentary habits combined with considerable mental exertion."

Farrington beautifully describes the *Nux* patient as follows; "Nux Vomica is best adapted to rather thin, spare patients. It does not act so well on the fleshy. Especially is it indicated if the patient is rather irascible and quick and active in his motions. He has a nervous temperament. The face is rather sallow or yellowish. There is a sort of false plethora that gives the patient red cheeks on the yellow back-ground. Generally, too, you will find that the patient suffers from any strain of the mind, particularly if this overtaking of the mental powers is intensified or rendered more injurious by sedentary habits. Thus you will find the drug of great value for those who deprive themselves of sleep and exercise in pursuance of their studies. You will find it frequently indicated in ministers who take very little exercise and who have become dyspeptic. They have headache and are tired in the morning when they awake. The *Nux* patient frequently lies awake at nights; his mind is so wrought up that he cannot sleep. Thoughts run through the mind in confusion. He falls asleep long after midnight, and then awakens in the early morning; at four or five perhaps he falls asleep again and when he awakens once more he feels terribly used up, and as if he had been on a spree, and his sleep had done him no good. He has a bitter taste in the mouth, the tongue is coated, he complains of dull headache, and in fact, of every symptom that points to wearing out of the system by overwork. This, then, is the kind of patient in which you will find *Nux* the most effective."

He is also oversensitive to every external impression, noise, light, odors, music, or even the most trifling ailments are unbearable and greatly affect him. In fact the one grand keynote to the symptomatology of *Nux Vomica* is hyperaesthesia. Benninghausen mentions the following remedies as bearing relationship to *Nux Vomica*:

MIND.      ACON., *Aloe.*, *Anac.*, *Apis.*, *Ars.*,  
*Aur.*, *Bapt.*, *Bell.*, *Bry.*, *CALC. C.*,  
*Cann. i.*, *Cham.*, *Cimi.*, *Cocc.*, *Gels.*

Glou., Gran., Hyos., Hepar., *Lgco.*,  
*Meli.*, Merc. c., Natm. m., Gp., Phos.,  
*Puls.*, *Rhus.*, Sep., *Stram.*, Sulph., VER.  
 ALB., *Ver. vir.*

As the action of Nux has its grand sphere in the nervous system and organs of digestion, so has Aconite an equally great field also in the nervous system and in the organs of circulation; and this sameness of action upon the cerebro-spinal nerves causes a similarity of mental symptoms in remedies that are otherwise so distinct. There is the same general oversensitiveness to external impression, especially to light, noise or music; the same weakness of memory; but instead of the hypochondrical, dyspeptic ill humor and irascible disposition of Nux, Aconite is accompanied by an intense feverish, nervous restlessness, anxiety or fear, and agonized tossing about, which runs like a thread through the woof of all Aconite symptoms, and the more thoroughly this condition is made manifest, the more certainly will Aconite be indicated.

Here again let me caution about prescribing upon the single key-note, unless it is endorsed by the totality of the other symptoms. Because a patient is restless and never quiet, the conclusion must not be jumped at that Aconite is the remedy unless it is corroborated by other Aconite symptoms. The remedy might have been Ars., Cimi., *Rhus.*, or many another remedy who all possess restlessness as a marked characteristic. Also in selecting a drug the person to whom it applies must be taken into consideration in a manner that is often overlooked by superficial observers.

For instance, Anacardium has a prominent symptom, "an irresistible desire to curse and swear," while *Ver. alb.*, has another, "never speaks the truth," Chamomilla has another, "child only quiet when carried." These symptoms and their application the student of *Materia Medica* must learn to differentiate in order to achieve perfect success. I would no more expect to cure an habitual swearer of his profanity by a dose of Anacardium, than I would expect to convert to the truth, an habitual liar by a dose of *Ver. alb.* But if these certain symptoms appeared in the course of a disease in persons not before addicted to such practices, then may the remedies be given with the utmost confidence of success. If corroborated

by kindred symptoms of the remedy. Nor would I expect to produce a cure by Chamomilla, upon a Mamma's spoiled, petted darling who has always been habituated to be carried about in its mother's or nurse's arms and who is quiet when only thus carried, prescribing for that one prominent and visible symptom alone, unless the whole digestive tract produced other marked Chamomilla characteristics.

Like Nux, Aconite finds its best action among persons of a sedentary occupation, with dark hair and eyes, and of a rigid fibre. Nux is suitable to those of a nervo-bilious temperament and melancholic disposition, and displays a preference for the right side of the body, especially the liver; while Aconite prefers the sanguine or nervo-sanguine temperament, the left side and the left heart as its field of greatest activity. Besides this, Aconite possesses a field peculiarly its own in diseases of children, where fevers are so prone to flash into action.

Fear of death, characteristic of many remedies, is common to both, but in place of talking about committing suicide, the Aconite patient predicts the day of death. This is a prominent key-note for Aconite, but it is also found under Apis and Coffee in a less degree. Both have weakness of memory. Nux cannot concentrate his thoughts on reading or calculating, for he has either overtaxed his mental capacity by overwork, or weakened it by dissipation, so that it is no longer able to respond to his requirements, while with Aconite, the loss of memory is mostly manifested in an inability to recollect dates.

Both have sleeplessness after midnight. Nux sleeps sound until about 3 a. m.; then lies awake for a couple of hours with his brain teeming with busy thoughts regarding his studies or business, then falls into a dreamy sleep to awaken tired and unrefreshed. With Aconite the sleep is disturbed by a continual tossing restlessness, and sleep is banished through fright, fear or anxiety about the future

One characteristic of Aconite, not possessed in the slightest degree by Nux, is that of great timidity, (Nat. c., Puls., Stram.) especially after a fright, fear of a crowd, or of crossing a busy street. This latter symptom being peculiar to Aconite alone. Afraid of the dark (Puls., Stram.) and of spectres, (Ars., Carbo. veg., Puls., Sulph.) Instead of the customary yellowish tinge, and occasional florid flush under

Nux, the Aconite face has a white or pale background, or it is red and pale alternately. In fever there is a diffused redness of the face with heat and occasional bloating. On rising the red face becomes deathly pale. Redness of one cheek, with heat, the other pale, is common to both Aconite and Chamomilla. Red cool cheeks, Capsicum. The arterial tension and excitement is intense. The blood seems to flow like boiling water through the system, (see also Ars. and Rhus.) which causes the patient to thresh about the bed in a state of great mental agony and fever. But with it all there is rarely delirium or stupor, when these states come to pass. Aconite has done its duty and must give way to other and deeper acting remedies.

By the laity, as well as by many physicians, in fevers Aconite is one of the most abused of drugs. No matter what the cause or source may be, if there is a feverish condition, Aconite is well-nigh universally used, when oft times its application is worse than useless, and a waste of valuable time. Hempel to the contrary, the sphere of Aconite in fever is remarkably restricted when we come to consider the amount of use or rather abuse is has. For Aconite to be indicated there must be a chill followed by fever, caused through cold, exposure, or some other cause of sthenic inflammation. There Aconite will do all that can be asked of a remedy. Hughes says "let the morbid impression know as a chill, be made upon the vascular nerves; let the arterioles under their influence, first contract to produce the cold stage, and then dilate for the hot stage of simple fever, and we have the every day occurrence for which Aconite is the unfailing remedy." And again the condition then, is one of tension of the nerves and arterial systems manifesting itself by restless anxiety in the one, and chill and heat, with thirst in the other."

But remember, if there is the slightest indication of periodicity, the faintest taint of malaria, the least indication of zymosis Aconite is absolutely contra-indicated, it is more than useless to prescribe it, it is criminal. Hering truly states "Aconite has but little effect upon changed blood corpuscles, of no use in typhoid states, and contra-indicated in fevers that bring out eruptions or are otherwise salutary, unless there is agonized tossing about with dry skin"

With myself, Aconite is one of the least used of remedies, whether it is because having a country practice, I do not find patients in their Aconite stage, or whether it is on account of all diseases, in this district, invariably assuming a malarial tendency, I do not know, but the fact is as stated.

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### MUREX PURPUREA\*

FREDERICK S. KEITH, M. D., H. M.

This drug, though only fragmentary provings have been made and published, has brought out some peculiar and striking symptoms and can scarcely fail, when additional provings are made and as clinical experience broadens, to be found of greater and greater importance, and its sphere of usefulness largely increased. Almost all its symptoms have been brought out on women and its use thus far has been almost exclusively on the female organism.

Striking and peculiar are its sexual and uterine symptoms.

Violent sexual excitement. Excitement so violent as to fatigue the will and reason. The least touch of the parts rouses the sexual desire to the highest pitch; it is almost uncontrollable and frequently renewed.

Great bearing down in the hypogastrium and uterine region. Dragging, heaviness, weight in the pelvis as if the parts would protrude. After exercise must sit and cross the legs to relieve the sensation. Sharp pains run from the uterus (right side) upwards through abdomen to chest. Constriction and sensation of dryness in the uterus. (Dryness in the vagina Nat. m). A feeling or consciousness of a womb (Helon.) Sore pain in uterus.

Menstruation is too frequent and very copious. During the period great suffering. All symptoms are aggravated. Great sadness, anxiety and indefinite dread. Marked debility. Weakness. Must sit down. Painful weariness in the loins and back, the limbs give way. Prolapsus uteri.

Associated with uterine disease we may have haemorrhoids.

Leucorrhoea, yellow, green or mixed with blood. Mental symptoms are better when leucorrhoea is free, and vice versa.

Frequent desire to urinate, even at night. Passes copious

\*Read before the Organon and Materia Medica Society of Philadelphia.

amounts of clear light-colored urine. The mental symptoms are not marked, being what we should expect where the sexual organs are so deeply affected. Deep sadness and melancholy. Forgetfulness. Words elude her in talking.

The patient is generally weak and run down. Painful weariness in the loins. Heaviness, weight and downward pressure in the hypogastrium, the back and rectum. The lower limbs are scarcely able to hold her. Uncertainty in walking, the joints are weak. Must sit down and cross the legs to relieve the pressure in the uterine region. Thrilling pains in the legs intolerable creeping pain in the hips.

Great weakness, sinking all-gone sensation in the pit of stomach. Faint, hungry, must eat to relieve it.

Such are the striking symptoms of *Murex*. Note in them the great resemblance to its sister (I had almost said "twin-sister") *Sepia*. We can see in both a similar set of conditions as in a family certain peculiarities are manifested distinguishing it from some other family. Two sisters are alike in many respects; they may look alike or have certain manners or ways of speaking that are similar yet we see as we become better acquainted that in each which stamps her that individual and none other. And the better we know their inner nature the less the chance for mistake.

So with *Sepia* and *Murex*. In both there is the marked effect on the female sexual system. There are the weakness, the tendency to prolapsus, the weight and bearing down pressure in the pelvis, the desire to sit with crossed legs to relieve the sensation. Both have the marked weakness and all gone feeling in the stomach. Both are weak and depressed in body and mind; sad and joyless.

The essential and characteristic difference between the two remedies lies in the sexual symptoms. *Sepia* has none of the sexual erethism of *Murex*. With *Sep.* sexual intercourse is distasteful or even intolerable; in *Murex* we have the desire roused to the highest degree.

Menstruation with *Sep.* may be early or late but is generally scanty. *Murex* produces profuse and frequent menses.

Rapid motion often brings general relief to the *Sep.* patient.

*Murex* prefers to sit quietly though the opposite, general relief of suffering, has been noted, while walking and returning



while seated. From the marked action of Sep. on the male sexual organs and the great similarity between Sep. and Murex we may well look for many valuable symptoms if Murex is ever proved on the male. Is it not possible that many cases treated with Sep. would find their similimum in Murex where sexual excitement is present in the patient but is withheld by her in the narration of her symptoms?

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THE BASIS OF AN HOMŒOPATHIC PRESCRIPTION  
WITH SOME REMARKS CONCERNING THE  
TREATMENT OF DRUG DISEASES.

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The first duty of the physician before beginning the treatment of any case of disease is to ascertain what there is in the present condition of the patient which he is expected to cure; to acquaint himself thoroughly with all the facts of the case together with all their concomitants.

This is not only the first duty in the order of proceeding with the work, but it is second to nothing else in its relations a successful prescription. Until this knowledge has been obtained no move toward the treatment of the case can be made

“When a cure is to be performed, the physician must avail himself of all the particulars he can learn both respecting the probable *origin* of the acute malady and the most significant points in the history of the chronic disease to aid him in the discovery of their *fundamental cause*, which is commonly due to some chronic miasm” Organon, part of sec. 5.

“The unprejudiced observer, (however great may be his powers of penetration aware of the futility of all elaborate speculation that are not confirmed by experience, perceives in each individual affection nothing but changes in the state of the body and mind, (*traces of disease, causalities, symptoms,*) that are discoverable by the senses alone. \* \* \* \* \*

The *ensemble* of these available signs represents, in its full extent, the disease itself, that is they constitute the true and only form of it which the mind is capable of conceiving.” Parts of sec. 6.

“As in a disease where no manifest or exciting cause presents itself for removal, (*causa occasionalis*) we can perceive nothing

but the symptoms, then must these symptoms alone guide the physician in his choice of a fit remedy to combat the disease. The totality of the symptoms, *this image of the immediate essence of the malady reflected externally*, ought to be the principal and sole object by which the latter could make known the medicines it stands in need of—the only agent to determine the choice of a remedy that would be most appropriate. In short, the *ensemble* of the symptoms is the principal and sole object that a physician ought to have in view in every case of disease. The power of his art is to be directed against that alone in order to cure and transform it into health." Sec. 7.

To attempt a prescription in a given case of sickness without this prerequisite knowledge of all that goes to complete this *ensemble* of symptoms is to completely ignore the first principle of the homoeopathic law of cure.

Prescribing upon one's own opinion that the patient has been over dosed with this or that drug, or has taken inordinate quantities of some special mixture or compound, whatever may be claimed for it by those whose position in our ranks may give too much weight to that which is merely a theory, is only and always simply guessing in the dark because it is in direct violation of this prime principle of homoeopathic practice.

To attempt to instruct those who are striving for a better knowledge concerning the management of that class of cases which have been under the care of the dominant school and consequently have been *drugged*, that there is a *short cut* way to their successful treatment in giving a very high potency of that remedy with which they are supposed to have been drugged is to lead your blind follower into many a sad disappointment, and incidentally is calculated to shake his already feeble confidence in the law which he oft times finds difficult to successfully apply. The cause of disease is always dynamic. There is no disease, curable or incurable, nor any invisible morbid change in the human body, that is not made known by morbid indications or symptoms. This is no less true of that class of diseases which result from the action of drugs than of those from causes which are *immaterial* or even unknown. Consequently we have no method of studying them or dealing with them other than that by which we deal with diseases whose origin is beyond our knowledge.

We speak of that invisible imponderable something which produces the condition called "Malaria," as a poison; and in just consideration of the *lethal* effect it sometimes produces, it is certainly entitled to that appellation. The same can be said of that other intangible, unweightable, something which gives rise to that very interesting and peculiar condition known as epidemic "La Grippe." Yet who will attempt to say an homœopathic prescription can be made for a single case of the one or the other by any method other than that which takes cognizance of the symptoms of each case in their totality.

Each and every case of sickness falls under the same un-deviating law without any reference to any one's opinion as to the exciting cause. Disease is always and ever a disordered *vital force*. In the eleventh paragraph Hahnemann teaches us that "in disease this spontaneous and immaterial vital principle is primarily deranged by the dynamic influence of a morbidic agent which is inimical to life; only the vital principle thus disturbed can give to the organism its abnormal sensations and incline it to the irregular actions which we call disease"

"Vital Force" is the operation of *life* in living forms."

In the *inanimate* world we see other forces known as chemical forces which when brought into contact with vital force in the *living* form, will drive out of that living form its vital force and the form is dead. Now let it be remembered that these things we call vital force, chemical force, and also mechanical force are, each in its peculiar way, a dynamis, intangible, imponderable and immaterial. We recognize none of them by our intellectual faculties; we only know them as we know life. These *forces* being the life of the form in which they are found, and without which all forms are simply dead matter, are consequently the real things in nature, of which nature as we perceive it by our different faculties of perception is only the form.

On this fundamental truth of life and death, of health and sickness, Hahnemann, in the eleventh paragraph, bases the entire superstructure of therapeutic science when he says: "In disease this spontaneous and immaterial vital principle pervading the physical organism, is primarily deranged by the dynamic influence of a morbidic agent which is inimical to life. Only the vital principle thus disturbed, can give to the organism its abnormal sensations and incline it to the irregular actions which

we call disease; for as an invisible principle only cognizable through its operations in the organism, its morbid disturbances can be perceived solely by means of the expression of disease in the sensations and actions of that side of the organism exposed to the senses of the physician and bystanders, in other words by the *morbid symptoms*, and can be indicated in no other manner."

This primary derangement of the immaterial vital principle, as the cause of all disease, is much more easily seen to be true in those cases of illness in which the *originating cause* is purely *immaterial*, as those caused by exposure to cold, heat of the sun, mental or moral disturbances, or even Malaria or sewer gas. than in that class of sickness resulting from the action of *material* substances, as vegetable and mineral poisons or animal virus. That it is not the material of the drug, be it a poison or not, which produces the *specific* effect in the living body, is evidenced by the fact that no test to which the drug can be submitted, which studies it merely as *matter*, can give us the least indication as to what that specific action shall be. We are in possession of no knowledge showing us any difference in the essential nature of drug disease from that of disease of purely immaterial origin.

The teachings of Hahnemann, from the issue of the first edition of his organon, to the end of his life, as well as the experience of every homoeopathic physician down to the present time, is to the effect that the cure of any disease by means of an homoeopathic remedy is only accomplished when the symptoms of the former, as shown only by a careful examination of the case, are *very* like those which the drug has been known to produce, or at least is capable of producing, in a healthy person. To teach that in prescribing for a patient who has taken large quantities of drugs, or even has used largely of one single drug or mixture we should begin by giving a high potency of that drug, without regard to the ensemble of the symptoms of the case, is to completely ignore the fundamental principle upon which our practice is founded both as to the essential nature of disease and the law selecting the curative remedy.

That such a prescription is occasionally followed by a good result is certainly not strange; rather would it not be strange if the continued use of the crude drug did not sometimes pro-

duce some of its own peculiar, characteristic symptoms, especially in such persons as are good provers of the drug in question, in which case the potentized drug provers would be as much, but no more, a *simile* as would any other drug having the same symptoms in the same degree.

That the use of the crude drug does not always produce its own symptoms, that is its peculiar, distinguishing symptoms, is proven by every day experience. How many of our daily patients on consulting us for the first time, are able to give us a list of the drugs they have been using even for a space of six months last past? Yet almost all of them have been drugged, either at the hands of their doctor or with remedies of their own selection. Do we hesitate to begin their treatment on account of the lack of this information? Or do we not rather make a careful examination of the case according to Hahnemann's directions, and having obtained the image of the disease, proceed to compare it with the recorded symptoms of drugs to ascertain what its nearest simile is, when, behold! it may be that the patient has taken that same drug in substance many a time, in fact may be suffering from its abuse. In case such a discovery should be made it is well for the prescriber to pause long enough to ask himself this question: "Where am I at, and by what route have I arrived at this point?" If he finds he has been traveling the same old road first pointed out by Samuel Hahnemann, piloted through by the same guide boards which have led all his followers over the only road which will surely lead to success in any case, let him not be disheartened at seeing his pet hobby suddenly vanish from his sight, for he is still in very good company. If more positive proof could be asked for, that a high potency of the drug from which the patient is suffering, should not be given until a careful comparison has shown that the peculiar, uncommon and characteristic symptoms of the patient are met and covered by similar symptoms of the drug, as the left hand is met and covered by the right, may be mentioned the well known fact that Rhus tox not unfrequently fails to relieve the poisonous effects of the crude drug, even when given in potency as high as the c. m.

Negative proof that the homœopathically indicated remedy against the crude effect of drugs is not always to be found in a high potency of the same drug, is seen in the many instances

with which homoeopathic literature abounds, in which a beautiful cure of the effects of crude drugs, even poisons, has been made with potencies of other drugs than that from which the patient was suffering. A beautiful example of this sort occurred in the practice of the writer some years ago. Two young men stopping temporarily at a hotel in this city became the victims of croton oil poisoning, the drug being administered to them surreptitiously in apples by a practical joker. The symptoms at first were mild, some uneasiness in abdomen, faintish sick feeling all over with tendency to a clammy perspiration. Camphor was first given which did no good. After a few hours the symptoms growing more severe with some diarrhoea, veratrum was given which like the camphor had no effect. In one of the patients the action of the drug was so slight that he was but slightly inconvenienced by it, but in the other the condition grew worse from the first. At my next call which was from twelve to fifteen hours from time of taking the drug, I found the above symptoms intensified and also a typical case of acute dysentery. He had been spending the greater portion of time since I had last seen him, sitting over the commode with that "never get done" feeling, bloody, slimy, scanty stools, along with the perspiration before mentioned, which all goes to complete the picture of Mercurius, which relieved him almost in less time than it takes to tell it.

The purpose of this paper will be accomplished if it serves to awaken in the mind of the reader the fact that a potency can antidote the evil effect of the crude drug when it chances to correspond in its distinguishing symptoms with those of the patient, and that it can do so under no other circumstances.

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#### OBSERVATIONS OF PATHOGENESES; VIZ CAMPHORA, KEROSENE AND TURPENTINE.

JOHN C. MORGAN. M. D.

##### *Provings of Camphor, Etc.*

1. J. C. M., at the age of 17 years, a drug clerk, in Norfolk, Va; for many days practiced the nibbling of *Gum Camphor*.

One evening, whilst at supper, was suddenly seized with a rush of nervous sensation, upwards, to the top of the head, causing him to stop eating, and clasp his right hand to his head.

Being much unnerved, he was advised to go to bed, and did so; a companion, a pupil of the Military Academy, accompanying him to his room. Much to his distress, the latter disregarding him, busied himself in adjusting his gun. At length he fell asleep.

The next day, whilst on duty in the drug store, he suddenly felt a terrible sense of danger scarcely definable. Left the store and instinctively walked fast, and for a long distance, endeavoring to bring on perspiration, with some slight success and some relief; and then returned to the store.

These "horrors" recurred from time to time, for several days, then gradually subsided.

2. W. G., Another lad about 15 years of age, from the same cause, acted wildly at intervals, for several days; looking very solemn, and frightened, much of the time.

3. Miss J. C., aged 33 years; Lymphatic temperament.

Always made sick by smelling CAMPHOR. Symptoms: "A rushing headache," as if a stream of warm fluid started at the feet, and rushed to the head; followed by heaviness and dull pain in head, <forehead, (Then comes on) Faintness, felt in the epigastrium—gone feeling, or giving way.

Then nausea; must lie down. If not, remains nauseated for one or two days—lying down later, does not then relieve. (Never vomit under any circumstances) <motion.

*Pathogenetic Analogy.*

Attending a matinee, must lie down on reaching home, or she suffers from the same train of symptoms. (Relieved by *Nux vomica*³.) During the attack head "feels soft and very sore;" even a wrinkle in the pillow is unendurable.

*Same lady.* Effects of *Kerosene*. Whenever she smells it she gets, immediately, intense feeling of fullness in the posterior pharynx, shooting up into the nose, between the eyes. Almost instantly after, nose bleed; medium bright—in moderate flowing stream, for a few minutes—soils one handkerchief—then it stops spontaneously; sooner by snuffing cold water, and externally applying the same.

After the bleeding, always feels lighter and better than before the episode.

Mrs. G., sister of former. Nervous sanguine temperament.

Instantly after *smelling turpentine*, (always) has dizziness, like that from sailing on the water, in the sunshine; immediate loss of appetite—total; stomach feels filled up—for hours with continual nausea; cannot vomit; motion—watery gulping, tasting of turpentine.

*Mrs. Z. Proving of Hydrocotyle Asiatic.*

Whilst using for tinnitus and deafness (with Tr. gtt. V to fl. dr. ij.) locally to external meatus of ear and internally, (Tr. on pellets), got.

March 1, 1890. Great sense of *fullness* in ears. After suspending its use several days, complained of having “caught cold.”

Eyes burn.

Full feeling in upper nasal region.

Sensation as if phlegm in back of nose.

Wants to draw it back with a snuffle—and wants to swallow it.

Voice affected as in coryza slightly.

Backache—lower dorsal region.

Tired ache, all over body and limbs.

Cannot get her limbs warm.

“Clearing up” of the throat.

May 13th, 1890—*Proving of Iodide of Sulphur.*

15th centesimal dilution, in pellets. Miss S. B.; age 18 years: fully formed; subject to symptoms of uterine displacement formerly but is now cured. Complained of a small lymphatic mastoid swelling behind right ear. Took *Iodide of Sulphur*<sup>15c</sup>, four doses, at intervals of six hours. Felt well until 7:30 p. m. of the 18th—then aching in the swelling, (increasing during subsequent days, it being *fuller* in size).

Next day, menses began, four days late, as usual; but *more scanty*; and painless.

*May 19.*—while doing domestic work, had a sharp pain in the anterior part of the ostium vaginae, when walking, < when moving quickly; “like a knife.”

*Podophyllin—pathogenesis in the Eyes.*

Professor Thompson and Dr. Little, of Jefferson Medical College, observed the following in the case of a person whose calling required him to freely handle *Podophyllin*; the first at-



tack being relieved, the practice was resumed, and the symptoms returned in greatly aggravated form.

*First attack.* Severe inflammation of both eyes, which are red and bloodshot; the cheeks look red and swollen, as if from Erysipelas; cannot bear the light at all.

Nose inflamed, inside and outside, with itching and burning.

Lips sore.

Later, there was developed a central opacity of the left cornea.

*Second attack.* Symptoms similar to the first; resulting in suppuration; lastly, "occlusion of the pupil".

The Pathological Order seems to be: 1. Conjunctivitis. 2. Keratitis; 3. Iritis; first, simple; later, purulent and plastic.

(Compare with *Rhus tox*, *Apis*, *Merc*, *Hepar*, *Zincum*, etc.) Has had, (on March 5th and 6th) great fullness and enlarged, distended feeling in both ears. Has had rheumatic pain in back, shoulders, knees—shifting—<r shoulder seems to go down to and out end of little finger. (Night flushes, with sweat, wake her out of sleep—every hour or two—is passing through the climacteric). Gets chilled by exposing limbs. Drowsy, all day yesterday—had to sleep—waked by flushes, repeatedly.

Headache, frontal and back of neck, <on rising, morning—> open air.

A wart has appeared on right ear, between pinna and tragus.

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## BRONCHIAL ASTHMA.

W. B. YOUNG, M. D., ROCHESTER.

The following case is such a satisfactory verification of the psoric foundation of at least some cases of Bronchial Asthma, of the long continued dynamic action of a remedy and of the pernicious effects of crude drugging, that I venture to offer it for publication.

T. Z. aet. 33: blonde, spare, stoop shouldered, intellectual German, painter by trade. When first came to this country 9 years ago had an attack of Bronchitis treated in old school hospital; since then has suffered from Asthma, an attack about every two weeks. Had seen this patient during two or three attacks while prescribing for members of his family but had never offered or been invited to prescribe for him as he found temp-

orary > from inhaling fumes of burning Stramonium leaves.

Consequently when he presented himself September 28-93 with an attack in full blast, the symptoms lined up in the following rather unsatisfactory manner:

Suppressed(?) bronchitis.

Suppressed asthma—attacks generally at night.

Losing weight.

Dry hacking cough and particularly the mental and physical make up of the individual.

R<sub>x</sub> Sulphur<sup>45m</sup> 1 dose and a lengthy lecture on the evils of palliation by Stramonium. Patient was soon won over to my way of thinking, for the attack was cut short before the lecture was finished.

No further asthma and general improvement until he again presented on Dec. 11-93 with a bad attack of Grippe and a confession of two days dosing with Quinine. The symptoms were; Abuse of Quinine, constant chilliness, aching below scapulae, lips and mouth dry but no thirst, soreness in larynx, voice rough sharp, pains in anterior thorax when coughing, expectoration green, loss of taste and smell, tongue white and flabby.

Pulsatilla <sup>cm</sup>(H. S.) 1 dose although aware that Puls is an antidote to Sulph.

December 14-93 reports >of above symptoms, but return of asthma, which made it clear that the man had not yet been cured but was still under the influence of Sulph given 11 weeks before.

R<sub>x</sub> Sulph <sup>cm</sup> 1 dose; no relief. Jan. 5-94 Psorinum <sup>200</sup> 1 dose, no relief. Feb. 19-94 reports as follows:

Attacks nearly every evening, must resort to Stramonium fumes. Irritable, extremely impatient, especially with his wife; if she does not at once comprehend what he says to her he is almost beside himself. Constipation with ineffectual urging.

Nux V. <sup>cm</sup> 4 doses at 24 hour intervals resulted in a cessation of attacks after the 1st dose and no return to date, with general health tip top. I am tempted to antidote the Nux to see whether the asthma could be reproduced.

## Notes from Clinic of Philadelphia Post Graduate School of Homœopathics.

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SERVICE OF FRED S. KEITH, M. D., H. M.

CASE. *Hydrocele*—On Nov. 8th '94 a boy aged 11 years was brought to the Clinic by his mother, for advice concerning a swelling in right side of scrotum. Her story was as follows: Two years ago the boy fell astride a bench striking scrotum a severe blow. Swelling and discoloration followed. The acute painful symptoms gradually subsided without treatment so far as could be learned. The right side of scrotum however never returned to its normal size, but instead gradually enlarged. It finally becoming sore and painful from the tension on the sac a visit was made to an Allopathic Hospital. Here the hydrocele was tapped with subsequent relief of the pain and temporary reduction of the swelling. But the end was not yet, for again we find it gradually increasing in size and becoming more painful. Tapped again and mother told that an operation must be performed, whether injecting irritants or dissecting out the sac was of course not told her.

Thus we found him, compelled to submit to an operation ("rationally" indicated of course!) or as a last resort to consult the poor ignorant and misguided Homœopaths. What wonder that the sympathetic mother chose the latter.

Examination showed right side of scrotum distended with fluid to the size of a small orange. Fluid also extended up the course of the corresponding cord. Palpation caused a slight degree of pain, seemingly from the distension. The mother said the swelling was gradually increasing from day to day. Of constitutional symptoms there were none.

In the absence of other indications and considering the traumatic history of the case a dose of Arnica 49<sup>m</sup> F. was given, dry on the tongue. Five days later there was no change except if anything the sac was slightly larger, nor was there any difference after the next few days.

On November 24th, however, sixteen days after the remedy, it was plain that the swelling was decreasing, and from that time the improvement was gradual but steady.

By the middle of December no sign was left of the hydrocele; and three months later the mother reported no return and the boy in excellent health.

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SERVICE OF C. L. OLDS, M. D., H. M.

Arthur L.— Age 13. 665 B— St.

June 6. 1894.

Headache beginning in the nape of the neck and extending over the head to the forehead.

Chilly, sleeps with two heavy blankets. (The weather is warm.)

Sore throat for two weeks.

Began on left side and extended to the right.

Both tonsils enlarged, dark in color.

> warm drinks.

< while eating, throat feels so raw.

< in the morning.

Slimy taste in mouth.

Vertigo.

< in the morning on rising.

No appetite.

*Sabadilla* <sup>cm</sup> (F.)

June 9.

Came back saying that the throat began to improve almost immediately and was entirely well in a few hours.

Three points can be brought out by this case:—

*First*, The speedy action of the indicated remedy in acute cases, as illustrated by *Sabadilla* in this case.

*Second*, The differentiation of *Sabadilla* from *Lachesis* in these acute throat symptoms. Both of these remedies have sore throat beginning on the left side and going to the right, and on that symptom alone, without taking the trouble to enquire farther, ninety-nine physicians in a hundred would have

given Lachesis. But the patient was chilly, and Lachesis is not a chilly patient, but on the contrary wants the fresh air, must have the windows open; it is also aggravated by warm drinks and is better while eating,—eating seems to relieve the throat symptoms. This at once marks a difference in the remedies. Lachesis must be dropped out of our consideration, and Sabadilla alone is left in the field.

*Third,* The case being an interesting one, precaution was taken to ask the patient which side of his throat got well first. His answer was, the right side. This is exactly what we should expect, as it is according to Hahnemann's Law of Directions, viz; Diseases get well from above downwards, from within outwards and in the reverse order of their coming. The sore throat began on the left side and went to the right, but got well on the right side first, therefore in the reverse order of its coming. The Old School of Medicine say that they have cured a case of sickness, but they have no means of knowing the meaning of the symptoms which follow their treatment, nor can they say from any principle that the patient was made well. We as Homœopaths know why this is so; we have a basis from which to reason, just as we have a basis on which to prescribe; this basis is fact, truth, law; law with its underlying principles is our guide, and if we fail to get the knowledge, if we fail to place ourselves in a position in which we may learn these principles, we not only fail to heal the sick, but become a menace to the health of those placed under our care.

Mrs. Mary M—. Age 27. 329 G— St.

Oct. 18, 1893.

Tall, lean, hollow-eyed. Sallow face.

Torpid.

Six weeks since, took cold in right eye from standing in a draft(?) Since that time vision in affected eye has gradually become impaired until now she can not distinguish objects.

Eye feels bruised.

Whole cornea appears opaque.

Sticking pains in.

Sensation of something going around in.

<heat.

Headache, right sided.

Pains dull or sharp.

<lying down.

>in open air.

Takes cold easily.

Very sensitive to the cold.

Low spirited.

*Hep.* <sup>cm</sup> (*F. C.*) Cough dry, short.

<least breath of air.

Oct. 21. Whole head aches.

Sore throat began yesterday.

Tonsils enlarged.

Sticking pains in.

<swallowing food.

S. L. Pains in eye worse.

Oct. 24. Improved.

S. L.

Oct. 28. Can see better.

S. L.

Oct. 31. Eye worse she says, but it looks better.

S. L.

Nov. 7. Improved.

S. L. "Seems as though a veil was before eyes."

Nov. 10. Improved. Opacity fast disappearing.

Nov. 15. S. L. Only slight haziness left.

S. L.

Nov. 20. Haziness has entirely disappeared. She sees as well as ever.

S. L.

In reporting this case I desire to call attention to the aggravation of the old symptoms, and the appearance of new ones, following the administration of the remedy. This aggravation of some of the existing symptoms of a case is by no means infrequent. The ideal prescription is, indeed, one that is followed by speedy cure without aggravation, but this takes place only when there is a perfect adaptation of the remedy to

the patient. To produce such a result the adaptation must be perfect not only in regard to the symptoms, but also in regard to the potency—in other words, we must find the real similitum. Such perfect adaptation of the potency to the case is difficult and infrequent. Individual susceptibility to any remedy varies to such a degree that it is impossible in a given case to say with certainty what potency is most similar. We can only approximate that potency.

We have noticed that an aggravation of the existing symptoms of this case followed the administration of the remedy. This, however, does not account for all the symptoms that appeared. There were also certain new symptoms not present in the patient before, but characteristic of the remedy, viz., the throat symptoms so easily recognized as belonging to Hepar. Such an appearance of new symptoms shows that the remedy was not perfectly adapted to the patient. It is true that a cure took place in the comparatively short period of thirty-two days; but had the remedy been more similar the cure would have been effected without the appearance of these Hepar symptoms.

One other point in the case may be noticed with advantage, viz. : On October 31st the patient said that her eye was worse, yet on examination it appeared better and further improvement subsequently showed that she really was better, and that, therefore, it would have been a mistake to repeat her remedy. It is better to be chary about accepting the opinion of a patient in regard to the progress of a case. When a case comes to a standstill or the symptoms get worse we should wait long enough to see whether the case will improve again without a remedy. If it would do so, to give a remedy would be only injurious. When in doubt we should do nothing but wait. If we cannot see a remedy indicated what is the use in giving it? If the patient can be cured the indications for a remedy will sooner or later show themselves. If we give a remedy without knowing why we have done so, we almost invariably do our patient harm. It is much better to wait than to make a mistake.

## Institutes of Medicine.

### "TAKING THE CASE"

G. E. CLARK, M. D.

Professor of Theory and Practice in the Homoeopathic Department,  
University of Minnesota.

There is no subject upon which Hahnemann left more careful and minute directions than on the proper method of "Taking the Case." The great importance he placed upon this part of the therapeutic procedure has been abundantly verified by long clinical experience. No better, more scientific, or complete method has been originated since the Master astonished the world by his brilliant success.

I am persuaded that much too little care is given, by our professional brethren, to this very subject and that much of the aimless routine prescribing doubly or thrice combined—is due largely to the imperfect and indefinite knowledge obtained as a basis of such prescribing. No subject can be of more vital importance to the Homoeopathic physician than that he should know *all* and *accurately* the symptoms he desires to remove therapeutically. The care and accuracy with which he "Takes the case" holds the same vital relation to his subsequent success as the foundation does to the building.

The one is the measure of the success of the other. No apology will therefore be rendered for the study of any procedure that will facilitate the selection of such measures as will most speedily and permanently remove the ills of suffering humanity.

Paragraph 84 of the Organon, contains the following clear instructions. "The patient narrates the history of his complaints; his attendants communicate what they have heard him complain of, and describe his behavior and other circumstances they have observed. The physician observes by means of *sight*, *hearing* and *touch* what is changed and abnormal about the patient and *writes down everything in precisely the same expressions used by the patient and his attendants.* He quietly allows



them to finish their story, if possible without interruption, unless they digress upon irrelevant subjects, only requesting them at the outset to speak slowly, to allow him to take note of the speaker's words." We perceive from this that all we *see, hear* and *touch* is to be systematically recorded. We do well therefore to consider *first* the "*Record Book.*" The particular form is immaterial, providing it offers convenience and permanence. Hahnemann used a large blank book of which his library possessed many ponderous volumes. Of the various plans presented I have adopted as the most convenient an ordinary writing tablet which is always at hand on the desk, or if calling a good sized note book. The page should be large enough to contain the record of one case. If desired a margin may be left on the edge for notes of remedies suggested. Sec. 85 following suggests order and neatness in recording these symptoms. Leaving room between sentences for corrections and additions. It should be full enough to accurately and perfectly express the thought of the patient, in the patient's own words. When the record is finished and the remedy selected, *this* with the potency and directions should be recorded on the sheet and placed in an ordinary letter file, alphabetically arranged for handy reference.

We are *now* prepared to proceed with the record. More care, skill and patience will be required to obtain an orderly and complete picture of the diseased state, with all its history and surroundings, than any other duty connected with our benificent profession. Such is the importance, and yet the difficulties to be over-come, there will be no margin for haste or carelessness. We must proceed in an orderly and systematic manner. We should record *all* that we "*See*" "*Hear*" and "*Touch.*"

I. *What We See.*

In note 90 Hahnemann gives an admirable description of all that would catch the eye of the practical observer. Eg. "How does the patient look and walk as he enters the office. Is he restless and irritable or indifferent. If in bed what is the position: does he lie quietly or otherwise. What is the expression of the face--pale, pinched, or congested. The expression of the eye, bright, sparkling, or dull. Well or poorly nourished. Is the voice sharp, hoarse, or trembling. What is the appearance of the skin, moist, or dry, rough or smooth; any

eruptions--its extent and appearance not the name but its characteristics." These and other perceptible phenomena having been recorded, we are now prepared to *Listen*.

II. In the paragraph quoted emphasis was placed upon the importance of having the patient's *own* version of their ills and record made of their *own words*. Every attendant fact and circumstance bearing on the clinical history, past and present should also be recorded. When finished, the physician should ask such questions as are needful to complete an accurate history of the case. Enquire into the family antecedents. What diseases have been prevalent—facts that are especially helpful in the treatment of children. Such information may be only obtained after long and repeated investigation. In uncomplicated cases it will be sufficient to begin with the first symptoms of illness noted by the patient or friends. What were the circumstances and conditions under which this made its appearance and the modalities which accompanied it. Direct the same inquiries to each separate symptom in order of its development till a complete knowledge of all is gained. This completed we are now prepared to make a more thorough and minute "*Inspection*" of the various aberrations of normal function.

Here especially must we proceed in systematic order, that nothing may be omitted as we pass along. Our teacher suggests an anatomical procedure as appears in Hering's *Mat. Med.* commencing at the head and following down in order. Each disturbed function is to be questioned as to time of appearance, circumstance and condition accompanying its history.

Mark well all causes and conditions of aggravation and amelioration. Any periodicity and especially the *hour* when this occurs, desires and aversions of food, drink and habits. It is these apparently trivial symptoms that will play the most important part in the differentiation of the remedy. Hence they are most valuable therapeutically. Hahnemann in frequent notes cautioned against such questions as indicated the nature of the answer desired.

Obtain the individual thought and expression of the patient uncolored by your own or the suggestions of the attendants. In this manner you will have obtained a complete and valuable record of the entire phenomena of the disease process past and

present. With this well done the case is more than half cured; Indeed it is by far the most difficult part of the task.

What advantages does this plan present over others more commonly employed and vastly less extravagant of time and labor?

I. As shown by experience it is vastly the *Best* way because it is the most *Successful* way. Indeed in chronic and otherwise obscure cases it may justly be said to be the *only* way by which the tangled web may be unraveled and the true similitum obtained.

II. It secures a complete and accurate record of the patient. This will be very valuable in subsequent treatments at the time or afterwards.

III. Such a record *saves time* and insures *greater success* in the subsequent treatment of the case. If filed as suggested the hand is quickly placed upon the record—only such questions are asked as are suggested by the recorded symptoms. Those removed are marked off; those improved noted and aggravations and ameliorations also recorded.

Much useless verbiage is obviated, the questions are fired straight at the mark. Much useless or worse than useless, prescribing is also avoided. The statements of the patient on reporting, are often to the effect that there is *no* improvement, "no better, Dr." The careless physician, in consequence, is often tempted to jump to another remedy. An exact review of the symptoms in order, may prove to the contrary, and thus a valuable prescription be allowed to complete the cure. When demanded, new symptoms may be added to the already corrected list and the new prescription based on this second grouping.

This second remedy will be found *much more readily* because of the possession of this record and hence the claim for *greater accuracy*.

As a *time saver*, as well the accuracy of its results, the above plan is systematically resorted to, by many of the busiest men in our profession, before prescribing the selected remedy.

IV. It increases habits of accurate and systematic investigation. Care and accuracy in the *first* steps, insures a like attention in the affiliation and subsequent control of the remedy. Chance shots may do in trivial cases; but in grave affec-

tions there must be *no mistake*. Slovenly, careless methods in every day use, does not give skill when *most* needed.

Accuracy in prescribing, as in all other arts, comes only by long and systematic use of the best methods.

V. It develops a knowledge of and a familiarity with the Homoeopathic Materia Medica. In *this* accomplishment lies the chief glory of the true physician. Failing in this the most important branch of the Medical art, the truest and highest mission of the physician is not and cannot be obtained. Other methods are but auxilliary and must ever remain subservient to the action of the indicated remedy. This is Nature's own procedure.

Lastly to show that a careful and painstaking record of the facts of the case, before prescribing, is both practicable and highly successful, we produce a long list of illustrious names that have graced our exalted profession. We mention only a few of the best known, Hahnemann, Boenninghausen, Hering, Dunham and many others of our own time. We do well to study their methods and imitate their successes.

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## **Editorials.**

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Since the last issue of the MEDICAL ADVANCE, the two National bodies of Homœopathic physicians have met, deliberated, and have returned to their homes. It is expected that these meetings shall bring, not only good to the cause represented, but a strengthening of the faith of each and every member in the truth of the law he or she practices, and a cementing of the bonds of fellowship, bringing the profession closer together where they may work out with greater harmony and clearer knowledge the great trust imposed upon them by the master mind of Hahnemann. Just to that degree in which these objects are considered, may the success of these meetings be measured. If progress has not been made during the past year, the fault must lie somewhere, and to the leaders of this as in every other work must we look for the remedy. Great

pleasure does it give us to report progress all along the line. The sessions of the American Institute were of a higher character and showed a higher regard for the law of *Similia* than have characterized some of the meetings in the past. Much time was given to the *Materia Medica* which is the sheet anchor in the practice of every true physician. Liberal discussion followed the reading of every paper and everything points to a stronger reliance upon the indicated remedy and less substitution of palliatives and the use of agents not clearly indicated.

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The International Hahnemannian Association were present in greater numbers notwithstanding the close proximity of their own meeting and took a more active part in the discussions and were accorded greater consideration than in the past, all of which indications would show that the most important field to be cultivated by the I. H. A. is this mother of Homœopathic Societies, together with the many state and local organizations. The time has come when this field of exclusiveness, or what more nearly expresses the truth, the fear that they are not wanted in the Institute has passed, and if they will but step over the line, take up the legitimate work of the Institute, and show conclusively wherein the close observance of the law of *similia* surpasses that of all other methods known in the healing of the sick, they will not only have the close attention of the Institute, but will be the means of strengthening the faith of many of the younger members who would know better if they could.

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As a happy omen of the future the announcement that for once the varied interests of Homœopathy in Chicago have been united in one large general society is most cheerfully made. About the 1st of June between 70 and 100 physicians met in the Grand Pacific Hotel in response to a call for that purpose and organized the Medical Society of Chicago.

At present there are about 500 Homœopathic physicians in this city and a systematic effort is being made to secure, not only the membership, but the attendance of these physicians. In Union is strength, and it is the purpose of this society to

wield such an influence that it shall be felt not only within the limits of the city but throughout the bonds of the entire state.

Its plans for future work will be carefully watched and everything tending toward the firmer establishment of Homœopathy will receive the support and encouragement of the readers of the **MEDICAL ADVANCE**.

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So many of the readers of the **MEDICAL ADVANCE** have had no practical instruction in the taking of the case and the selection of the indicated remedy other than that obtained from the **MEDICAL ADVANCE** that in the future a department will be added entitled "Notes and Queries" in which each and every reader of the **ADVANCE** is urged to send in their queries upon any subject within the domains of Homœopathy that they do not fully understand. These queries will be answered in the following numbers, the whole forming a department of great practical worth; provided, those who feel the need of greater light upon these difficult subjects will freely take advantage of this opportunity. The names of those who wish information need not appear with their query unless desired, and due credit will be given to those who supply the desired information. We trust this department will become very popular and consequently very profitable to all concerned.

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## Colleges.

### \*ADDRESS OF PRESIDENT JOHN PITCAIRN.

You have gone through the course prescribed by the Board of Directors of "The Philadelphia Post-Graduate School of Homœopathics." You have undergone the examination required by our By-laws. The result has been satisfactory to the Faculty and highly creditable to you, and the faculty through the Dean has certified this result of your examination to the Board of Directors. It therefore becomes my pleasant duty, as representative of the Board of Directors of this School, to confer upon you the degree of Master of Homœopathics.

\*Delivered to the Graduates of the Philadelphia Post-Graduate School of Homœopathics May 4th, 1894.

At a time like this and on an occasion like this, a time of trial and peril of Homœopathy, an occasion fraught with significance to you, it seems appropriate to refer to a few fundamentals which should be constantly kept in mind if we are to succeed in the work that lies before us to rescue Homœopathy from its threatened destruction, to vindicate the truth.

At the present day Homœopathy has reached a crisis. It is threatened with destruction, it is opposed by deadly enemies, and in order that we may do our duty and rescue our noble science we must examine the ground on which we stand. True Homœopathy stands on a plane by itself. Other sciences do not so palpably derive their essence from the unseen world. Homœopathy, without a distinct recognition of spiritual forces, is empty: as soon as it becomes sensual Homœopathy vanishes. To make this clear let us recall to mind that all truth is from God and is above the sensual plane of existence. Truth, is in the mind of man, and is distinctly above the senses of the body. We cannot see it with our natural eyes, we cannot hear it with our natural ears, we cannot touch it, we cannot taste it, and we cannot smell it. Thought the receptacle of truth, is above material things; we cannot weigh it, we cannot measure it. Thought like truth cannot be apprehended by the senses of the body, but the mind can think truth and the mind can see truth if man will but open his intellectual sight, just as man can see natural objects if he will open his natural eyes and will direct them to the objects to be seen.

The intellectual sight is not material, it is in a discrete degree above the material plane just as truth and thought are.

I have said that all truth is from God. Therefore there must be an acknowledgement of God from whom truth flows; truth does not float around in the air but it must have a receptacle to contain it and that receptacle is the mind of man. Therefore if a truth is to come from God to mankind it comes through a mind or minds of men open to receive it. This law will apply whether the truth be spiritual, natural or scientific.

We all recognize Hahnemann to be the instrument in the hands of Providence through which a new science of medicine has been given to mankind. Hahnemann believed in God and his mind was open and was a receptacle for the scientific

truth which came to him and which he made known to the world.

In Homoeopathy we have an interior philosophy nearer to the spiritual, a more advanced state of thought than existed before. As has been the case with similar movements in the domain of thought when more interior principles have been broached, as in the case of Homoeopathy, at first it is received more interiorly, its principles are adhered to, but a change gradually takes place. It is taken up and illustrated by more sensual men, men nearer the surface, who trust to the senses of the body; principles are gradually lost sight of and men think more of the external form than they do of the substance.

The secret of the degradation of any science is the rejection of God and spirit, adopting the apparent for the real, accepting the letter which killeth and rejecting the spirit which giveth life.

The degradation of Homoeopathy is due to the materialism which has infected it from the state of thought every where prevailing. The materialist cannot see any true philosophy in the things of science for he dwells in effects and knows nothing of causes. He thinks from his eyes, and thought from the eye closes the understanding, but thought from the understanding opens the eye. Thought from the eye would make the sun revolve around the earth, but thought from the understanding or from a true science teaches the reverse.

All true understanding is above nature and is from God. To deny God is to close the mind. The man who believes only those things which are confirmed by his senses will trace no connection between such intangible things as infinitesimal doses and the curative effects which he sees. The effects he ascribes to other than their real causes. I do not mean to say that effects and the senses of the body are to be discarded, but merely to assign them to their proper position of servants and not masters. They may be used and they are to be used to confirm a recognized principle.

The honored Dean, and I may say the founder of this School, seeing the downward tendency of Homoeopathy desired to rescue it from the utter darkness out of which he himself had emerged, and he gathered about him men who saw as he did and the result is "The Philadelphia Post-Graduate School of Homoeo-



pathics." The School is in its infancy and there are great possibilities for good connected with it. The real and lasting success of our School will depend upon our faithfulness to true principles which will result in the mind becoming more and more enlightened and Homœopathy will advance as never before.

In conclusion I desire to call your attention to the responsibilities which you have taken upon yourselves. Your presence here is an acknowledgement of the principles held by this school, involves responsibilities to them to which I have every confidence you will be true. In proportion to the light we have is our responsibility. Man is excused by ignorance, but woe to him if he have the light and degrade it to ignoble ends.

If a physician be not true to his principles he cannot be true to those to whom he administers.

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## **Society Reports.**

### **AMERICAN INSTITUTE OF HOMŒOPATHY.**

The year 1894 will mark the beginning of an era in which pure Homœopathy received a very powerful impetus throughout the west in all, or nearly all, of our State and National meetings, the sessions of the American Institute just closed being in decided advancement over many meetings of the past. The environments adding perhaps, a considerable factor to the enthusiasm and general interest of the meeting. Denver certainly did herself proud in the entertaining of the American Institute. Not only the profession located in Denver but throughout the state, contributed most liberally to the welcome of their guests and the entertainment of the same throughout their entire stay.

It was the privilege of the MEDICAL ADVANCE to be one of the distinguished party traveling by the "official route" from Chicago to Denver. The Chicago & Alton and Union Pacific roads contributed of their very best to make up the through train which consisted of twelve elegant sleepers and two diners manned with their most courteous conductors, porters, and

the entire train service. From the moment of departure until the arrival of this magnificent train at its destination every wish was anticipated by those in charge, and the entire time was employed in eating, drinking, sleeping, and forming acquaintances, the ties of which will never be severed until separated by death. To say that the trip was enjoyable but poorly expresses the great satisfaction of those who formed this happy party.

Arriving in Denver early on the morning of the 14th, the party separated to go to their various places of entertainment, about equal numbers going to the Windsor and the Brown Palace hotels. Here it was evident that the presence of the American Institute had been anticipated for the best rooms and the best of accommodations were at the disposal of their honored guests.

About 150 delegates came over the C. & A. and U. P. roads and to this number were added large delegations from the Burlington and Northwestern while a fair quota reported from the south and west. In numbers the convention was not large, for only those who had the best interests of Homœopathy at heart were willing to brave the discomforts of a long, unbroken journey across the plains of the great Mississippi valley, under the glaring light and blazing heat of a summer sun. Space will not permit the mentioning of the names of those present, but so many times had a large proportion of the delegates met under similar circumstances that the gathering at the Jubilee Convention was like the coming together of a family reunion; old friends grasping the hands of those whom distance has separated for a twelve month, making the time before the formal opening of the Convention very happily spent in these friendly greetings.

At 3 o'clock on the afternoon of June 14, the Jubilee Convention of the Institute was opened at the First Baptist church. The church was comfortably filled with delegates, and there were many spectators, consisting mostly of those ladies interested in the work of the Convention. The church was very handsomely decorated with the national colors while at regular intervals about the walls appeared the names of the honored dead whose influence did not depart with their bodies. The opening session was devoted to the business of the organiza-

tion and such preliminary work as usually occupies the opening session of a convention. It is to be regretted that anything savoring of ward politics should be encouraged, or even countenanced in the selection of the officers of so distinguished a body as the Institute; but its work was so managed and its influences so clearly felt that even this early in the deliberations delegates were either committed for or against the prospective candidates for the presidency. Elaborate preparations had been made by the Jubilee committee assisted by the local Committee of Arrangements to make the Jubilee exercises of the Institute the Red Letter Session. The successful rendering of the following programme shows how efficiently their work was performed, special mention being made of the address of welcome by Gov. Waite and the very delightful manner in which Prof. Wm. Tod Helmuth pictured the incidents of the first half century of the Institute in verse.

Invocation, Bishop Warren.

Welcome, Governor Waite.

Welcome, Mayor Van Horn.

Response, President of Institute, J. H. McClelland, M. D., Pittsburg.

Address, "The Early History of the American Institute of Homœopathy—Its First Twenty-five Years," J. P. Dake, M. D., Nashville, Tenn.

Address, "Recent History of the American Institute of Homœopathy—Its Last Twenty-five Years," I. T. Talbot, M. D., Boston, Mass.

Address, "The Future of the American Institute of Homœopathy," R. Ludlam, M. D., Chicago, Ill.

Address, "Women in the Institute and in the Medical Profession," Amelia Burroughs, M. D., Omaha, Neb.

Poem, "The First Half Century of the American Institute of Homœopathy," William Tod Helmuth, M. D., New York.

At the close of the services the Convention was resolved into an informal reception in the parlors below and a very happy hour of social intercourse closed the first day of the Institute.

The delegates were forcibly reminded of the fact that they were temporarily living at an altitude of above 5,000 feet by the almost painful glare of the morning sun and the remarka-

ble difference in temperature between the sunny and shady side of the street. There seemed to be nothing between the sun itself and the victim compelled to walk beneath its burning rays, while on the opposite side of the street, people might walk with their coats buttoned up and not feel uncomfortable with wrap or even an overcoat.

At the general business meeting of the session on Friday morning an important amendment to article 5 of the by-laws requiring applicants for membership to be members of the local or state organizations before they come before members of the Institute was presented by Dr. Custus of Washington, D. C. This provoked a very general discussion which was continued at the Saturday morning session, finally receiving the endorsement of the Institute and its adoption.

At the close of this business meeting, the first Bureau, **MATERIA MEDICA** was opened with **DR. FRANK KRAFT**, of Cleveland, O., in the chair. At the close of the Institute of '93 in Chicago, the Doctor and his efficient secretary, Dr. Wm. E. Leonard, of Minneapolis, began elaborate preparations for their Bureau in '94, the fruits of which were shown in a very comprehensive synopsis of the papers from all, or nearly all, of the teachers in *Materia Medica* and *Therapeutics* throughout the Homœopathic world upon the following sectional topic

#### HOW TO TEACH AND TO LEARN MATERIA MEDICA.

which was divided into the following five questions:

1st. What advice do you give concerning *Materia Medica* to a student beginning medicine by a year's preliminary study?

2nd. What is the best method of teaching *Materia Medica*; (a) for the preceptor to his student; (b) for a teacher to his class in the college; (c) give an outline of your method of teaching a drug in the class-room?

3rd. Which is the best place for teaching *Therapeutics*: (a) hospital; (b) dispensary; (c) clinic; (d) class-room, or (e) bed-side, and how should it be done?

4th. Do you teach the potency of the remedy studied? If not, why not? If you do, how do you explain the potency you advocate?

5th. When should the Organon be taught, and how?

The MEDICAL ADVANCE being distinctively a journal devoted to *Materia Medica*, Therapeutics, and the Institutes of Medicine, this Bureau was of prime importance and will naturally receive greater consideration than that of any other section, and the questions propounded by the Chairman are of such pertinence that a *resume* of each of the questions under consideration will be given.

The concensus of opinion in response to the first question would be that the student taking his preliminary course in office of a preceptor should devote his time first to the reading of the history of Homœopathy as found in Sharp's Tracts, Dudgeon's and Ameke's histories, Fifty Reasons for Becoming a Homœopath, Hughes Pharmacodynamics, Life of Hahnemann, Dunham's Homœopathy, The Science of Therapeutics. After he has carefully read these for his introduction to Homœopathy, if he has a preceptor who is thoroughly grounded in the philosophy of the Organon (and it is better that he have no preceptor, than one who is not a faithful student of the same), that preceptor should encourage his pupil in talking about the Organon and its principles until he may have a general knowledge and a firm belief in its importance as an efficient guide to the healing of the sick. He may, at the same time, be reading Hahnemann's Chronic Diseases, volume one, and his introduction to each remedy considered in the chronic diseases and *Materia Medica pura*, Volume II. To grasp even the scope of this plan will require great diligence on the part of the student and thus fit him for a faithful pursuance of the work outlined in his college curriculum.

Ques. 2nd. What 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 teaching a drug in the class-room?

(The papers written by Dr. Thomas Skinner, of London, so satisfactorily answers the 2nd question that it appears here in full.)

Ans. The student must be taught to rely much more upon himself than upon his teacher or instructor, and the Lecturer or Professor should, above all things, teach his pupils to observe, think, reason and act as for themselves. If by reason

of their youth they are incapable of being so taught, they had better wait a few years for the dawning of reason—and if they are deficient in the requisite amount of intellect, they have evidently mistaken their profession, and should be sent to learn a trade. There are already too many such in the Profession—Old and New School. The duty of the Professor or Teacher, I have said, is to teach his pupils how to think and judge for themselves—and if there is one object to be avoided more than another, it is *dogmatic* teaching. So and so said it, and it must be so, or as Hudibras puts it, “the Church has said it, and it must be so.” Dogmatic teaching has wrecked many a splendid thoughtsman, and as it is founded in the innate love of power and vanity of human nature, the sooner it is crushed out of our Schools and Universities the better. My experience of forty-six years forces me to the belief that such a teacher, *one destitute of dogmatism*, has never yet existed, and he still remains to be found as regards education in general. This holds good more particularly in Therapeutics—the study of the *Materia Medica* being more a question of memory than of thought and application of all the faculties of the understanding.

(a) If by preceptor is meant private tutor, I can see no difference between the tutor and the Teacher. Both should direct the pupil to be everlastingly studying the *Materia Medica* or more properly speaking the Pathogeneses of Remedies for themselves, beginning always with the polychrests and advancing by degrees to those remedies which are acknowledged to be least in request in practice; leaving out many or all which have been imperfectly proven in the healthy or the sick, or which are of little value in Homœopathic practice, however valuable they may be considered as palliatives in Eclectic practice.

(b) To classes in the college every remedy should be shown to the student in its crude state—and no college should be considered equal to the teaching of Homœopathic *Materia Medica* and Therapeutics which does not possess a Museum of all the best specimens of *Materia Medica* from the Animal, Vegetable and Mineral Kingdoms—and every substance should be described classically, and all its physical, chemical, microscopical, physiological and toxicological properties and habitat

should be given to the student before touching upon the Pathogeneses of each substance, that is, the provings of it in the healthy and in the sick. N. B.—I notice that in all Text Books on Materia Medica and Therapeutics the student is left entirely in the dark as regards the *Natural History* of every so called drug, consequently, if he desires to know of these matters, he has no alternative but to study them in the works of the Old School. This should not be!

I have said that Museums of Materia Medica are a necessity to the student, but Plates or Paintings of Botanical specimens as well as the fresh plants should be shown to them, and they should be encouraged to collect them for themselves, and a prize or prizes should be offered for the collection of the best Herbarium.

(c) I am not a teacher of Materia Medica or of Therapeutics, although I have the honor of possessing the Degree of *Medicine Doctor* from an Allopathic University. In other words, I am a teacher of Medicine without a class of pupils. If I had a class, the following is a bare outline of my advice to one and all of them, and to this advice I attribute any success which I have had in the study of the Materia Medica, and in its application in the cure of the sick in acute or chronic disease. The two (Materia Medica and Therapeutics) are best studied together, and any attempt to divorce them while studying them is a great mistake. Each student should be given the symptoms of a *bona fide* case, or let them take notes of the symptoms themselves, and teach them by the aid of reliable Repertories and Materia Medica to find the nearest Homœopathic remedy to the case. *This should be the beginning and the ending of all Homœopathic teaching of Materia Medica and Therapeutics, and it should form a daily part of the system of teaching—to which the late Prof. H. N. Guernsey's "Key-Notes," which work I regret to learn is out of print, will prove a mighty help.*

The best method of teaching a drug or a remedy in the classroom is for the Professor or teacher to give a *Resume* of the medicine, such as is to be found in the late Dr. Carrol Dunham's "Science of Therapeutics," the late Dr. H. N. Guernsey's system at the College of Philadelphia, and such as is still carried on by Dr. J. T. Kent.

Question 3rd. Which is the best place for teaching Therapeutics? (1) Hospital: (2) Dispensary: (3) Clinic: (4) Class-room: or (5) Bedside: and how it should be done?

After the student has become thoroughly grounded in the principles of his *Materia Medica*, then he may be taken in the following order to the Class-room, the Clinic, the Dispensary, and then placed in charge of patients in the Hospital, or at the bed-side at their homes. There should be a system of evolution, a gradual development of their powers in the association and comparison of disease and its manifestations with drug provings. For this purpose no college curriculum can be considered complete which does not require at least one year of practical work under a thoroughly competent Clinical instructor, before the Degree of Doctor of Medicine can be conferred.

Question 4th. Do you teach the potency of the remedy studied? If not, why not? If you do, how do you explain the potency you advocate?

The question of potency is one of individual experience and cannot be well taught by any arbitrary rules, being of secondary importance. If the student has received proper instruction regarding the Dynamics of the drug action, their own personal experience will determine for them what potency may be best indicated in each individual case.

Question 5th. When should the *Organon* be taught and how?

The study of the *Organon* should begin with the study of medicine, provided the student shall have sufficient mental discipline to read and grasp the statements therein found. The study should be pursued during his entire professional career so that its teachings may be recognized wherever found.

The papers secured by Dr. Kraft upon these important questions will constitute, perhaps, the most important contribution to the transactions of '94, and will be read and referred to for many years to come as embodying the best thoughts upon the study of the most difficult and, at the same time, most important department in the course of any medical student.

As a practical illustration of how to teach *Materia Medica*, Prof. Timothy F. Allen of New York gave his lecture on an Introduction to the study of Salts of Potash. The entire Convention listened to this exceedingly valuable lecture with both interest and profit, and so vigorously were the suggestions made



by him discussed that the Chairman was compelled to adjourn the Bureau without closing the discussion, and by unanimous request the next session of the Bureau was entirely taken up in another lecture by Prof. Allen upon the subject of Mercury. This likewise met with an enthusiastic reception from all present.

Prof. A. K. Crawford of Chicago, Chairman of the Bureau of Clinical Medicine, called that section to order at 3 o'clock and in the absence of the regular Secretary, Dr. H. W. Westover acted in his stead. Papers read by Dr. Westover, of St. Joe, Mo., on the "Parasitic Fungi of Skin Diseases," Dr. Hanchette of Omaha, Neb., on "Scarlet Fever," and Dr. W. G. Martin of Pittsburg on "Gall Stones" were very thoroughly and ably discussed.

The section on Ophthalmology, Otology, and Laryngology occupied the entire afternoon in a very interesting discussion of the papers read. The room assigned to them limited the attendance to those interested in that speciality, but the able papers read by the different members of the section received just as thorough discussion as those they had occupying a larger room.

The evening session was devoted entirely to the very comprehensive address of the President, Dr. J. H. McClelland. His speech occupied fully two hours, but it was so able and so brilliantly interspersed with so much humor that the audience did not mind the length of it at all.

Saturday morning, June 16th, the work of the day opened with the usual business session at 9 o'clock in which the report of the Censors, Committee on Life Insurance Examiners and the Committee on Medical Legislation occupied the whole forenoon, giving place to the special order of business at 12 M. of the election of officers of the coming year. The interest in the selection of the President which had been apparent from the opening of the Institute had gained in intensity until, with some, their anxiety was something painful to be seen; the uncertainty of the result bringing out many of the debasing features of ward politics. An informal ballot was taken, bringing into nomination the following candidates: Fisher, Comstock Higbee, Mitchell, Duncan, Dudley, Parsons and Cowperthwaite. But one formal ballot was taken in which Dr. Fisher received 111 votes; Dr. Comstock, 107; Dr. Duncan 2; and Dr. Allen, 1.

There being 221 and 110 1-2 being necessary for a choice, Dr. Fisher won by 1-2 of a vote. Receiving an ovation from his friends, he responded with thanks. The following were elected to fill the various positions: Dr. J. B. G. Custus of Washington D. C., First Vice Pres., Dr. E. R. Storke, Denver, Col., Second Vice Pres., E. M. Kellogg of New York, Treasurer., Dr. Thos. Franklin Smith of New York, Assistant Treasurer. The election of the Board of Censors was next in order. Dr. R. B. Rush of Salem, O., T. C. Duncan, Julia Holmes Smith and A. C. Cowperthwaite of Chicago, and C. B. Kenyon of Rock Island, Ill., constituting the Board. Dr. C. S. Hoagg of Norwich, Conn., was elected Registrar. Dr. E. H. Porter of New York was elected General Secretary, and Dr. Frank Kraft of Cleveland, O., unanimously elected Provisional, or Recording Secretary.

In the afternoon a large representation of the delegates and their friends availed themselves of the invitation of the Chamber of Commerce and took in the many points of interest in and about Denver upon the street cars, a special train being placed at their disposal going where they would and staying as long as they would. In that pleasant recreation the minds and the bodies of the delegates and their friends were prepared for the delightful reception in the evening at the Brown Palace Hotel. This reception was tendered by the Homœopathic Medical Society of Colorado and the Denver Homœopathic Club assisted by the ladies of the Meissen.

After an opportunity for thorough rest(?) or recreation over the Sabbath the Institute was called to order Monday morning by its President. The reports of the different committees were heard, the only report of special importance being the selection of the place of next meeting. After a thorough canvass of the matter by the committee recommended for that purpose, they unanimously recommended Newport, R. I., which report was accepted by the convention. The regular session then took up the work of the day. In the evening a special meeting was held in the interest of the monument to be erected in memory of Samuel Hahnemann and something like \$5,000 was pledged to that project.

Tuesday morning opened up with the report of the Inter-

collegiate committee which recommended a four year's course for all medical students instead of a three year's course with a year's preliminary study outside of the college. This brought forth a very vigorous discussion both pro and con, but was finally adopted by the Institute, making it compulsory for all colleges belonging to the Intercollegiate Association to adopt a four year's course beginning with the sessions of 1895. This is undoubtedly a move in the right direction, and is in advance of the requirements made by any other Association. It is to be hoped that in the arrangement of the curriculum for the future the fourth year will be devoted to practical clinical instruction, and that the requirements for admission be even more strictly adhered to than in the past. Another resolution by the same committee was that old school colleges may have Homœopathic chairs if they desire, but they must not combine said Homœopathic teaching under the name of the old school. The purpose of this resolution was to prevent the amalgamation of the Homœopathic department of the University of Michigan with that of the old school, and a supplementary report was brought in by several members of the Intercollegiate committee, calling for the dismissal of any member of the said faculty favoring such an action. These resolutions were opposed by Dr. Obez, at present Dean of the Homœopathic faculty of said University, who defended the course of the regents in their proposed consolidation; but the discussion of the questions brought forth a further resolution that the faculty of the Homœopathic Department of the University of Michigan be reorganized and that the Dean of the said faculty be requested to resign; and, if he did not accede to that request, that the faculty must demand his resignation. This and the other resolutions were all unanimously adopted, and the Secretary was instructed to forward the same to the Regent of the University of Michigan.

So thoughtful were the local Committee of Arrangements that not only had provision been made for the professional work of the Institute, but plans had been elaborated for the entertainment, not only of the members of the Institute, but the wives and daughters and friends who may have accompanied them. These plans were soon made known in the announcement of the meetings arranged for the Meissen, consisting of

wives and daughters of the Institute, also for informal receptions in the parlors of the First Baptist Church. Great injustice would be done if, at this point, mention was not made of the generosity of the Official Board of the First Baptist Church in placing that beautiful and most conveniently arranged structure at the disposal of the Institute. It would be difficult for any committee to duplicate the accommodations so far as comfort, convenience, and general adaptability to the requirements of a large meeting, thus secured for the Institute by the use of this beautiful church, centrally located, surrounded by street-cars, in close relation with all the large hotels, and, at the same time, have the deliberations of the Institute undisturbed by the noise of the surrounding traffic.

It seemed almost as though Denver would indefinitely postpone the final departure of the delegates; for as soon as they were engaged upon the work of the Institute, plans were being made for side trips to the many points of interest with which the state of Colorado so generously abounds, and parties were being formed to take in the wonderful mechanism of Georgetown Loop, drink from the famous springs at Manitou, drive through the fantastic Gardens of the Gods, climb to the summit of that old sentinel of the mountains, Pikes Peak, ride through the all inspiring canons of the Platte, the Royal Gorge of the Arkansas, over the Great Divide, either through the Hagerman, Tennessee, or Marshall Passes to Leadville, the highest and most noted mining camp in the world, to Glenwood Springs, noted for its warm soda and sulphur baths, and beyond the Rockies to Ogden and Salt Lake City. It can be easily seen from these plans outlined that time must not be limited to a few days in order that thorough enjoyment of all these many attractions be had by the eager tourist unfamiliar with the marvelous display of scenic grandeur revealed by mother Nature.

#### AN AFTERMATH.

Of the many trips proposed by the railroads, through the mountains of Colorado, none surpassed in beauty the trip over the Union Pacific to Leadville, going from thence to Glenwood Springs; returning by the Colorado Midland or the Denver & Rio Grande to Leadville, and from there through the Royal

Gorge to Manitou Springs, including a trip to the summit of Pike's Peak and back to Denver.

During the convention, Mr. Angier, the Traveling Passenger Agent for the Union Pacific System at Denver, made up a party of fifty or more who took this trip starting about 9 o'clock on Thursday morning, June 21st. To many of them a trip through the mountains was an experience yet to be realized, and they were eager for that experience to begin.

Amplly provided with guide books and under personal guidance of Mr. Angier, expectations of the *highest* nature was anticipated. For an hour or more our ride was through the "foot-hills" whose elevation was so gradual that almost before we realized the fact the trip through the Rockies was begun, and before us and around us stretched the mighty Platte Canon, which extends for 75 or 100 miles through the first range of the Rockies. First upon one side and then upon the other, rushed and foamed the Platte River; while rising upon both sides were the almost perpendicular walls of solid granite; so crooked was the road that it seemed as though we must go around three miles to move forward one. And the train threatened to upset in its frantic efforts to take a short cut across the intervening space between one curve and the next. Hour after hour did we wind our way in and out through this passage made by the powerful forces of Nature. Before long it became apparent that the train was carrying us higher and higher, for we had left the stream and gradual incline of the Canon and were rapidly climbing up the sides of the lofty mountains until about two o'clock when we reached the highest elevation, between eleven and twelve thousand feet above the sea level, when a scene surpassing in beauty, even that of the mountain fastness, came in view. From this lofty elevation point after point of mountain peaks streaked with snow could be seen, while to the left stretched out a natural park, varying from twenty to fifty miles in width, having a luxuriant vegetation fed by the cold mountain streams.

From this point until Leadville was reached the sides of the mountains bore frequent evidence of the disappointing search for the "hidden treasures" therein contained, almost every one being deserted, with only here and there an occasional claim that proved of value to its owners. As we drew near to Lead-

ville the scenes of activity more clearly indicated the wealth to be obtained from the bowels of the earth.

At 5 o'clock the train pulled into the largest and highest mining camp the world has ever seen, and the hungry but jolly crowd was soon seated at the tables of the Vendome eating what was set before them and asking no questions.

The arrangements provided for seeing Leadville by night as well as by day, and in accordance with these plans between nine and ten the entire party were being escorted through the most prominent gambling houses, variety shows, dance houses, etc., giving a picture of real life in a prosperous mining camp; after seeing all that was to be seen the party retired, greatly pleased with the experiences of the day.

Shortly after breakfast on the following morning, a number of carriages were drawn up in front of the hotel and the entire party started out on their morning drive, which included some of the most noted mines and smelting "works" of this famous district. After which a drive was taken to Evergreen Lake and other points of interest.

At 5 o'clock the party divided, some going farther west to the famous Glenwood Springs, noted for its hot sulphur and iron baths and magnificent hotel. Nature has done much for this beautiful place and the hand of man has so utilized the works of nature as to make it one of the most attractive resorts in the entire west. The rest of the party returning over the "Midland" reached Manitou Springs between 10 and 11 o'clock, where they were received by Mr. Barker, proprietor of the Barker House, and assigned to the best rooms the house afforded.

Manitou and the country abounding is certainly one of Nature's grandest Sanitariums surrounded by mountains, the equitable climate, pure air, delightful scenery, pure water and above all else its perfectly restful environment. The great attraction of Manitou to the tourist is the trip through the Canon and up the sides of the mountain to the summit of Pike's Peak. Here the spirit of commercial enterprise has seen fit to improve (?) upon the ways of Dame Nature by building a railway up the sides of this mountain, for the accommodation of tourists. A carriage road winds itself up in a circuitous way making a magnificent drive of about

twenty miles; but he who would enjoy it must not be limited by Time, for it is a long day's drive.

The novelty of the railway makes it very popular with those of limited time, for it only takes three or four hours to make the entire trip, but there is nothing pleasant or attractive beyond the sensation of rapid elevation and the novelty experienced by the deeper inspiration required and you begin to wish that you were down with as little physical exertion as possible. The drive down forms such a beautiful panorama that the gratification of the desire to look at the grand panorama supported by Mother Nature..

While the driveway will furnish the sources for pleasant recollections and the desire to repeat the same, few there are who care to take the second drive through the mountains over the railway. Altogether it is an experience that every one should enjoy once in a life time and well worth the time and money it costs.

We returned to the hotel in time for luncheon, and we were then hurried away to the "Garden of the Gods," that region of fantastic shapes and fanciful forms. The drive through the Garden of the Gods, and along the Mesa to Colorado Springs (one of the loveliest little cities the eye of man ever beheld) was so filled with pleasure that happy memories of the same will always come to mind when the members of this party come together.

A short stay in Colorado Springs, and a quick run brought us into the Union depot at Denver in time for the outgoing trains which were to bear us to our several homes.

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#### THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION FIFTEENTH ANNUAL MEETING.

The 15th annual meeting of the International Hahnemannian Association was held at Niagara Falls, June 26th and 27th. There was a smaller number of delegates in attendance than usual for various reasons, but the enthusiasm of those present, the exceeding value of the papers presented, and the interesting discussion which followed abundantly compensated for any deficiency in the matter of attendance. There were, from first

to last, something over fifty physicians in attendance, mainly from the eastern states.

On the Michigan Central train which left Chicago on the afternoon of the 25th were Drs. Mary Florence Taft, H. P. Holmes, Howard Crutcher, Bessemer, and several others whose names I do not at the present moment recall.

The weather was charming and the ride to the Falls was particularly delightful. The line penetrated the richest parts of Michigan and some of the finest country in Ontario. The track is level and straight as the flight of a crow, and soon after sunrise the Big Limited came to a sudden stop with the sublimest view in civilization a full hundred yards distant. Numerous writers confess to have experienced considerable difficulty in describing Niagara Falls, but I am unable to discover what the difficulty has been. The problem is a very simple one. It is far easier than rolling off a log. The water simply comes down to the edge of a rock and dispensing with the formality of pumps and pails goes over with a roar and a splash that reminds one of distant thunder accentuated by the booming of artillery. Of course, the scenery, the surroundings, the rainbows, the mists, the eddies, and whirls can not be put on paper any more than a rain-bow can be brought out of an ink bottle. Our head-quarters were at the International Hotel. We arrived there in time for an early breakfast and found many of our associates already on the ground.

Dr. Bernard Fincke, of Brooklyn, remarked to me that I was a much taller man than he expected to see, and I assured him that he is about twice as fat a man as I expected to look upon when I met Dr. Fincke.

Dillingham of New York, and Powell of Pennsylvania are rivals in the distinction of being the handsomest men in the Association. It would be invidious if not unprofessional to express a preference in this place, but as Byron said that "wine and woman, 'twere better both than neither." Dr. Bell of Boston is one of those unassuming men, moves around noiselessly, attends strictly to his own business, and who is one of the foremost surgeons on the American continent. Dr. Morgan of Waterbury, Conn., Chairman of the Board of Censors, is as good as he looks, which is saying a great deal. From the moment I had heard of Case of Hartford, I expected to



meet a man about ten feet tall, weighing six hundred pounds; and with other accomplishments to match; but he is nothing of the kind. He has a big head full of brains, a big heart, genial manners, and a tireless student of the *Materia Medica*. The Canadians sent an excellent delegation headed by Dr. E. T. Adams of Toronto, who is always full of excellent spirits and whose pertinent remarks were immensely appreciated by those who heard them. Dr. Arthur Fisher of Montreal was present as usual and seemed greatly to enjoy the proceedings in which he takes more of a passive than active interest. I heard it rumored that he intends one of these days to endow a large Homeopathic Hospital and I hope the rumor will, at no distant day, be confirmed by a certified draft on the bank of Montreal for at least five figures. Dr. McLaren of Montreal is an excellent worker and contributed many valuable hints during the discussion of the various papers. Mr. Horace Fox, the distinguished proprietor of the International Hotel, closely resembles in appearance a Presbyterian Divine. He has clear cut, scholarly features, and is the ideal host in all respects. He made our stay under his roof exceedingly pleasant and sent us away full of gratitude for his kindly attentions. The administration of Pres. Holmes brought forth many substantial words of praise, and a resolution of thanks was voted to him at the close of the sessions. His address was full of sound common sense, manly charity, and human love, and few there be who can write one like it.

The following officers were unanimously elected: Pres., Dr. B. L. B. Baylies of Brooklyn; Vice Pres., Dr. J. H. Allen of Logansport, Ind; Sec'y, Dr. Howard Crutcher of Chicago; Corresponding Sec'y, Dr. W. P. Wesselhoft of Boston; Treas: Dr. Franklin Powel of Chester, Penn; Chairman of the Board of Censors, Dr. A. R. Morgan of Waterbury, Conn.

The next meeting will be held at Newport, R. I. at the call of the Executive Committee. It is confidently predicted that next year will see the largest, most interesting, and most valuable meeting in the history of the Association.

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#### VERMONT HOMŒOPATHISTS.

The 44th annual meeting of the Vermont Homœopathic Medical society opened a two days' session in the Pavilion par-

lors June 6. The following officers were elected for the ensuing year:

Dr. W. F. Minard, of Waterbury, president; Dr. J. F. Shattuck, of Wells River, vice-president; Dr. George I. Forbes, of Burlington, secretary; Dr. F. D. Worcester, of Springfield, treasurer; Dr. W. B. Mayo, of Northfield, Dr. H. E. Packer, of Barre, and Dr. E. B. Whittaker, of Richmond, censors; Dr. James Haylett, of Moretown, Dr. D. C. Noble, of Middlebury, Dr. S. S. Martin, of East Hardwick, auditors.

The president appointed the following delegates. To the American Institute of Homœopathy: Dr. W. F. Minard, ex-officio, and Dr. J. F. Shattuck. To the State Societies: Maine, Dr. W. E. Locke; New Hampshire, Dr. A. N. Logan; Massachusetts, Dr. Edward Kirkland; Rhode Island, Dr. M. D. Smith; Connecticut, Dr. C. A. Gale; New York, Dr. D. C. Noble.

The following committee and bureau were also appointed:

Legislative committee, H. S. Boardman, W. B. Mayo, F. E. Steele, E. B. Whittaker, H. E. Packer.

Materia Medica—A. F. Moore, J. H. Mayo, J. F. Shattuck; Clinical medicine—G. E. Sparhawk, George I. Forbes, A. E. Horton; Obstetrics and Gynaecology—D. C. Noble, Edward Kirkland, A. S. Murray; Surgery—C. P. Holden, S. S. Martin, A. N. Logan; Paediatrics—E. E. Whittaker, W. E. Locke, W. B. Mayo; Psychology—H. E. Packer; Sanitary Science, E. L. Wyman, M. C. Smith, H. S. Boardman.

Two new men were admitted to membership in the Society Charles N. Denison, M. D., of White River Junction, and Warren E. Putnam, M. D., of Bennington. The number of physicians present was the largest on record. This, with the number and excellence of the papers presented, rendered the meeting one of the most profitable ever held and was a source of great satisfaction to those interested in the work of the Society.

The next semi-annual meeting will be held at Rutland in October.

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**Materia Medica and Therapeutics.**

**SABADILLA.\***

PROFESSOR J. T. KENT.

This is a cold remedy. The patient is chilly, sensitive to cold air, wants to be wrapped up, wants hot drinks. He takes cold easily, suffers much from coryzas, goes into the winter with coryza. The chilly nights of August and September affect him much, bringing on a constant tickling in the nose. The nose drips, he coughs and sneezes, an excoriating fluid drips from the nose, the nose looks red. There is lachrymation in the night, in the cold air. Cold weather sets him coughing and sneezing. Inhalation of cold air makes him sneeze perpetually. The eyes are red from lachrymation. There is increasing rawness in the nose. This remedy is very useful in hay fever. Many times it will cut short an attack, but it is not deep acting enough to keep the patient well, and next season he will have a different kind of coryza and need some other remedy. This is true of the short acting remedies.

Hay fever is a big bugbear. It worries the doctors. It worries the people and drives them to the mountains. When a Homœopathic physician once fully comprehends our miasms, he will see that the hay fever is simply an autumnal explosion. It might be at any other season. Some are sensitive in the Spring when the flowers come out, some to mature vegetation. One who knows

\*Delivered at the Philadelphia Post-Graduate School of Homœopathics

the doctrines of psora will see sufficient cause for hay fever. By elevating the constitution one may cure hay fever in from three to five years. In a few cases one year will suffice to cure. Palliatives are sometimes necessary during the hay fever; Sabad. is one of them. The palliative is rarely the constitutional remedy.

Another peculiar predisposition of the Sabad. patient is to raise worms: tapeworms, lumbricoides, pin-worms, all sorts of worms. There is a dreadful itching of the rectum and a sensation of something crawling in the rectum. There are pin-worms found in the stool. Give this remedy for pin-worms when there are no symptoms present, but never give for other worms unless the symptoms agree.

Case: A woman called about her pet dog. He would make a sled of himself and slide along the floor for the purpose of scratching his anus. I thought he had worms and gave Sabad. The next time I called she said "what did you give him? He passed the awfullest lot of worms you ever saw."

The books say it has cured tape worm, but I have never seen it indicated in cases of tape-worms. It is a part of the Homœopathic doctrine that a healthy stomach will not hatch out worms. Never prescribe for the worms. Stick to your patient. Doctor your patient. If your patient be restored to health the worms will leave.

Sabad. is suitable in old, chronic sore throats that are <from cold air. The patient is sensitive to cold air. Every time he takes cold in it settles in the nose and throat. Tonsilitis going from left to right (cf. Lach). It has cured diphtheria going from left to right. The Sabad. patient craves hot drink, wants hot tea. This at once makes us stop thinking of Lach, because Lach. chokes from hot drinks. (Lach. also <after sleep, and <tight collar.)

The stomach is disordered. There are nausea, sinking at the stomach and gnawing hunger.

Sabad. has cured intermittent fevers where the chill predominates; there is slight fever with no thirst, but thirst between the chill and fever; the extremities feel cold to the touch, he feels cold all over to the touch; there is great coldness of the body but the patient himself does not feel cold.

**\*MEDORRHINUM, THE NOSODE.**

J. H. ALLEN, M. D., LOGANSPOBT, INDIANA.

I hesitate somewhat in introducing this wonderful remedy to the Indiana Institute of Homeopathy for a number of reasons: prominent among them are the following. The profession as a rule is prejudiced against the use of nosodes or diseased matter as remedial agents; also that it is thought by some to be drifting away from Hahnemann's inductive method as laid down in the Organon.

The first objection time will obliterate from your minds as it did from mine after I had used it a few years and saw the wonderfully gratifying results it brought. In answer to the second objection I will refer you to Organon Secs. 18-28-29, also to an article on Artificial Diseases and their Treatment to be read at the International Hahnemann Association to be held this year at Niagara Falls; to appear later in the MEDICAL ADVANCE and where I will give proof that I think will be fully convincing to most minds that the so called Isopathy is but the highest phase of *similia* in the highest sense.

Medorrhinum was discovered, as most of you know, by Dr. Samuel Swan, of New York, lately deceased; and further proven by Doctors Ren. Dell, Finch, Farrington, Cleveland, Higgins and Berridge, of England; besides, we have clinical provings of it without number.

I have been using this remedy nearly five years and have proven it to be a wonderful remedy in many respects. It is prepared from the gonorrhoeal virus taken in the acute or inflammatory stage and, of course, potentized very highly. I for my part, have not used it in any potency lower than the  $\text{cm}$ . and higher; which works very satisfactorily. All provings, of course, have been made from very high potencies; and here is another reason for which I hesitate to introduce this remedy, as it must be used with care and good judgment. It is one in which it is dangerous to repeat, especially in cases where gonorrhœa has been previously suppressed by local means, as I have seen serious disturbances produced by repeating the dose the third time. I never give but one to two doses of a very high potency, and wait. I have seen abscesses form, followed

\*Indiana Institute of Homœopathy, Indianapolis, May, 1894.

with profuse hemorrhages from nose, rectum and penis in old chronic cases of suppressed gonorrhoea by repeating the dose frequently. It will, as a rule, restore a gonorrhoeal discharge that has not made its appearance for years. With me it seldom fails to confirm a diagnosis that has been made doubtful by either sex emphatically denying ever having had gonorrhoea. The following symptoms may assist you in making sure that your patient is still suffering from this disease in a suppressed form: Often by that peculiar greyish, greasy appearance of the face or by the presence of blotches of a deep red color, but more frequently by a small red star-shaped spot, usually below the right eye or upper part of the face close to the eye, though it may be found anywhere. It resembles somewhat a small *nœvis* but the lines are more defined and not so diffused. Again, we may find the sycotic wart but more frequently we find little cherry-red spots known as a sycotic mole. They are to be found on any part of the body. This is very characteristic of a form of sycosis that is often cured by *medorrhinum*. There are many other symptoms, but these are a few that will call your attention to this remedy.

The mental symptoms are quite marked. I reported almost two pages of symptoms in the "Homeopathic Physician", in 1892, which are worthy your study. The mind symptoms are very characteristic: Forgetful—cannot remember the least thing. On giving the patient instructions with reference to taking the medicine he would invariably write it down, saying he could not remember anything any length of time: cannot trust himself to remember it: Great irritability and disgust for life. Hering's Guiding Symptoms" give great weakness of memory in reading. He cannot remember even a previous line, so he gives it up in disgust: forgets names; has to think hard to recall his own name. He is always in a hurry but never accomplishes anything; time moves too slowly, (like *lac caninum*). He has a disgust for life, with a tendency to suicide, (like *aurum*). If these patients do commit suicide they generally do so by poisoning. I have frequently seen these patients so confused in their thoughts that after having almost completed telling their cases would begin over again or begin in the middle, or they will hesitate or commit themselves in many ways (like

morphine). They have no fear of death. This horrible disgust for life makes death preferable to life.

In women, we have that wild, desperate feeling: a feeling as if they were going crazy. Everything is dark and clouded, (like *actea*) always worse by weeping. Has a dread of something going to happen. A heavy cloud hangs over her similar to *actea*. Feeling as if she had committed an unpardonable crime. She says her body is foul or smells foul or that she cannot wash herself clean (*lac caninum* has a similar symptom in insanity. "She stands with her fingers spread apart, as she cannot bear to have them touch each other—they are so unclean.")

In the head we have aches and pains without number: sudden attacks of vertigo with danger of falling. It is not a whirling vertigo like we find in many remedies, but a sensation of falling forward. There is also in this remedy a sensation of a band around the head. Both these symptoms are worse on moving and better on lying down. He walks like a drunken man; (like strychnine and alcohol;) differing from the latter in that he tries to or makes every effort to walk straight in. In *medorrhinum* he makes no effort. The headaches are worse in temples, especially the left; also at base of brain we have an intense cerebral headache, causing a boring or rubbing of the head into the pillows, similar to *hellebore*.

We have many eye symptoms of importance, which you will find in "Hering's Guiding Symptoms." The nose is stopped up; cannot breathe through it in the morning, soreness of nose, with intense itching on tip and in nostrils, with a desire to rub the nose constantly; snuffles in children often, having a history of gonorrhoea in the parents.

Face: Pallor very marked; greenish or grey color of face: brownish bands across forehead close to the hair: oily appearance of the face: profuse sweat about head, neck and face. It differs from *Calc. C.*: that it is oily, greasy sweat, when in *Calc. C.* it is clear and in large drops, like water, and inodorous, generally. Acnea of the face, blotches of a redish color. Small boils break out during menses, especially in young girls; blood boils generally. Usually no itching and not very sensitive to touch. I have cured many cases of painful and often profuse menses in young girls from the face symptoms above. Quite

frequently it is accompanied with a flow that excoriates or a leucorrhoea following the flow that is acrid. There is generally a history of gonorrhoea on the father's side; usually suppressed before marriage.

The teeth decay easily and very early, often as soon as they come through, (like creosote;) crumbly and soft. In the mouth we have canker sores, especially under the tongue; very sensitive and painful; looking like small blisters. Throat: Back part filled with mucous coming from posterior noses. The sore throat is worse by swallowing saliva or empty swallowing (like Bell.)

The thirst in this remedy is very marked. Thirst for enormous quantities of cold water. Dreams she is drinking (like arsenic or phos); craves salt (like natrum); also craves beer and strong drinks, sour fruits, ice, etc.

In stomach, we have vomiting of a glary, frothy mucous, black bile tasting bitter and sour, often without any nausea. Gnawing sensation in stomach. Burning like coals of fire in pit of stomach. Severe cramps, with sensation of tightness.

We also have a great many liver symptoms in this remedy. Hardening of liver; burning heat around back, extending to the region of the liver. In the abdominal region we have a great many symptoms but we will hasten on to more important symptoms found in the urinary and sexual sphere. Severe pain in region of kidneys, relieved by urination. Sensation of bubbles of water in the right kidney. Cold sensation in the renal region. Much prostration after urination. After urination we have burning or urgent desire to urinate—cannot wait a moment. Burning in the meatus. Dull, heavy aching in the region of the prostate gland. Sore feeling in prostate extending to rectum. Red vesicles on gland penis that burn and itch; very irritable.

In the female, we have a desire to urinate frequently at the menstrual period especially, every half hour or oftener—cannot wait a moment. The menses are frequently every two or three weeks; too frequent; too profuse, and usually dark colored and clotted; and, what is peculiar, it is very offensive. No other remedy except Psorinum has such an offensive flow. It is carrion-like and has the odor of dead fish or fish brine. No other remedy that I remember has this fishy or fish brine



odor. Teleurium has an otorrhoea that has a fish brine odor, which comes nearest to it that I know of. The pains are usually pulling (like lil. tig.) Tearing, running from above downwards or from ovaries to uterus, or from uterus to rectum; uterus subinvolved; sensitive to slightest pressure. There is also a sensitive spot above and to the right of os uteri. Verified by myself in six cases. The flow is usually acrid and more or less excoriating, producing puritus. The leucorrhoea is thin and acrid; excoriating, burning or blistering the parts that is touched (like the ammonias or creosote.) The puritus is worse from rubbing (like coffee) and relieved by bathing in tepid water: verified many times: It also has the same fishy odor. Sycotic warts appear on the external genitals or often in vaginal canal.

In the rectum, we have sycosis in its worst form; characterized by intense itching of the anus; unendurable itching—drives the patient almost to distraction. When you find this symptom very marked you can think strongly of medorrhinum. You may require sulphur or thuja or some other remedy to complete the cure but medorrhinum will often cure the case alone. Frequently it will restore an old, suppressed sycotic gonorrhoeal discharge that has probably been suppressed for years, when all at once the itching stops; then cure your gonorrhoea with the homeopathic remedy and you have no more rectum trouble. Here is a fruitful source of cancer of the rectum or a frequent excuse for an operation on what is often mistaken for piles, or for Pratt's operation. But do not deceive yourselves and think you have removed the disease: you have only palliated and you will hear from it again, and it will present itself in some other form, either in lung trouble, heart trouble, rheumatism, enlargement of the joints, paralysis, insanity, hemiplegia, induration of the testicles, or in some other way. Do not operate on sycotic hemorrhoids or a sycotic rectum, whatever you do. Get down at the cause with similia. We also have a thin, dark colored, watery discharge from the rectum that produces this intense itching; usually the color of the integument around the rectum is dark red; often of a blistered appearance. Sometimes you will find it in new born babes where there is a history of gonorrhoea in the family.

Often the same thing will be found in the urinary sphere.

It produces scalding or a burnt and blistered appearance, and when the commoner remedies fail you will usually find medorrhinum the remedy, even if you cannot trace a venereal disease in the parents. The burning and itching prevents sleep and I have known patients to suffer so from this form of puritus as to be compelled to use opium suppositories to induce sleep. Cured with this remedy.

In the ovarian region we have an admirable remedy in medorrhinum. The most characteristic pain is a pulling pain or sharp, shooting or knife-like pains; much soreness and tenderness to pressure; worse on the left side; or pains run from ovary to ovary or from ovary to uterus—better by pressing upon the abdomen (like lil tig.); worse on moving limbs. The mammary glands are sore and sensitive to touch during the menstrual period. Throat and lungs: complete aphonia, worse while reading. The cough is usually dry and produces a tearing sensation in the larynx. It begins with a tickling in the upper part of the trachea. As soon as she attempts to sleep this tickling begins. Coughing produces great pain in the chest. A medorrhinum patient takes cold on the slightest exposure (like hepar, psorinum, cal. c.). Begins in the head and goes down on the lungs. It has cured a severe burning sensation at the root of the tongue and extending into the bronchi, as if he had inhaled hot steam. We also have a raw feeling extending from the throat to the lungs: as if scraped with a knife: worse on breathing cold air. A sensation as if the lungs were stuffed with cotton. The expectoration is often greenish yellow, ropy; bitter taste. Acute catarrh of head, with burning of the septum and frequent sneezing. Hay fever that comes on almost the same day every year. Worse in the open air and better by warmth; with complete loss of taste and smell; cannot taste tobacco.

In the extremities we have all sorts of aches and pains, but it is especially adapted to gonorrhoeal rheumatism, especially of joints and more frequently in the small joints, dating sometimes from suppressed gonorrhoea. Here we find a wonderful remedy in medorrhinum. Enlargement of the joints in rheumatism, especially of fingers and toes and often knees, will call your attention to this remedy. Those cases, as a rule, usually have a syctic history. This remedy has cured gouty concretions

where they extended over the whole body. I reported a case in the *Homœopathic Physician* in 1893, cured by this remedy that surpasses anything I have ever met. There is almost complete loss of power in the effected joints in these patients, similar to rhus in muscular forms.

The rheumatism in these patients is always worse in cold weather and better in warm; also worse in the winter or in damp weather. They complain of heaviness of the limbs when walking, with a giving-away sort of feeling. They lack the power to support the body. Often we have a burning pain, with a desire to or relief from fanning the part. Epilepsy or spasms in children that have a history of suppressed gonorrhoea in the parents. Nightmare, night-walking, dreadful dreams of ghosts and dead people. She dreads for night to come for that reason.

The neuralgiac pains, or any pains, for that matter, are always worse from sunrise to sunset. This especially is true of sycosis; syphilis is just the reverse—worse at night.

In bowel troubles, dysenteries or summer complaints in children are also worse during the day. These children are prone to these diseases. They emaciate rapidly, are liable to enuresis. They assimilate nothing, not even water; are whiny, peevish, fretful; have colic from the time they are born. Their discharges are foul smelling and excoriating. Even their bodies smell sour or offensive. We find as pernicious a form of anemia in these children as we do under syphilis. We frequently find these children stunted in their growth, and are prone to suffer from rheumatism.

Tumors and abnormal growths: Here is a wide field for medorrhinum. I never have had much success in curing tumors until I began to use this remedy, and since using it have had marvelous results. Have stopped the growth of two large, cystic ovarian tumors, greatly reducing them in size, and cured a number of smaller ones entirely with this remedy. It will not often cure the case alone, but it will clear up the case and bring it to that point where some other remedy or remedies will complete the cure. With the use of medorrhinum, followed by iodine, I am curing a cancer of the left breast, that had been operated upon within a year, removing every vestige of the growth. It had reached the second stage of the disease—

just beginning to break down. I have reported a number of cases of cancer cured where this remedy was the principal in the cure. Often you will find these cases depend on a history of sycosis or sycotic gonorrhoea which has not been treated homœopathically, and when you restore the gleety or gonorrhoeal discharge the tumor will begin to disappear.

In conclusion, I want to mention one other sphere in which this remedy is to be thought of, and that is, in sterility. Women who have had gonorrhoea or have contracted the disease from their husbands, especially when it has been suppressed by local means, are prone to be sterile. They seldom have more than one child. This is, of course, in the sycotic form of gonorrhoea. The history of the case will invariably demonstrate that fact to you, and I am doubtful if you can cure these cases without the use of this remedy in some stage of the case. Of course the husband will require treatment in every case in order to insure success. A restored gleety or leucorrhoeal discharge will demonstrate the fact that you are on the right road toward a cure of these cases.

For the chill and fever symptoms we are indebted to Dr. Beridge, of England.

The chill begins promptly at 10:30 A. M. with chattering of the teeth and shivering; usually the chill begins in the lower limbs; there is no thirst during the chill. The fever is accompanied with thirst and a severe headache; usually during the fever we have a frequent desire to urinate. After fever we have profuse exhausting sweats, which begin as soon as he falls asleep.

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#### \*CARBOLIC ACID POISONING.

F. H. HURON, M. D., DANVILLE, IND.

In ordinary attacks of disease, however acute, we can take time to enquire for symptoms and select the similitum before prescribing, but when called in haste to a case of poisoning, and in the quickest time possible you reach the scene of trouble, to find everything in an uproar, with the family and friends utterly beside themselves, it behooves you to *know* the antidote to whatever poison you must contend against.

\*Indiana Institute of Homœopathy. Indianaapolis, Ind., May 1894.

The first case of poisoning to which I was ever called was to a child who had drunk concentrated lye, and although I had posted up so well on poisons that I felt equal to any emergency, yet the *messenger* was so excited that I could not think of vinegar until I was half way to the patient, and of course had none with me. I found them pouring in melted lard with great zeal and the "kid" earnestly fighting against being taken for a soap kettle. I called for vinegar, which was produced, and, looking as wise as possible, I told them that if soap was what they wanted the child was fat enough to furnish the grease without wasting any more lard, and proceeded to fill him up with diluted vinegar until he unloaded it—grease and all—then gave him another drink and let him rest, and as he seemed willing to quit I allowed him to recover, which he soon did.

I immediately set to work reviewing the antidotes to poisons, that it might not take me so long to think of *vinegar for potash* the next call, and consequently to have my antidote with me and not have to call for it after reaching the patient.

Since then I have had the varied experiences common to all, letting one patient die from opium poisoning before I knew of the efficacy of stretching the anal sphincters or the internal use of *Permanganate of Potash* in such cases, either of which, perhaps, might have saved the case. But the object of this paper was to report two cases of poisoning with Carbolic Acid.

Case 1. In July 1892, a messenger rushed into my office stating that a child, five blocks away, had drunk a bottle of carbolic acid, and as my buggy was at the office door I grabbed a pound package of magnesia sulph., and reached the house, perhaps, in five minutes after the accident. I found them cramming lard into the baby's mouth, and heard some of the neighbors standing by lamenting that an allopathic doctor had not been called who would give sufficient doses to meet the case. I noticed a glass half full of water on the table, and quickly filled it with the salts, stirring with a spoon, and giving one teaspoonful after another as fast, or faster, than the child could swallow, and, if it stopped to cry, shutting that off by holding its nose until it had swallowed or spilled the tumbler full, and the admirers of allopathic doses were standing in mute astonishment: and, while I mixed the next tumbler full,

the baby improved the opportunity by vomiting the contents of the stomach.

I had noticed that the entire buccal cavity, as far into the throat as I could see, was white from the effects of the acid, but as the vomited injeſta had but ſlight carboſic acid ſmell, I judged that one ſwallow, only, and that a ſmall one, was all that had reached the ſtomach, and as every portion of the mouth and œſophagus had been thoroughly ſaturated with the ſalts, and the child ſeemed willing to take a breathing ſpell, without crying, I concluded to let her breathe, and, as all pain ſeemed to have ceaſed, I put placebo into another glaſs and ordered a teaſpoonful given every fifteen minutes or half hour and to let me know if any violent ſymptoms occurred, then took my leave remarking to the meddlers that the proper treatment always reached ſuch caſes if you did'nt *overdo* it.

When I reached the houſe the next morning the little patient was playing in the yard, but on ſeeing me ſhe ſcampered off and hid as quickly as ever did a yellow-legged chicken from a miniſter of the goſpel. Her mother found her and brought her in, and examination ſhowed that the white lining of the buccal cavity had changed to almoſt its natural color. The child had vomited its ſupper but had eaten a good breakfast and had no further trouble.

Case 2. About two years ago I was called to a child who had found the bottle of carboſic acid in the cloſet and had emptied the contents on his hand and wiſt. As I keep a pound package of magnesia ſulph. ready for ſuch caſes, I was ſoon on the ground, finding the baby ſcreaming luſtily and his hand and wiſt badly bliſtered and blanched. The mother had already immerſed it in lard and was beginning to apply calendula, and without waiting for water to be brought I mixed the ſalts with calendula and covered the entire hand and wiſt with it, and the child ſtopped crying almoſt immediately, ſaying: "My hand all wight." I gave orders to keep the cloth wet with water, that the ſalts might not become dry, and the next day I found the ſkin on the parts not bliſtered to be almoſt of natural color, and no complaint of ſoreneſs anywhere.

In the *Homœopathic Phyſician* for Feb. 1894, Dr. Carleton, of New York, reports caſes of carboſic acid poisoning treated with pure vinegar, and ſtates that when it was applied promptly

there was no discoloration nor blanching of the skin or membrane, nor was there any pain following the burn; and Dr. E. C. Price reports, in the *Southern Journal of Homœopathy*, that immersing his hand in milk, after burning with carbolic acid, relieved the pain and restored the natural color.

After writing this paper it struck me as such a foolish thing for a physician to submit such a paper without having tested such a simple matter himself, that I made two applications of carbolic acid to my arm, and after they had begun to develop symptoms, both operative and subjective, the cuticle having become white, I applied to one a pledget of absorbent cotton saturated with vinegar, and to the other a like pledget with the epsom salts solution, and awaited developments. Where the vinegar was applied the pain got no worse and soon began to feel easier and all smarting ceased in about an hour, and after two hours there was no more sense of soreness. But where the magnesia sulph. was applied the burning ceased very soon, all smarting ceased within twenty minutes, and after half an hour no more sense of soreness. I didn't try the milk treatment as I had none at the office, but I suggest that every physician should test such things for himself, thereby impressing the *best* remedy on his memory in such a manner that he would never forget it under any kind of excitement.

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### \*SYPHILITIC LEUCORRHŒA.

JOHN HALL, VICTORIA, B. C.

Dec. 8. 18—

The principal malady was a profuse, thick, yellow, corrosive and very offensive leucorrhœa, making the parts painfully sore.

The patient was only seven years of age, having had the flow fully two years with much external treatment by an eminent allopath, who tried by salves, etc., to dry it up, fortunately, without avail. She is of a lively disposition, dark hair, more or less delicate since this complaint came on, takes cold easily, frequent sneezing, the throat readily sore and looks quite red, this ail-

\*Read before the J. H. A., at Niagara Falls, June, 1894.

ment usually affecting the middle and front of that organ, *perspires rather freely all over*—that is from the neck downward, *worse at night*, and at that time *much averse to heat*, throwing off the bed clothes, but enjoys warmth during the day; rather restless the early night, sleeping only hourly and then waking; poor appetite; tongue coated white; neither abdomen nor ovaries tender. Mercurius viv<sup>10m</sup>.

Dec. 15. Not any apparent change; the molars decay rapidly, for a child of such robust parents, and ache on the left side. Syphillin<sup>cm</sup> Swan.

Dec. 31. Appetite still poor, not generally much better, decidedly less discharge; very little odor; moderate perspiration; little irritation of the surrounding parts; tongue quite clear; no tooth ache and teeth already look better; lately some cramps in the stomach and abdomen and calves of legs. Idem.

Jan. 23. Very much better and no more cramps, but complains of pain in the left hip and side when walking, and very sleepless nights. Lac. Can<sup>cm</sup>

Mar. 1. Sleeps well but has a slight return of the leucorrhœa, is, however, so much better that she has gone away to school, I send her Syphillin<sup>dcm</sup>.

Aug. 22. † Seldom see her, or need to now, but she having a slight return of leucorrhœa when playing freely, send Syphillin<sup>mmm</sup>; otherwise has seemed well and so continues, but I have heard from the father, what I had long suspected, that he had been subject to both syphillis and gonorrhœa.

I thought that merc. was early called for in this case, but came to other conclusions, the results can plead for themselves. I ought, perhaps, to add that the parents had but little knowledge and faith in homœopathy and expected of me some immediate results, which is one reason why I changed from mercurius so soon, and though I



cannot say that it is fully cured, she has seemed well for a long time.

## CONGENITAL CATARACT.

In the year 18— I attended Mrs—— during the birth of her sixth child, a fair haired daughter of apparently good development. All passing off well, but on examining my little patient, was shocked to find one eye—right or left not now remembered, covered with a white membrane, greatly obscuring and perhaps nullifying the sight of that organ; of course it was called cataract, which so alarmed the parents that it was determined an oculist should be consulted.

I readily consented and called on Dr.——, who refused to consult or visit with an homœopathist, but in answer to the question whether he would attend alone and give his opinion, or advice, he at once agreed.

The result of his examination was that the child had certainly a cataract which only a surgical procedure could meet and that not to be attempted under a year at least.

I saw the mother subsequently, she having learned the diagnosis and treatment of the oculist, when she was arrested by my own remark, that twelve months would give me a chance to treat her medically, or by medicine alone, at which she laughed incredulously; however, I was to have full control of the child in the meantime, but having no symptoms, merely the pathological name, was somewhat puzzled, so concluded to ask the advice of the late Dr. Lippe, who promptly responded, give “sacchar. offic.,” which I did during a full year, from 5<sup>m</sup>, 50<sup>m</sup> to <sup>em</sup> Fincke, at long intervals. The result was that the white covering (so far as the unaided sight was consulted) had disappeared, none being recognizable by that means, or any evidence remaining of the disease, though the sight, possibly, had not fully returned.

Singularly enough another oculist was called whose first remark was: “This is a very singular cataract, for it is in the process of a cure.” My hearers will wonder after this that the little patient was placed under his care; what he had said when he had learned that a homœopathist had so far had the case I do not know, but the child was his patient, and this was the last I saw of her. Whether an operation was necessary, or

that the sight was finally restored without one, I do not know.

At any rate the marvelous power of this remedy in cataract cannot be over estimated.

While on this medicine I may add that a patient about three years of age was under my care for Scarlatina, the sequel of which gave me some trouble.

She was a dark haired child, and the symptoms so far as I can recall them were a very large and hard abdomen with great irritability of temper, and, having used the ordinary remedies without effect, determined on sacchar. offic. which I gave in the 5<sup>m</sup> potency; this gradually and completely cured her, so that I rarely saw the child afterwards. I do not think there was any dropsy nor, indeed, any other symptoms, simply *enlargement and induration of the mesenteric glands.*

Dr. Lippe wrote asking for its indications—which were not given him, fearing that some detail might have been overlooked, but no doubt we have in it a great remedy, and the case is fully recorded in the pathogenesis or provings made out and given by Dr. Lippe in the third volume of the *Hahnemann Monthly*, page 141, and is well worthy of the attention of our physicians.

I believe that the late Dr. Hering used to say: “The abuse of sugar by youth induced *premature development and great lack of childishness,*” a condition which has become alarmingly prevalent.

## APPENDICITIS.\*

Our club, gentlemen and brethren, could not have more happily signalized its formation, nor more appropriately embarked upon its worthy mission, than by undertaking the discussion of such subjects as that which we shall attempt to handle on this auspicious occasion—the first regular meeting of our society. But, before entering upon the main subject of our theme, allow us to say a word or two upon the mission of the Bœnninghausen Club. Its coming sphere of usefulness cannot be overestimated, if the work mapped out by its originators be carried out, as we are sure it will. The aim of its promoters will not only lead to solid advantage to us all, as regards the enlargement of our professional knowledge, and the strengthening of our homœopathic convictions, but also to much social pleasure, which is a matter of some importance to many of the hard-worked among us. And again, the differences and misunderstandings between medical men have often been largely due to solitary or unsociable habits. Those who have seen much of the world are often struck with the fact, that in all arts and professions two or more heads are occasionally better than one. Comparison of experiences in the therapeutic law of homœopathy, in the different theories of Hahnemann relating to disease, in the superiority of homœopathic methods and results, as compared with all other systems of medicine, expressions of opinions concerning the manifold phenomena of disease, exposes of the absurdities of the divers therapeutical maxims and discoveries forced upon a gullible public, from day to day, by allopathic authorities, etc., etc., must certainly result in incalculable profit to us all. And besides, are there not many valuable suggestions we may make to each other? to help clear up some “knotty cases,” or difficulties encountered in daily practice, and a thousand other things, which, if freely discussed, must make the profession of medicine easier and pleasanter to follow. But enough about the club.

Appendicitis, today, is engrossing the attention of the whole

\*A Paper contributed by Drs. Prosper Bender and Olin M. Drake to the Boston Bœnninghausen Club.

medical and lay world, owing to its prevalence and grave character. Indeed, it has been so prevalent of late years, that we might be justified in saying that it has reached the proportions of an epidemic; but more careful consideration modifies this impression. If the truth were known, many cases are called Appendicitis which more experience or less haste, in the work of diagnosis, would be classified under a different head. As regards the past, we are satisfied that typhilitis and perityphilitis were often diagnosed as peritonitis, and also, that no distinction was made between the two former affections and appendicitis. It is, nowadays, generally admitted that whether the trouble starts in the appendix vermiformis or adjoining connective tissue, the inflammation soon spreads from one to all three parts, constituting at once typhilitis, perityphilitis and appendicitis. As a matter of fact it is almost impossible to tell whether one or all three parts are affected. *Post mortem* results, however, favor the belief that the trouble oftener originates in the caecal appendage, thence extending to the other parts. Whether it does or not matters little to the homœopath, from the therapeutic point of view; nor need we worry over the problem—is the disease due to simple inflammation or ulceration of the mucous or serous membranes of the intestines, to impaction of faeces, intussusceptio, puerperal complications, etc., since the choice of the remedy depends upon the local symptoms, their conditions and concomitants. In this, as in all other cases, the faithful Hahnemannian must prescribe according to the totality of the symptoms, regardless of the name of the malady, or its supposed pathological causes.

In our list of remedies given below, we have included only those which the provers found to manifest decided action or effect upon the caecal region and immediate neighborhood, with the exception of Opium, which may be needed in the event of ileus complicating appendicitis and should, therefore, find place among the enumerated remedies. It will be seen that while there are a goodly number of remedies which affect the right iliac region, few are known, except clinically, to act upon the appendix, but that is, in reality, as you are well aware, of no particular moment to us, for if a medicine affects a certain locality and has the other symptoms corresponding

with those of the disease, a cure must necessarily follow, where a cure is possible. Limited as the material herewith presented is, with good judgment and fair skill the Hahnemannian will be enabled to save lives that would inevitably be doomed under the old school present methods. In fact, as most of us have often witnessed, even when the patient is apparently in *articulo mortis*, life may yet be saved, or prolonged, under comparative comfort, with the aid of our beneficent system of treatment.

Of course there are cases where surgical interference may be absolutely necessary. Such cases, however, are fewer among patients treated homoeopathically, and their chances of recovery, after an operation, are far better, since our medicines do not obscure the symptoms and simultaneously aggravate the disease, nor lower the vital forces. As to the question, whether operative procedures are indispensable or not, and if required, at what stage of the disease, we have left to our esteemed and gifted *confreres*, Drs. Thurston and Kimball. We will, however, say this, in passing, that, of late, the operation for appendicitis has become a fad, among surgeons, as it was with them, a short time ago, to unsex every woman who had anything the matter with her ovaries. It is well known that many patients have been subjected to this serious operation, without any positive necessity: indeed we have reason to suspect that it is more the need of certain youthful and ambitious surgeons, their hunger for fame and its advantages, than the needs of the patients that explains the frequency of the many surgical experiments recorded in the medical and lay press.

We will now treat of the *Materia Medica* aspect of appendicitis, in the hope that our notes, which represent no little research, may be found of use to some of our brethren, in combating and overcoming this formidable enemy, to the life of many of our citizens.

**APIS:** Pressing pain in ilio-caecal region, which is swollen and hard and sensitive to touch, even to weight of bed-clothes; stinging, burning in abdomen, <sneezing, with sensitiveness to pressure. Gurgling in right iliac fossa; on pressure sensation as if fluid were present; right side of abdomen numb; exudation. Oedema of feet and diminished secretion of kidneys, urine scanty and dark with

swollen and tender abdomen; bitter vomiting; bilious diarrhœa; thirstlessness; dry tongue, with brown streak in center, sides moist. Tympanitic condition of abdomen. Traumatism.

**ARNICA:** Tympanitic and swollen state of right side of abdomen, with sharp pains, <from pressure or touch, also from walking, coughing, blowing nose, placing foot on the floor, >passing flatus. Frequent inclination to stool; free discharge of flatus. Eructations putrid, like sulphuretted hydrogen. Traumatic origin.

**ARSEN:** Pain right side of abdomen, reaching to right groin and down to scrotum on the same side. Abdomen greatly distended; burning stitches with great restlessness, which however does not <the pains; violent tearing and cutting pains, causing patient to writhe about in agony; cold hands and feet, and cold sweat on face. Tympanitis; nausea, fruitless retching, vomiting immediately after eating or drinking; stercoracious or very offensive vomiting. Burning thirst for small quantities. Cold sweat with collapse.

**ARUM MAC:** A pressive pain between navel and groin, <standing, lying on side or back, as well as when inflating lungs, or putting abdominal muscles on the stretch; external pressure, painful. Intense colic with anxiety.

**BAPT:** Tenderness of right iliac fossa; abdominal muscles sore to pressure, with sharp intermittent pains; stitches in right groin, paroxysmal, with distinct intervals between each pain. Distention and rumbling in abdomen, with a feeling as if vomiting might >(Nux), or feeling as if he would vomit, without nausea; retching and vomiting.

**BELL:** Sharp, severe pain in ilio-caecal region; cannot bear the least touch, even pressure of the bed-clothes intolerable, <from the slightest jar or movement of the body; must lie motionless on the back; pains of the crescendo and diminuendo character. Sharp, cutting pains, rapidly coming and going. Nausea and vomiting; hyperaesthesia, skin perspiring, while it burns to the touch (Op). Outward pressure at right inguinal region. Great thirst, restless and sleepless, or very sleepy but cannot sleep.

**BRYONIA:** Sensitiveness in right iliac region with constant pains in abdomen; dull, coarse stitches, <during movement, >while quiet. Crampy, cutting pains, with heat in the right hypogastric region, < from breathing or motion. Dull throbbing in abdomen or stinging, burning pains, very sore to pressure. In rheumatic and constipated subjects. Stitches from abdomen into chest. Enteritis from the presence of foreign bodies. Traumatism.

**CAMPHOR:** Drawing, stinging pain in right side of abdomen < from deep pressure; pain more internal. Burning heat in lower abdomen, <breathing: severe pressive pain in caeliac ganglia, with anxiety and sweat. Pain in right side of abdomen, stretching towards liver and into chest. Hippocratic-like face, great weakness, even unto prostration: pulse very rapid, weak and thready. Frequent fainting spells: throwing off bed clothes, although body is cold to touch. (Sec-c:)

**CARBO-SULF:** Twitching, cramping pains in caecal region, which spread sometimes over the whole right side of abdomen: pains occasionally have an itching character. Colic from incarceration of gases amassing in different spots, < from inspiration. Distention of abdomen with soreness of muscles and sensitiveness to pressure: increased peristaltic action with audible rumbling in caecum: escape of much foetid or sour flatus. Many loud eructations, bitter, acid, burning and even acrid. Cutting pains in lower part of abdomen: stooping causes nausea: pressure <pains, or causes them to recur if they have already disappeared. Fainting spells with nausea: vomiting with bitter water.

**CARD:MAR:** On awaking, pain in abdomen, close to right ant. sup. spi. process of ilium: pressing, lancinating pains. Very severe pains in right side of abdomen, with distention, <from touch or while driving: pains spread to right inguinal region. Pulsations in abdomen. Wandering, cutting pains in bowels. Typhilitis stercoralis.

**Cocc:** Steady, unremitting pains, sometimes spasmodic, in right iliac region, close to caecum, <from slightest pressure or cough: if pain remits it returns intensified: during the exacerbation, tensive, contractive pains through the whole

abdomen, with restless, constant motion of limbs—no position affords relief. Hernia-like pain, right side of abdomen, with a feeling of fullness and great outward pressure. Contractive pain in hypogastrium from R. to L: coldness of stomach and abdomen, as if ice were laid against both regions.

**COLCH:** Intense pain, swelling and tenderness of right ileo-caecal and inguinal regions. Abdomen greatly distended with gases: tearing stitching pains: hyperaesthesia of the parietes of the abdomen. Nausea with much qualmsiness, disposed to vomit when sitting upright: the sight and smell of food causes aversion and nausea. Surface of abdomen hotter than rest of body.

**COLOC:** In the right ilio-caecal region a circumscribed tumor, the size of a large turnip; yielding, yet hard to touch (Ovaran?); sharp, lancinating pains, compelling doubling up and extorting cries, with agonizing rolling about. Bilious vomiting.

**COMOCLAD:** Severe paroxysmal pain in ilio-caecal region; lancinating and wandering pain in right side of abdomen; pains extending and following the downward direction of rectus muscle.

**CROTALUS:** Very severe pain over caecum, with a feeling of hardness to palpation; pain paroxysmal, recurring frequently; acute tenderness over the appendix vermiformis, and often over the whole abdomen, <from even the contact of the bed-clothes. When attempting to extend the right leg, pains are much<, must lie with it drawn up and propped with a pillow. Great prostration, pulse very quick and weak; temperature sub-normal; tongue foul, red at tip; much thirst, loss of appetite. In septic or zymotic states.

**DIOS:** Sudden pain arising in a small area in right iliac fossa; this pain often lasts 48 hours and, as a rule, suddenly ceases in an attack of vomiting or headache. Paroxysmal, crampy pains beginning close to crest of right ilium, stretching to lumbar and hypogastric regions. Pains<by exercise or intellectual efforts, not generally affected by pressure, but pressure occasions rumbling. The pains



have often a crescendo character. Abdomen tympanitic and very sensitive to pressure; great prostration, pale, cold, clammy skin.

**DORYPHORA:** Very severe pain on right side of abdomen, extending downwards towards rectum, <from eating and drinking, and also from deep inspiration. Abdomen very tender, swollen, with loud rumbling and burning pains.

**GINSENG:** Sharp pain, distension and gurgling noise in right iliac fossa, <from pressure; pain extends to groin, with a distressing, crawling feeling reaching to the toes, the latter pain lasts during several minutes. Heat and delirium when going to sleep, very dry tongue with large, shining papillæ.

**HEPAR:** Internal, well defined swelling in ilio-cæcal region; patient lies on back with the right knee flexed. Mesenteric tuberculous deposits. Nausea frequent, with cold pale face; vomiting of green bile, preceded by painful attacks of retching; urging to stool and urination too frequent. Ill effects of mercury.

**HURA:** During motion or while walking, sharp stitches in ilio-cæcal region. Cold sweats; cold and damp feet, with hot face, chilliness and nausea.

**INULA:** Sharp, stitching pains between umbilicus and right groin: tensive pains in right side of abdomen, occasionally intermitting. Drawing pains in abdomen, particularly in right groin and over external pubic region, <walking. Griping, cutting pains with much rumbling and fermentation noises and ineffectual desire to stool. Cutting in a small spot, between umbilicus and right groin: stitching pain in right groin, ascending to umbilicus with each step. Painful feeling of motion below right hypochondrium, as from something alive, on left side Phos. Starting and crying out during sleep, which is also restless.

**LACH:** Swelling, pain and tenderness over caecum; tense feeling from right loin into sacrum and also to groin and anterior part of thigh, probably due to exudation under fascia of psoas muscle: pain in rotating right limb; cannot lie otherwise than on back with knee flexed toward abdomen; urine scanty, dark colored, with red sediment; after

much urging, evacuation of curdy masses or pus. Fever at 3. p. m., and after sleep. When turning over on the left side, a sensation as if a ball were rolling in abdomen, more especially felt after pus has gathered.

**MEDORRHINUM:** Tensive pain in a swelling, resembling tumor (ovarian?), in right side of abdomen: gnawing, aching pain between spine of ileum and rectus muscle. Sharp pain in right lower abdomen, extending towards right spermatic vessels: tenderness of right testicle.

**MERC-SOL:** Swelling, hardness and painfulness of ilio-cæcal region, also redness and heat; sweat with pains; tendency to or actual purulent exudation; compelled to occupy dorsal position, with right thigh drawn up. Pressive and cutting stitches from right to left, <walking. Face flushed or pale; tongue red and dry; constipation, or slimy, difficult evacuation.

**MERC-COB:** A sore, bruised feeling in cæcal region, sensitive to slight pressure; this aching is often felt along the transverse colon. Almost incessant desire to stool, with scanty stools of blood and mucus.

**NATR-SULF:** Incarcerated flatulency in right side; great distention, rolling and rumbling, with outward pressure in right groin; squeezing pains in different parts of abdomen, coming in paroxysms, both while quiet and during motion. Pains of inflammation, with severe vomiting, sensitiveness of abdomen; pains beginning in right groin and spreading over the abdomen. Nausea, anxiety and restlessness. Right lumbar region painful, with terse feeling.

**NITRIC-AC:** Severe pain in lower abdomen, as if it would burst, settling after a while in ilio-cæcal region; decidedly tender to touch. Abdomen distended and very tender; borborygmus, as if a boiler were working within bowels; mucus or watery stool, great prostration.

**OPIUM:** Cutting, griping pains in abdomen; hard and tympanitic abdomen, compelling patient to draw up the limbs. Many eructations which, however do not relieve; loud rumbling in abdomen, with pressure upon rectum and bladder. Feeling of a hard substance in right hypochondrium (Ileus). After severe abdominal pains (Peritonitis), pale

and hippocratic face, confusion of the head; eyes half open; obscuration of sight; much thirst; skin hot and perspiring; pulse slow and sometimes tense and hard. Vomiting of fæcal matter, constipation, or involuntary, fœtid stools; hiccough, umbilicus retracted; cold extremities; sleepiness and stupidity.

**PHOS:** Peritonitis with tympanitis, more especially over cæcum; sharp, shooting, burning pains; paralysis of intestines. Pressive, griping pains right side of abdomen, from obstruction of flatus. Flatulent and painful distention of stomach and abdomen, with pressure upward, causing difficulty of breathing. Sensation in left hypochondrium as of something living were moving about (right side Inula,) when sitting or standing, preceded by violent pinching pains in same locality, escape of much odorless flatus, occasionally offensive. Much rumbling and gurgling, cold feeling in abdomen. Diarrhœa, alternating with constipation, copious, gushing, exhausting stools: painful hiccough, vomiting as soon as water has become warm in stomach. Vomiting yellow, green, bitter mucus; tongue dry and black or red, cracked and glossy.

**PLUMBUM:** A hard tumor-like swelling in right iliac fossa, < from least motion, sneezing or coughing and also to the touch; borborygmus. The whole abdomen sensitive and painful; the navel drawn in. Nausea, sour eructation, retching and constipation. Cold, clammy sweat of forehead and limbs; troubled look in face; dry tongue with red edges; brown coating in center; great thirst, headache and aching of limbs.

**RHAMNUS CATH:** Cutting, griping pains in ilio-cæcal region and transverse colon, accompanied with loud rumbling. Abdomen hard and tympanitic, with colicky pains.

**RHUS TOX:** Drawing, burning feeling in almost the whole right side of the abdomen, with a painful, hard swelling occupying the region from crest of ilium to middle abdominal line, upward as far as liver and downward towards groin, > from gently pressing upwards this flattened tumor. Pain < while sitting, extending or moving right leg: > lying on back with right leg flexed or elevated. Pressive pain

in neighborhood of quadratus lumbar muscle, <when rising from lying posture. Rumbling and gurgling in abdomen. Cutting pains in right side of abdomen, while walking. Pale and anxious face, burning palms of hands, profuse night sweats, small frequent pulse: red and dry tongue: vomiting grass green substance: whitish stools, containing pus. From getting feet wet.

THUJA: Cutting, tensive pains in iliac region <from deep inspiration. Numerous stitches in right side, <while lying on painful side: pressure in right side of abdomen and groin, as if from foreign body: feeling in abdomen like quickening of pregnancy; uncovered parts perspire while covered ones are dry and hot.

The above comprises all that we could find in our provings, of the symptoms and conditions relating to appendicitis. Of course these only form a part of the picture necessary for the selection of the *simillimum*. The accessory symptoms—mental condition, hours of aggravation, influences of heat and cold, etc., must also be considered, and for these a repertory or the *Materia Medica* should be consulted. Above all things, the prescriber must remember that each medicine has one or more peculiar or characteristic symptoms by which the skillful homœopath is enabled to distinguish it from all others. These characteristics constitute what is recognized as the genius of the remedy. The ability or lack of ability on the part of the physician to seize and appreciate these points of differences between remedies, is what makes the successful or unsuccessful practitioner. Strange as it may seem to the uninitiated, these characteristics have seldom any connection with the diagnostic indications of the case, under treatment, and yet they are generally the unerring guides to the appropriate remedy. If most of our provers had had in mind the importance of comparing or contrasting the symptoms each drug brought out, with those already recorded of other drugs, our provings would be more intelligible, and our task of prescribing correspondingly facilitated.

It is possible that in the opinion of hypercritics the above comments are unnecessary, if not a gratuitous impertinence on our part, as implying ignorance where it

should not exist; but we believe we cannot too often or too strenuously dwell upon these fundamental rules, so ably exposed by our Master, and yet so often overlooked by many homoeopaths.

The very great importance of the value of the unusual or characteristic symptoms in the treatment of disease was well illustrated in the case of Boenninghausen's serious illness in 1833. His trouble was what we now call appendicitis, but was then diagnosed as typhilitis. After the medical men in attendance had prescribed for him twice, without the slightest improvement, he refused to be guided any longer by their counsels, and then, although almost frantic with pain, and greatly exhausted, he studied his own case. He finally selected Thuja, because of an odd symptom, "Sweat of the uncovered parts, while the covered remained dry and hot." In a few minutes he felt relieved and was soon afterwards up and about, as usual. Later he experienced some difficulty with the proper action of his bowels, for which he had to take two other remedies. Shortly after his recovery, Boenninghausen sent a minute account of his attack to Hahnemann; but as the latter was confined to his bed, at the time, he did not write for several weeks. Boenninghausen was greatly astonished later to find that Hahnemann had anticipated the troubles, which had arisen in this case, and the very medicines he had taken were those, Hahnemann had foreseen he would require. There are several other instances on record of Hahnemann's wonderful intuitive knowledge of disease and his equally amazing medical prescience, by which he was enabled to foretell the course of a malady and the remedies necessary for the case.

In stercoral typhilitis enemas may be necessary. One of the collaborators of this article had a case some 18 years ago with symptoms of approaching collapse; but the patient was promptly relieved by a very large enema of hot water containing two ounces of oxgall. Without exaggeration, a whole bucketfull of discolored water with innumerable scybalae floating therein came from this patient, about one half hour after the administration of the enema. He had been already 48 hours ill, and in spite of purgatives and opiates given by the previous medical attendant death seemed imminent. Probably warm water enemas would have answered as well, but the

oxgall is credited with particular solvent properties over scybae, and was used for that reason. We believe the late Dr. P. P. Wells approved of the use of this secretion as a solvent in similar cases. In the event of faecal vomiting arising, we might be obliged to have recourse to Aconite, Asaf and Nux, besides Bell. Bry. Merc., Opium and Plumbum given in our list; in deep-seated abscesses, Graph. Iodium. Kali. Lyc. and Sulphur, in addition to Apis. Arsen. Hepar. Merc. Sil.; in fistulous conditions, osseous disintegration, Graph., Phos., Sil. and Sulphur; in pyaemia Pyrogen, etc. In the first stage of the disease Acon., Bell. and Merc. are most likely to be useful; in the typhoid, Apis. Bapt., Bell., Bryonia, Hepar., Lach., Merc. Merc.-cor., Plumbum, Verat.; in the suppurative, Hepar., Merc.; and when speedy dissolution is threatened, Arsen. Camph., Crot-hor., Lach. Verat.

Dr. Bachr in his work on Therapeutics says that Bryonia in his hands, has proven most valuable in bringing about the absorption of exudated fluids, in the course of typhlitis, and often materially abridged the duration of the continued fever, which generally accompanies this grave disease. It has also often relieved, he adds, the obstinate constipation, which is a frequent concomitant. He has found Sulphur as useful as Bryonia, but at a later stage, when absorption of the exudation seems delayed, or where the indicated remedy does not give the expected satisfactory results. To control suppurative processes, or when he apprehends for the breaking down of retro-peritoneal tissues he administers Merc. Dr. Bachr urges the use of Veratrum when paralysis of the intestines seems impending or if it has actually taken place, with its alarming train of symptoms—rapid and thready pulse, surface of limbs and face cold or covered with a cold sweat, with great anguish of mind and weakness of body. The Doctor's clinical experience satisfies him that in the stercoral form of typhlitis, Nux Vom., Lyc., Sep. and Bryonia are invaluable remedies. He warns his readers that relapses in "stercoral typhlitis" are always to be expected and are, unfortunately, frequent, and reminds them that the treatment is likely to be long, and to be sure to repeat the medicines often. In the tuberculous subjects, with ulcerations of the mucous membrane, he considers

the prognosis a very grave one, but his successes warrant him in suggesting that Phos. Arsenic and Iodium be tried, the latter more particularly.

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## Surgery.

### ON TREATMENT OF CANCER.

HOWARD CRUTCHER, M. D., CHICAGO.

The present attitude of the profession on the subject of cancer is one of the curious things of medical history. That the operative treatment is a failure is admitted almost universally, and the occasional exceptions to this rule only serve to emphasize the general verdict.

Grass (*System of Surgery*, vol. I p. 255) says:

“In the treatment of the various forms of malignant growths, all internal remedies, of whatever kind and character, have proved unavailing in arresting their march or modifying their action so as to render the surrounding structures tolerant of their presence. The vaunted specific of the empiric and the enchanted draught of the honest, but misguided, enthusiast, have alike failed in performing a solitary cure, and the science of the nineteenth century must confess, with shame and confusion, its utter inability to offer any rational suggestions for the relief of this class of affections.”

Mr. Chas. Bell, (*System of Operative Surgery*, 1812,) says of cancer of the breast:

“The perfect reliance which, within the last thirty years has been placed on the excision of the mamma, for the entire extirpation of the cancer, is in the present day considerably diminished.”

Hamilton in his *Principles and Practice of Surgery*, advises operative treatment as being the only remedy that offers any hope; but he is careful to promise nothing definite as to its results.

Wagner, (Pathology, p. 477,) affirms that "after extirpation cancer usually returns."

Mr. J. Bland Sutton, in his masterly work upon *Tumors*, 1893, says with reference to Sarcoma:

"An impartial consideration of the evidence at our disposal clearly indicates that in a small proportion of cases only removal of a sarcoma will affect a cure. \* \* \* \* In many instances it exercises no beneficial effect whatever, and a certain proportion of cases succumb from the effects of the operation."

A celebrated surgeon used to remark to his classes that his diagnosis of cancer was never made until after removal; a return of the growth indicating cancer, and a non return proving its non-malignancy.

There is really little dispute as to the facts; the practical problem is to adopt some treatment, active or preventive, that will bring more satisfactory results. It is barbarous to mutilate the human body with knife and saw when no good to the patient is promised thereby. Something different from what we are now doing must undoubtedly be adopted. Whether this change will come from enlightened opinion in the medical profession is a question, but a change is inevitable. The human race will not submit tamely to unending and useless mutilation. The demand will come for something curative rather than destructive. It is humiliating to reflect that nearly all modifications of medical treatment come in obedience to popular demand. The people are not as ignorant as many doctors suppose them to be; they see the facts—something doctors rarely see—and leave the profession to work out its own philosophy.

A change, then, is coming; just how soon is the question. Probably a revolution in the management of cancer will be here long before we look for it. The world must right itself on all questions in time.

My own belief is that the utter and disastrous failure to cure cancer by operative attack is the logical outcome of irrational pathological teaching. The majority vehemently proclaim cancer to be purely a local disease, but they ought to recast either their pathology or their treatment—possibly an alteration of both would be greatly beneficial to suffering humanity. That cancer is local is one of the most absurd and foolish



conclusions ever held by the medical profession. A fracture is local; a stab is local; a pistol shot wound is local; a dislocated shoulder is local; but cancer is constitutional, pre-eminently so, and it defies the flimsy theories that have been applied to it with a regularity and persistency absolutely unequalled. A dislocated humerus can be excised; it will not return; neither will another bone become dislocated in its stead; and the wound will give no anxiety concerning its future. It will heal and remain healed. If, for every reduction of a misplaced bone at the shoulder the elbow should come apart; if, for the reduction of every elbow a separation should occur at the wrist, and if for every reduction at the wrist the ankle should retaliate, each dislocation being more disastrous than the one preceeding it, the probability is that the original lesion would be allowed to remain undisturbed for an indefinite period.

But the cellular pathologists have given us a different treatment for cancer; they never see beyond the cell, and for their lives could not see *the patient*. The cell is the beginning and the end; the force that makes and unmakes cells, that regulates their growth and development, that, in short, sustains all life, is what they systematically and persistently ignore. The boiler, the axles, the wheels, the cylinders are everything; the steam is nothing. Not a cell has, apart from the vital force, forcible power to change itself; that every cell change must of necessity follow an altered vitality; that, without the orderly distribution of vital energy the cell withers and perishes,—all of these count for nothing as against the scientist who operates a microscope. Life, the law of gravity and chemical affinity are theoretic speculations with him; the dust heap is where he looks for a man and the ash heap, from corresponding premises, ought to explain the mysteries of heat.

Man is an entity; the organism is the instrument of life. Without vital force the organism becomes a mass of rotting tissues, no longer a man.

That cancer is manifested first in the cervix uteri, or the mammary gland, or the shaft of the femur, on the superior maxilla, is nothing in favor of the local theory. Life itself is first observed in the cell

Life is not local. There is always a storm centre in every disease. Scarlet fever is not classed as a skin disease, although its most pronounced changes are here manifested; Carcinoma of the cervix uteri is not a disease of the womb but a disease of the woman. A lacerated cervix and a torn perineum are local beyond doubt, and spring from clearly known causes.

The aetiology of cancer is a subject which pathologists pass with all possible speed, rarely leaving us anything beyond suggestions here and there, and avoiding as much as possible all statements of a positive character. But one thing is absolutely certain: there is a reason, a cause for cancer, whether we know what it is or not.

As the influence of suppressed diseases upon the organism become better understood my belief is that the prevalence of cancer will be explained.

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### OUR SURGICAL REMEDIES.

BY HOWARD CRUTCHER, M. D., CHICAGO.

One of the most gratifying facts of our homœopathic healing art is, that many conditions classed as surgical by the Old School are cured without operative means by the appropriate medicine.

Tumors of all kinds, glandular enlargements, fistulæ, fissures, ulcers and many forms of bone disease are now attacked with the knife without hesitation because no other means of relief are known to those ignorant of the efficiency of homœopathic agencies.

In the first place, a close prescriber of homœopathic remedies will find the field of operative work steadily lessened. Tracheotomy, intubation of the larynx, urethrotomy, ovarian operations and scores of other procedures will be necessary in very rare instances when the case has been under rational treatment from its incipiency. I have been called to perform trachæotomy in two instances, in both of which the patients were cured without the use of instruments. Urethral stricture is the result of harsh injections which may suppress a discharge but do not cure the patient. Mr. Lawson Tait is authority for the statement that a very large share of his abdominal work is

the direct result of meddlesome and irrational treatment. The time is coming when the differences between cure and suppression will be so clearly understood that the now unconscious victim of ignorance will demand something more than he knows enough to demand today. I have under my care today a patient whose bladder is the seat of a malignant growth, the direct result of years of sound passing, astringent washes, and harsh mechanical treatment. The indicated remedy has not, and will not cure him, but it has for twenty-two months kept his pain in check and has apparently prevented the extension of the trouble. He transacts business with comfort and rarely has more than a passing spell of pain. Four years ago a well-known surgeon, who believed himself a homœopathist, assured the patient that his only possible hope of relief lay in a perineal section, to furnish a drainage outlet. Ten months ago a young man received a wound in the thigh from a spike. A profuse discharge of pus kept up in spite of heroic local treatment. The diseased tract was at last cauterized with nitrate of silver. This was followed by pyæmia and death in six weeks. The medical attendant gave the cause of death as typhoid fever. Two thousand dollars accident insurance money was involved. The parents consulted me, and I gave a strong written opinion that the cause of death was pyæmia. It is gratifying to know that my services to the family resulted in the payment of one thousand dollars by the insurance company. Some years ago a Mrs. B., aged 29, was afflicted with a troublesome leucorrhœa, for which she consulted a well-known gynecologist. The discharge was suppressed quite rapidly. Soon thereafter she began to suffer intolerably from dyspepsia and conjunctivitis. For these she was treated unsuccessfully for years by eminent practitioners without any result save steady aggravation. When she applied to me her eyesight was nearly gone. She had been tortured without benefit by a score of oculists, including two of the most eminent of New York city. Sulphur nearly cured her, and the successful termination of the case under *Pulsatilla* was very satisfactory. These cases are given in proof of the statement made above, that suppression and cure are totally different results. And, indeed, it does seem remarkable, perhaps unexplainable, that professed homœopaths will confuse cause with effect, as many

of them do. Rational physiology teaches that nature does nothing without a reason; there is always method in her movements, and instead of thwarting and resisting her decrees our duty lies in co-operating with her. Nature never begins a discharge, never throws out an eruption, never deliberately establishes a destructive process without a reason satisfactory to herself. Whether this reason satisfies us is not the question. We can no more explain her reasons in many cases than we can explain the *modus operandi* of the action of remedies. Nature acts; our remedies act, or fail to act; and this is as far as positive knowledge can in many instances go.

Accurately speaking, our surgical remedies include nearly the entire list of our medicines. There are some, however, more prominent in the surgical field than others, and these I shall outline briefly.

For shock, Camphor, Veratrum album and Carbo vegetabilis are preeminent. *Coldness* is the main feature of Camphor, *blueness* calls for Carbo vegetabilis and the well-known *cold sweat* on the forehead and on the body points to Veratrum album. I have repeatedly witnessed the efficacy of these remedies in surgical shock. One case is recalled where exceedingly brilliant results were obtained from Carbo vegetabilis. The patient seemed to be sinking deeper and deeper into the depths of shock from which it appeared there would be no awakening. I gave the remedy in water and repeated it several times. Its action astonished the attendants. The patient recovered entirely.

For the effects of hemorrhage, Aconite, China and perhaps Arsenic are invaluable. Aconite is indicated by the distressing restlessness and tossing about, and is useless when its peculiar mental state is absent. The savage thirst immediately following loss of blood is frequently controlled most admirably by Arsenic. When the acute symptoms have subsided no medicine equals China. I have noted its splendid effects time and again, and can bear testimony to its great curative powers in these conditions.

For the control of hemorrhage we have a score of medicines whose efficiency is too well known to require mention in this place.

After severe operations upon the abdomen Staphysagria de-

serves especial mention for its power to control subsequent pain. In two cases I have observed substantial benefit from its administration.

To control painful surgical conditions we have at our command some remedies whose powers are far-reaching. Intolerable, tearing pains in a wound or stump call for *Coffea*; moderate pain with great restlessness demands *Aconite*; sharp, darting pains along the line of the incision are generally relieved promptly by *Ledum*.

In chronic abscess, in bone diseases involving the ligaments and the glands, our medicine deserve unmeasured confidence.

The *Silicia* patient is cold, objectively and subjectively; his movements are sluggish; his sores are slow in coming, slow in healing; the pus is offensive.

The *Hepar* patient is more quickly attacked, is inclined to heal more rapidly, his wound is more active, and his discharges are less offensive.

The *Calcarea* patient is sweaty, blue-eyed, fat or lean, but always flabby; his wounds leave large scars; his neck is enlarged somewhere; his joints are loose. A patient with a long scar in the carotid triangles and with a pair of crooked legs always calls for *Calcarea*. The pus is thin and runs easily, as a rule.

*Phosphorus* presents a sensitive wound; it bleeds freely; it appears angry and fiery red, or perhaps pale, but always ready to bleed in a stream; the patient is tall, spare, red-headed and freckle-faced. He is constipated and has at times some indefinite trouble with his bladder.

*Lachesis* presents a blue wound; big veins; probable slough; much dead tissue in wound; worse mornings; tendency to the formation of sinuses. Pus thick and flaky.

In the management of dislocations, my experience is that *Rhus* is our best medicine because indicated most frequently. Within three weeks I have had a number of cases of dislocated shoulder, in patients of all ages, and *Rhus* has been of great service in their after treatment. In none of my cases has there been extensive injury of the soft tissues.

These observations are merely suggestive. They indicate the lines along which we must work if we hope for the best results. The subject is vast in its application and would require

a volume of large dimensions for its proper elimination; but enough has been given to show how enormous is the advantage possessed in surgical work by one who applies the principles of rational therapeutics in the treatment of his cases.

In any event this field presents a very hopeful outlook for the student of ætiology. The suppression of skin diseases, the drying up of eruptions and ulcers, the ignoring of the true nature of many so-called local diseases and their actual suppression will, I think, account for much that appears so mysterious today. For the past few years I have made it a point to inquire carefully into the past history of cancer patients, and in no case have the evidences of suppression been lacking.

A minister, aged 42, presented a retinal sarcoma. Twenty years ago he had some skin disease which disappeared under the use of a white ointment. Ten years later he had scalp disease. Nitrate of Silver suppressed this. Today he has a manifestation that neither white ointment, nor nitrate of silver, nor saw or chisel will long suppress. Is it at all improbable that suppression added an element of malignancy?

A young man of twenty-three came to me for a cancer of the nose. Four years ago he had a venereal sore. It was caused to disappear by cauterization. My belief is that it readily consented to suppression in one locality and that it fortified itself against subsequent suppression while in transit. The nasal disease, whatever it is, has grown better under the indicated remedy. A surgeon had advised operation.

It will surprise those who have not given the matter thought to know what proportion of cases of mammary cancer follow the suppression of uterine discharges. Possibly these may all be coincidences, but the practical universality of coincidence suggests an underlying law somewhere.

Last summer I was called to see a case of rapid-growing Sarcoma. The man presented a history of Syphilitic ulceration, first upon the ankles, then upon the arms, at last upon forearms, and all these manifestations, the mere outlets established by natural processes, were violently undone by escharotics. Nature finally ordered a revolt and this time the revolt was fatal.

These observations are given in the hope that they may aid in some slight way the evolution of a rational treatment for

cancer. No treatment that leaves destruction in its track can be denominated rational. The true method will consist in the prevention of that which tens of thousands of cases teach us that we cannot cure. Prevention is one of the highest duties of the physician. In the case of cancer we are left no alternative. We must either prevent or we must fail to save our patient. Our present position of helplessness is intolerable. A change is imperative, or we must abandon the field in which an incompetency has been so clearly and so painfully demonstrated.

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**\*THE KNIFE VERSUS SIMILIA SIMILIBUS  
CURANTUR.**

D. C. PERKINS, M. D., ROCKLAND, ME.

The tendency of the day is to place all diseases peculiar to one sex in the surgical class, and when a patient of that sex presents herself for treatment, it matters little whether her trouble arises from a traumatic, organic, functional, reflex or neurotic source, search is at once instituted to discover if the scalpel or curette may be used. The list of operations to which the average woman must expect at no distant day to submit, if she has not already submitted to several of them, includes abdominal section with the removal of one or several organs, amputation of cervix, colporrhaphy, perineorrhaphy, hysterectomy, curetting, amputation of clitoris, and many others. Unquestionably, pus cavities should be evacuated, malignant growths should be removed, when practicable, and lacerations should be repaired in due time; but there remains a large number of cases in which the knife is being used, where the skilled physician might with propriety stay the surgeon's hand.

Not every tender, or enlarged, or painful, or prolapsed ovary requires removal; not every congested uterus should be curetted or have its cervix dilated. Cases are not rare in which the ovaries have been removed without an attempt even to cure the neurasthenia from which the patient was suffering. The removal of these organs should not too hastily be decided upon. The effect upon the mental system of the dismember-

\*Read before the Maine Homoeopathic Medical Society, June 5, 1894.

ed individual is often the reverse of salutary. A writer quoted in a recent No. of the *MEDICAL ADVANCE* remarks that "it is a well-known, but not generally acknowledged fact that recovery from an operation, and cure of the disease, are not synonymous terms. The subsequent history of many of those operated upon would often be a sad recital of aggravated suffering."

The female eunuch is, if possible, more an object of commiseration than her brother who was of the male gender. The proverbially capricious disposition of the gentler sex becomes more capricious; melancholy takes the place of cheerfulness, and irritability usurps the sweet and sunny temper. In those cases in which the expected relief from suffering has not followed a "successful" operation the task of the physician is much greater than before the patient passed beneath the scalpel's blade. Her disappointment is proportioned to her previous hope of relief and the resulting despondency greatly retards the cure which will follow the administration of the proper Homoeopathic remedy. The conditions which we may reasonably expect to over-come by remedies are now to be considered. Neuralgic or rheumatic pains in the ovaries, even when accompanied by congestion or displacement rarely refuse to yield to *Apirum virus*, *Belladonna*, *Lachesis*, or *Nux vomica*. They are often cured by other remedies.

Congestion of the uterus with, or without the accompaniment of profuse flowing, if of recent origin do not require anything more heroic than a decimal or centesimal of the indicated remedy. A prolapsed womb with relaxed vaginal walls is not unfrequently restored to normal conditions by the aid of *Sepia*, or some of its congeners. Dysmenorrhea, unless resulting from a mechanical cause, is readily amenable to medication. The same may be said of menorrhagia, and not unfrequently of metrorrhagia also.

When those who do not undertake all branches of surgery recover from the paralysis which now entralls them from witnessing, or reading of the feats of those who do, we may again obtain as brilliant results from carefully selected remedies as has heretofore been done. It should not be forgotten that the Homoeopathic law is as vigorously in force today as in the earlier days of the century when its many unquestioned and unquestionable cures gave the system an impetus which



has not yet abated. The cures made by remedies prescribed by Henry N. Guernsey, by Carroll Dunham, by E. A. Farrington and others of greater or less fame, were not the results of faith in the prescriber, but the results of accurate prescribing under the Homœopathic law.

When that law is as carefully and wisely followed by us as by them, we shall be able to show results equally as brilliant and equally as gratifying.

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### ORTHŒPEDIC SURGERY AND ITS RELATION TO HOMŒOPATHY.

BERTHA M. NELSON, M. D., CHICAGO.

I have watched with interest for some years, the advance which science has made in the great field of Orthœpedic Surgery. It almost overwhelms one to gaze upon the hundred and one products of the inventive mind, for the outward relief of osseous deformities, with never a suggestion in regard to correcting the internal dyscrasia. And Homœopathy? What has it been doing? not dealing in fine specimens of handiwork to be sure, yet lacking the investigation of this branch and allowing the patient to slip away to the heroic methods of Allopathy. Why is it that Homœopathy has so long stood aside and allowed the old school to take from it, that field which rightly belongs to it, and which should go hand in hand with it. For what Hahnemannian does not know of the power hidden away in our potencies and the kindly curative action which they have on the disturbed vital force.

We have taken a back seat so to speak and let the old school go on with its slashings and mechanical contrivances, and behold in consequence, weeks and months of sufferings and a multiplicity of permanent cripples, we never would have had, had the Homœopath stepped forward to aid the little ones, demanding that the Allopath should sheath his knife and take away his shackles and straps.

We are here to cure the sick and as Hahnemann taught us, "in the simplest way."

We certainly have as good a knowledge of anatomical structure and osseous development as the old school, and we should have better, for the careful study of our *Materia Medica* gives

us that insight into symptomatology, impossible for the Allopath ever to attain.

Osseous deformities of children, under good Hahnemannian treatment, rarely need beyond the carefully chosen, single remedy aught but a bandage or adhesive plaster for support. We do not need the anaesthetic, the knife or forcible dressing and therefore we do not require the confinement that such procedures would impose upon the little sufferer; hence the little one goes about unconscious of the changes taking place for its good.

We should not wait (if we discover any deformities in the babe) for it to grow up before attacking the abnormality. It is in infancy that our medicines can do their work like magic and it is when these delicate bones and cartilages are developing that the tendency to disease must be recognized and aborted.

I shall never forget the treatment of a case, by an eminent surgeon of the old school, who understood all the modern science of forcible dressings. It was an operation for club foot by the Koenig method. Mabel R— age 8 years, deformity since birth. The patient was etherized and placed on her side; an assistant holding the knee firmly. The convex portion of the foot was supported by the surgeon upon a hard pad which served as a fulcrum. The object of this is to enable the operator to bring all the weight he can upon the deformed foot and thus forcibly correct the deformity. This is done, if possible, without a break in the skin: should however the continuity of the skin be broken, it must be sewed at once. In this case however no such accident occurred and the Surgeon felt satisfied he had effected his object, because, as he explained, he had felt and heard the necessary crackling of the tissues, etc. A plaster dressing was applied and the patient dismissed. After the customary time the plaster was removed and the foot was found as if no operation had taken place. The procedure as above were again in order and this failing, tenotomy and cutting of the fascia was resorted to, giving some relief but not curing the patient. No internal treatment was given.

Let me also give a similar case, done according to the Wolff method, which is superior at least to the other in its degree of

mildness. Jas. McD— age 9 under an anaesthetic. The middle of the patella was marked, which the operator explained was to serve as a guide for the plane which should exist between the ant. sup. spine of the ilium and the centre of the ankle joint and from  $1\frac{1}{2}$  to 2 inches inside of great toe. He then gently exerted his strength in the opposite direction to the deformity bringing the heel towards the median line, the anterior part of the tarsus being abducted. The assistant then held the foot in this position while the operator applied adhesive plaster to retain its position. The foot and leg were then padded evenly with cotton, especially at the base of the great toe and in front of the instep. This was covered with plaster bandages leaving the small toes free. The great toe is bandaged as it serves for a support. This case was greatly benefited but not cured. No internal treatment. Now to the last case, though not entirely Hahnemannian, treatment must be acknowledged above the others. Mary K; age 9 months, club foot (right). No anaesthesia. The foot was padded in front of instep and the great toe. Adhesive plaster was then brought under the sole from the inner upper surface, the foot being held in the natural position. This was encased by a Silicate of Soda bandage. Calc. carb and Silicea were given alternately; permanent cure in nine months, being redressed twice.

As with these cases, so we can remedy with our prescriptions and simple supports, all cases of talipes, flat foot, Pott's disease, etc., if we attack them in childhood. Let more Homoeopaths investigate these cases, and keep them under their own treatment, not allowing them to drift to the old school, who never think of the constitutional dyscrasia, but only of the outward deformity.

## Institutes of Medicine.

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### \*THE CELL AS RATIONAL BASIS OF OUR THERAPEUTICS.

F. F. DEDERKY, M. D.

I have read with considerable pleasure the paper by W. Owens, M. D., "On the Relation of Drugs to the Morbid Process." The professor starts with the premises, "that life is a unit, organization is according to law and the cell is its representative, protoplasm alone is living matter and is the clay in the hands of the potter,—that disease so-called is not a thing tangible, but the product of forces in themselves normal. All of the phenomena of morbid process taking place in the organism are but perturbed physiological processes; that so-called nervous diseases are secondary and subjective. So-called diseases of the blood do not exist from any primary condition of the blood *per se* but arise from causes lying behind forces controlling the circulation. This force resides not in the brain or spinal cord, as usually taught by physiologists, but in the vegetative, sympathetic or organic nervous system, and more particularly within the great center of organic life, the solar plexus."

Life is a unit; but to the proposition that "protoplasm alone is living matter, etc." we should object. We might begin by asking: Who is the potter in whose hands it is like the clay?—however we let it go as it stands.

All the tissues of the animal economy are builded up from the primary cell as composed of protoplasm. Not only the great framework generally but also the brain and spinal cord as well as the great sympathetic organic or nervous system, together with the solar plexus are conceded to be formed and builded from this cell as composed of what is called the only living matter. Matter containing life!—life which is a unit. But what is life, mysteriously called a unit. That of course we don't know, and therefore content ourselves by looking upon it

\*Written in 1881.

as the force that keeps us together. This is the force lying behind and being at the bottom of all physiological phenomena and of disease as well. Why then should the force controlling disease be located in the solar plexus? Had we not rather place these forces and causes altogether where they belong, that is to say in life, vitality or life force and take as is representative the original constituent of all the tissues, the primary cell. Life we cannot scrutinize. We can only see its manifestation. Its supposed carrier, protoplasm, we find in the cell of all living organisms, vegetable as well as animal. The cell, then, starting in and being composed in all its parts of the life bearing protoplasm should be considered in its living state, the carrier of the causes and forces producing disease, the same as we consider it the carrier of life. To it we have to look for the conditions of the morbid processes causing disease through disturbed vitality. Hahnemann called this life force, *dynamis*, and with his usual clear-sightedness he was not far from the mark when he called the causes of disease "*dynamical*." It is the tendency of skeptic science to look for material and if possible living animalcular causes for all diseases. Hence the eager microscopical investigations which have led and are leading in many cases to the finding of what is looked for according to preconceived theories and thus it leads to the forming of new theories. It is hoped that these new theories as advanced will lead to some practical results and a speedier and better cure for disease all around. Unfortunately, however, the microscopical researches and especially those in the nosological line and in the direction of pathology are vastly over-estimated. Whilst not decrying in the least in value of pathology and acknowledging the untiring researches and the prodigious progress in that branch, still it should not be proclaimed as the only rational basis for therapeutics as is done so frequently of late years.

If the primary cell is acknowledged to be the carrier of life, if it contains or is merely the carrier of disturbing elements which produce disease, then pathological conditions of whatever kind, excepting perhaps traumatic lesions, are but secondary to these cellular perturbations. As we cannot contemplate the life force or *Dynamis* we have to look to the next remove, to the life carrier and not to pathology exclusively

for such a rational basis. From this standpoint, the knowledge of *Materia Medica* is of a vastly greater importance to the therapist, than pathology can ever pretend to be.

Poisonous ingredients or medicine act, as some say, on the nervous system, on the blood, etc. To my mind it is more plausible to suppose that they act on the cell, either its membrane, its fluid contents, its *nucleus*, its *nucleolus*, or equally on the entire cell and its life, as the case may be. The poison or for that matter, the medicine is taken into the stomach and from thence is carried by the chyme and chyle into the circulation. How quickly it may be absorbed by the membranes or otherwise and therefore be active throughout the body, we can only surmise from the supposed proofs that have been given us of the quickness of the passage through the system of certain ingredients when put into the stomach. We go by appearances, and judge from cause to effect; but the how of the work, we are not able so far to understand or to explain. In the present state of our knowledge as therapeutic artists we may not be able to do better than to compare pathology and pathogeny for the purpose of healing. The time will come however when we shall be enabled to have a better and surer way. The knowledge of the *modus operandi* of drugs and causes of disease, seem of less importance. We are all aware that many attempts have been made to explain this *modus operandi* at least so far as regards the *rationale* of our mode of curing. Hahnemann was the first to make such an attempt, when he advanced *Similia Similibus Curantur*. Our literature teems with such attempts. They are all more or less unsatisfactory and have brought much ridicule upon us from the opposite camp. What do such explanations amount to? They do not bring us nearer to an understanding and are of no practical value in the cure of the sick. They are theories at the best that may be upset and thrown aside tomorrow. One fact however remains: if we select our remedies according to approved pathogenetic symptoms, the result will be all that can be wished for.

Research has taught that the cell degenerates, changes its aspect and form in certain pathological conditions. This might be considered as a dynamical result of the disease producing influences which has been suradded to the inherent vi-



tal force of the cell by natural or accidental and artificial causes. Among the natural or accidental causes we may classify: physiological wear and tear, natural decay, neglect or disobedience to Nature's laws, etc. These with a proper predisposition may produce disease and in due time pathological states. Among the artificial causes belong those from whence we derive our pathogenetic symptoms which have served us and serve us today as indications for therapeutic purposes. This dynamical result we may also look upon as products from material changes in the cell wall or its contents from the above causes.

Accepting these facts, we must also admit of blood diseases. For the blood corpuscle is a cell; the cell has been admitted as the carrier of life and that supposed something, which disturbing the physiological life force, is said to produce disease. Hence as a carrier of both these principles, the blood is of necessity liable to become what we may call primarily affected through its principal constituent, of course always with the dynamical force in the rear to fall back on. What part the nervous system, either organic or sensory, may or may not play in this primary affection, remains conjectural. The ultimate nerve filaments as well as the nerve centres are bathed and laved by this vitalizing fluid and receive from it by natural selection their nutrition, and without this could not even continue their several functions. The theory that disease producing influences as well as the healing capacities of remedial agents are communicated by nerve force is only partly tenable and in a secondary way, if we accept the protoplasmic and cell theory. The primary influence so far as we can discover it as such, must of necessity come from the protoplasm or the cell, formed in and of the same through its inherent life, its dynamic or vital force.

Man has been given to theorizing ever since he made his appearance on this globe. Theorizing may lead to good results. So long as we do not desire too much, or in our pride get beyond our depth. Yea, and remain within the limits of verifiable theories and moreover do not proclaim them as infallible truths. But where is the limit to be drawn? What is unverifiable to day, may become verified tomorrow and a new truth and with it more certainty may be set before our eyes.

We cannot see the force back of protoplasm and cell, except

as we see its effects. Let us bear them in mind, that the primary cell, through a disturbed vitality from the various natural or artificial influences, becomes the sole and only visible cause of all that we call disease. The knowledge of the effects of these influences on the primary cell and through this cell on the different tissues of the animal economy should therefore be considered the only rational basis of the healing art.

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THE FIRST HALF CENTURY OF THE AMERICAN  
INSTITUTE OF HOMŒOPATAY.

WM. TOD HELMUTH, M. D., NEW YORK.

Oh! Muse, I call thee, let me hear thy wings  
Above the crash of these terrestrial things,  
The whirl, the hum, the clatter and the strife  
Forever weaving in the web of life.

Give me a leaf of lotus, let me breathe  
An atmosphere of peace; then wreath  
My soul with fancies, honest, pure and strong,  
Enriching thus my melody of song.  
Find me a place where sovereign poesy reigns,  
Breathe thou new inspiration for my strains;  
Whisper to me thy sweetest songs, and then  
Awake my thoughts, direct my halting pen;  
Wave thou the sacred omphalos, and sing—  
For Aesculapius, today, is king.

Here where I stand, scarce fifty years ago,  
Yon mountain peaks with everlasting snow  
Crown-capped, with all their majesty embued,  
Looked down on one exhaustless solitude.  
Mysterious canons, with stupendous walls,  
The rainbows arching over crystal falls,  
Rocks in chaotic masses piled on high,  
The howl of beasts of prey—the wild bird's cry;  
Rose here primeval, as God gave them birth,  
Authentic memoirs of convulsive earth.

But while majestic nature here held sway,  
Far in the East, two thousand miles away,  
With few to aid, with persecution torn,  
But full of strength this Institute was born.  
The Aeolus embraced the news and flew  
To Notus, and imparted all he knew;  
And Notus laid the words on flowing streams,

Read at American Institute of Homoeopathy, Denver, June 14, 1894.



Or hung them softly on the moonlit beams;  
Wafted them gently o'er the bending grain,  
Still Westward, over forest, field and plain,  
Seeking the spot where highest fir tree nods,  
And told them in the "Garden of the Gods."

Then from Red canon came the sweetest voice,  
That man e'er heard: It said: "Oh! Earth, rejoice,

"Ye mystic spirits that fill the air,  
I bid you now a jubilee prepare.  
"You, where the Platte her smaller sister meets,  
'A city shall be born. Her crowded streets  
'Shall teem with commerce. Here shall rise  
'Her towers and turrets lifting to the skies.  
'The shuttle here shall fly, the forge shall glow;  
'Light will develop from the dynamo.  
'The steam shall whistle, and the furnace roar;  
'Iron shall drop from stones, and gold from ore;  
'Knowledge shall flourish, and with wisdom blest,  
'She shall be called 'Queen City of the West.'

"Then when five decades shall have passed away,  
"The child whose birth is heralded today  
"Shall come in glory from the Eastern coast,  
"And this great city then shall be its host."

The voice died softly up the Eyrie glen  
And mountain winds pronounced a sweet "Amen."

(At this point the audience went wild, and it was several minutes before the poet could resume. He went on to tell in rhyme of the early struggles of the followers of Hahnemann, the growth of the school and the grand successes of the present day, closing with these lines:

Lo! where your star comes rising from the sea,  
It symbolizes Homœopathy.  
The restless waves grow angry at the sight,  
Meeting each other with tumultuous might,  
Breaking the line of horizon to curves,  
Dimming the light, that, steadfast, never swerves;  
Though dark'ning clouds may hide it, yet 'tis there,  
Biding its time, still beautifully fair.  
The thunder crashes; vivid light'ning splits  
The heavens apart; the cruel Storm King sits  
Aloft in all his glory and his might:  
Yet, still the star, though hidden from the sight,  
Is rising slowly, and will ever spread  
Efulgence in the firmament o'erhead.  
That star, Truth, and Truth shall hold her own  
Till God shall summon man before His throne.

## **Editorials.**

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***Until further notice, all communications, either personal or for the Journal, should be addressed 6351 Stewart Avenue, Station O, Chicago.***

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Do not hesitate about sending in "Queries," for the NOTES AND QUERY DEPARTMENT. We hope to have a list of eminent teachers and practitioners secured for the different special fields of work in this department to whom may be referred all questions germane to their particular line of study, so that the comments may have the stamp of authority, while questions still unsettled will give rise to a legitimate discussion void of personalities.

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HERING MEDICAL COLLEGE AND HOSPITAL will be finely housed in the future. The Board of Trustees have secured the ISABELLA CLUB, a large six-story stone and brick building at the corner of Sixty-First street and Oglesby avenue. It was the purpose of the builders to ultimately convert it into a hospital, or sanitarium, and to utilize its conveniences for a World's Fair Hotel, so the action of the trustees have only anticipated the original design by a few years.

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In consequence of a change in the office force, a portion of the wrappers for the July number was duplicated. This caused some subscribers to receive two copies while others had none. Those receiving an extra copy are requested to return same at cost of the publisher, and missing copies will be forwarded upon notice as soon as received.

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## **Obituary.**

CHARLES H. LAWTON, M. D.,

of Wilmington, Del., died July 6 at Newport, R. I., of cerebral paralysis following carbuncle. Five months prior to his visit he had suffered with muscular rheumatism. He was one of the ablest and best known Homœopathic physicians in Delaware.

THE

# Medical Advance

A HOMŒOPATHIC MAGAZINE.

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## Materia Medica and Therapeutics.

### BARYTA CARBONICA.\*

PROF. J. T. KENT.

There is a great difference between Baryta carbonica and Baryta muriatica; but Baryta carbonica and Baryta acetica can be united, that is to say, Baryta carbonica will verify, or cure, the symptoms produced in the proving of Baryta acetica. Many of the symptoms recorded under the carbonate were produced by the acetate. In some of the older books you will find symptoms under the carbonate which were produced by the muriate. This is an error, and even Lippe's book, which was copied from Gross has this error; Gross never proved Baryta carbonica.

The symptoms of Baryta carb. are those of a deep-seated scrofulous or psoric nature. The glands are enlarged and indurated. The muscles are flabby. The face is pale. The patient is sensitive to cold and is weak in mind. These conditions run through the Baryta carb. subject if it is a chronic case.

He takes cold from bathing and in damp weather; he is a chilly subject; and the sufferings in general are aggravated by cold air and in winter.

The mental state approximates imbecility. A mother who has raised an idiot sometimes needs this remedy, and like Calcarea, she may be fat, flabby, soft and spongy, with a tenden-

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cy to enlargement of the glands about the neck and everywhere.

It is especially useful for a scrofulous subject if there comes a period when he cannot think; he cannot count up a column of figures; can't remember; there is confusion of mind and weakness approaching imbecility.

A child cannot learn its lessons; can't be taught, sits in a corner and refuses to play, is stupid, docile, or even idiotic.

When this childishness appears in an adult prematurely old, he prattles and behaves foolishly, there is threatened breaking down of the mind and the organs, especially the lungs, which threaten to break down prematurely.

There may be difficult breathing; catarrh of the chest; threatened paralysis of the lungs, in old people who have long been subject to catarrh; premature senile debility. The symptoms of Baryta carb. are likely to be present under such circumstances.

There is great mental and bodily weakness; childishness; very cowardly; loquacity. When walking in the street she imagines men are laughing at her and criticising her to disadvantage; that makes her so fearful that she dare not look up, and she sweats over the whole body. Sweating over the whole body is characteristic. She sweats easily, is actually weak, and very little motion or exertion causes sweating. She is lazy and loquacious. She is very easily frightened; a little noise in the street seems to her like cries of fire; it frightened her so that all her limbs trembled.

• The patient has aversion to strangers and company, and is better when alone. Now put together this aversion to strangers, think of the aggravation from imagining she is being laughed at, and you have a condition that would cause a child to hide behind the furniture when a stranger came into the room. It is not a desire to hide, but to get away from being laughed at. The aversion is to strangers, not to members of the family. Worse in company, better when alone with the family. The patient does many silly things.

There is nothing striking in the headaches, except perhaps, the sensation of a band around the head.

If given early in threatened premature old age, on the appearance of breaking down, it is likely to prevent disease of

the blood vessels and apoplexy in cases that would go on to congestion and softening of the blood vessels of the brain.

The scalp has more valuable symptoms than the head. There are many eruptions, falling of the hair, encysted tumors. It has cured wens, as well as Graphites. Dry eruptions are not as common as moist ones, but it has both. There is itching and burning of the scalp, the hair falls out, and there are likely to be inflammation and induration of the parotid glands. There is a copious watery flow from eczema of the scalp, with itching and burning. The sight grows dim very rapidly, requiring constant increase in the power of the glasses, the cornea ulcerates, the eyelashes fall out, and the margins of the eyelids are incrustated and fissured. The pupils are irregular and there is photophobia.

This remedy has many structural changes, showing its depth of action. It goes deep into the life.

There are ear troubles, all with inflammation of the parotid glands. After scarlet fever the parotids are large and hard; the child is feeble, weak in body and does not learn well. It is especially indicated for the weak minded, threatened imbecility, threatened softening of the brain.

All of the special senses slow down; there is hardness of hearing, dimness of vision, loss of taste, thickening of the mucous membrane and it seems as if the brain was tired out.

In the nose there is the most inveterate catarrh; crusts, bleeding, thickening of the mucous membrane, diminished smell. She smells pine smoke. Scabs or crusts form back of the uvula and are hawked out every morning,—great large crusts. Crusty scabs around the wings of the nose which is always sore; the margins of its wings bleed and are raw. Coryza with swollen nose and upper lip. These conditions in big-headed, big-bellied children call particularly for *Baryta carb.*

We find a distended abdomen in children and a pendulous abdomen in mothers. Fat is deposited in the abdomen more than anywhere else. The glands are fatty, there is much fat in the omentum.

The provers not only had tingling in the nose with desire to bore it, but to a great extent this tingling was felt all over the face, tingling, itching, not so severe, but, as if a cobweb

were stretched over the face. You will notice the child making wry faces and picking at the face as if something annoyed it. Adults will say that it feels like a cobweb or as if the white of an egg had dried on the face and they must pick it off. You will find this characteristic in a child with enlarged tonsils and swollen submaxillary glands which are also indurated.

Cadaverous pallor is a Baryta symptom, it was produced by the acetate, but all the Barytas have it. Eruptions appear about the face. There is a chronic painful swelling of the submaxillary glands, which are indurated so hard they can scarcely be indented. We find hardness on the middle of the tongue, burning when touched. Hardness is in keeping with this remedy in any part. There is hardness, induration, often inflammation, the muscles are infiltrated. A patient wakes up in the morning with a dry mouth, it seems as if it would crack with any motion. (Nux-mos. has it in the evening).

Foul breath. If there is any mucus it is thick, tough and pastry. He cannot swallow because of dryness which extends to the air passages and it seems to threaten suffocation; this is generally attended with enlarged tonsils; cannot lie down as it prevents breathing, so he sleeps in a sitting posture, or semi-sitting position.

In quinsy, Baryta carbonica has been a great remedy. The characteristic patient is a child with enlarged tonsils. Every time he takes cold it settles in the tonsils, which continue to enlarge and grow very large. Alumen will compete here.

Those who use the two hundredth potency must repeat about once in eight days in such cases, but with the higher potencies, 50<sup>m</sup> and upward, a single dose will act a month or six weeks to two months. It will diminish the predisposition to take cold and permits the tonsils to shrink. Baryta is sometimes said to be useful for the suppuration of the tonsils, but I think it is seldom useful here. It should be given after the attack of quinsy, not during it, and followed up if necessary. I have cured many cases with Jenichen's 800th so that there has been no return. It acts profoundly on the tonsils, seeming to single them out and direct its batteries upon them.

One of its characteristic conditions is complaints after suppressed foot sweat. It has fetid foot sweat like Silica, and there is much about it that is like Silica. Like Silica the

patient takes cold easily, is worse in damp weather, has offensive foot sweat, is feeble minded and nervous. Silica is more useful in suppuration, *Baryta carb.* to prevent suppuration; Silica hastens it and relieves all the pain.

The successful treatment of quinsy requires great study of the *Materia Medica*, yet not such a great number of remedies are needed. Many people in this city every now and then have attacks of quinsy when suppuration takes place in the tonsil and goes on until lanced. I have not lanced, nor felt the need of doing so, in quinsy, for over ten years. Usually the homœopath will be very successful in this trouble. The remedies called for in diphtheria, such as *Lycopodium*, *Lachesis*, etc. will be indicated when the disease begins on the right or left side and goes to the other side. *Mercurius* will be required for threatened suppuration, mercurial breath, aggravation from the warmth of the bed, worse at night and increases during the night, sweats and is worse from it. Inability to swallow is not striking as it belongs to the disease, you would not expect anything else with such swelling of the tonsils. When the inflammation is better from the pressure of solid food in swallowing, you will likely find the other symptoms correspond to *Lachesis* which is ameliorated by swallowing solids. When the pain is severe and constant only between the acts of swallowing, better when swallowing, *Ignatia* will actually cure threatened suppuration of the tonsils and all sorts of sore throats. *Hepar* is useful when there is a sensation as of a fish bone in the throat, sticking, jagging, better from heat, oversensitive to pain, wants hot flannels on the neck and face, in a hyper sensitive person. When suppuration seems inevitable and the pain runs back to the ear, he has hot things around the throat and ear packed with heat, he is uncivil, irritable. In such a case *Chamomilla* will relieve the pain almost instantly and if suppuration must come, it does so without pain. Silica will be indicated when the pain is intense, cannot swallow, the tonsils are so swollen that they reach across and touch each other like great bags; the trouble has gone on several days and it seems as if the lance must be used. Silica is a homœopathic lance, it is a complementary to *Hepar*. In some rare instances where *Mercurius* is indicated in the beginning and proves insufficient, *Hepar* symptoms will

often come up, but perhaps if we waited a little longer we would find that Mercury was not indicated at all. In all suppurative conditions Hepar acts as an intercurrent between Mercury and Silica. Silica occupies a higher plane than Mercury, it is a sort of "aristocratic" remedy and won't associate with Mercury, will not hold any intercourse with Mercury except through a third party which is Hepar, Silica will not operate well after Mercury.

Baryta carb. has a peculiar disgust for food which comes in the following way: He is hungry, sits down to the table and eats for a minute or two when all at once a sudden nausea comes on and if he don't leave the table immediately he will gag and vomit. There is sudden disgust while eating.

The awful dryness of the mouth is to a great extent a sensation of dryness and will remain after rinsing the mouth and drinking copiously.

The sweat increases while eating. He generally is worse after meals. The stomach aches after eating. Cough from eating warm food. Complains from eating warm food, better from a cold diet. At times Silica is better from a cold diet; here the two are similar again. Pulsatilla and Phosphorus are classed together for amelioration from cold things and aggravation from warm things in the stomach. They are similar in the nature of their complaints.

The abdomen is hard and tense, the mesenteric glands swollen and hard, and on turning in bed it seems as if the intestines fell from one side to the other.

The stools are hard and insufficient, like Silica, but unlike Silica in detail however, as the stool does not slip back, but is scanty and comes in hard lumps which are expelled with difficulty, more like Alumina. Alumina leads where he goes days and days without stool, and the stool when passed is lumpy, knotty, large and copious. Haemorrhoids which are sore turn out when at stool, and come out also when straining to urinate. For prolapsus of the rectum when straining to urinate, Muria-tic Acid and Valerian are to be thought of. Aesculus for Haemorrhoids during stool protruding like a fist, burning like fire, jagging and sticking, the pain is so severe he nearly faints, is exhausted by it, must lie down upon the back and push them up.



There is inability to hold the urine. It has a great degree of prostration of the genital organs. Hypertrophy of the prostate is in keeping with its action on glands. A striking symptom in regard to menstruation is "Menses flow scanty, lasting only one day."

Baryta carb. is often the indicated remedy in the complaints of old people; in the asthma of old people; in suffocative catarrh. There is difficult breathing, which is worse after eating. If the dyspnoea is better from retraction of the shoulders, it is Calcarea. Night cough with asthmatic breathing. Chronic cough in children with swollen glands, enlarged tonsils, worse after a slight cold.

Running through this remedy we find swelling of glands, encysted tumors. There is a fetid foot sweat, the toes and soles get sore, the odor is very offensive.

Fat, flabby mortals, too lazy to chew their food, need this remedy.

Nothing is so striking as the premature old age.

There are burning and many pressing pains, and tension or tightness is scattered over the body.

Prostration of mind and body, dwarfed, stupid.

After scarlet fever when the psoric taint is thrown outward and the glands are affected, swollen and indurated, think of Baryta carb.

Competes with Sepia for ring-worms.

General emaciation, emaciation of all excepting the abdomen, which is enormously distended.

After middle life when there is sudden taking on of fat compare with Calcarea.

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## INDIAN EXPERIENCES OF FEVER CASES.

DR. C. S. KALI, L. M. S. CALCUTTA.

### CASE 1. *Silicea* 30<sup>c</sup>.

Mr. M. N. Dey, aged 35 years, robust, well built constitution, short stature, abdomen tumified; has had fever two days; there was intermission. Paroxysm used to come from 8 to 10 a. m. There was a severe chill. During the chill I noticed "*icy coldness of the feet and legs as far as the knees.*" Heat was excessive with profuse perspiration all over the body.

He used to drink water in the hot stage. The above symptoms underlined were my only strong guide to select Silicea, and its 30th potency I gave; for two days improvement took place but in a very slight way, which gave me no such satisfaction as we expect from our Homœopathic drugs. I was in a puzzle to think whether potency should be changed or a new remedy should be invoked. But on seeing slight improvement as regards the intensity of the paroxysm I intended to change the potency but then in my box the higher potency was wanting, so I gave *Silicea* 3<sup>d</sup> *trituration* every three hours, which did wonders. This day the attack was very slight and the next day there was no fever at all, and the trituration was given only thrice a day by which the patient felt all right within a couple of days.

*Remarks:*—(1) In my life I never used Silicea on 3d potency in any disease, because my idea is that the drugs of inert nature such as Silicea, Sulphur, Carboveg., Calcarea cannot acquire a proper power below the 30th potency. It lays open a problem in my long searching potency questions.

(2.) The symptom ‘*icy coldness of the feet and legs as far as the knees*’ during the chill stage of Silicea in Dr. H. C. Allen’s excellent Fever Treatise being made most prominent by letter, of antique face, gave me full hope to stick to this drug only, and the symptom in question was so very distinctly marked in the patient that I did not think it advisable to change.

CASE II. *Pulsatilla* 3<sup>d</sup>.

Mr. B. N. Dey, the younger brother of the former patient, aged 10 years, thin and weak constitution, health delicate, had Intermittent fever a long time, with an occasional feverish state for weeks and months. I took charge of his case in August, 1892, and saw he had an enlarged spleen and had become pale. Paroxysm of fever used to take place generally in the *afternoon*; when the fever came with *the feet dead cold* (and not hands); thirst of ordinary character; *used to lick the lips frequently even in the time of good health as a habit*.

Fever being ended with free perspiration. *Error of diet used to bring on the attacks. Last paroxysm was due to taking some sweet meats prepared with clarified butter* (issae called by

the Indians). Pulsatilla 3<sup>d</sup> potency was given four times daily which made the patient feverless within four days with marked improvement in every day; and Pulsatilla was continued thrice daily for a week more and the paroxysm did not return within a couple of months; the spleen was almost reduced to its normal state, and the little boy thought to be in sound health. Everything seemed to him all right. Now, one day he again tried above sort of sweetmeats and the very next day fever came upon him with much more force and spleen was again enlarged and he was alarmed and confessed his crime voluntarily. I again gave him Puls. 3<sup>d</sup> which made him feverless within two days and he continued the medicine for a few days more and kept himself careful with the diet, being led no more by any temptation. Since then he had no more fever. His enlarged spleen has been quite in natural state as I had occasion to see him a few months ago.

*Remarks:—Paroxysm caused by the sweetmeats prepared with clarified butter, cold feet in the chill stage and the afternoon attack led me to select Pulsatilla.*

(2.) Spleen is an organ of such an extraordinary spongy character as within a few day's fever it becomes double or treble the size of its normal dimension and in many cases when the medicine is properly selected it returns to its proper state in such a way as if there was no enlargement at all; though some spleens are very obstinate to yield to treatment.

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## THE DUTY WE OWE OUR PROFESSION.

HORACE P. HOLMES, M. D., OMAHA, NEB.

Our *Materia Medica* and our manner of using it is that which makes our school a distinctive one. All our merits, all our claims, all our possibilities, are intimately wrapped up in this single feature. That being the case, our first duty as individuals is to help in the perfect development of all those therapeutic certainties made possible by our law of *similia* and our remedies.

As physicians we are homœopaths, a sect which differs from all other medical practitioners from the fact that we take the law *Similia Similibus Curantur* as our guide and discard those other laws which have heretofore guided the medical profession. When men adopt the homœopathic insignia and stand

before the people as representatives of that practice, it would seem unnecessary for one of us to enter a plea in favor of a better support of that which makes ours a distinctive school. But illustrations of unhomœopathic methods followed by our practitioners, come so thick and fast that it seems necessary and appropriate to raise a warning hand and at the same time sound an encouraging note to those whose faith is not yet securely grounded on our resources.

My principal point of objection is that a large number of our practitioners are not using our remedies and are not adhering to our law in the many places where our remedies are of good service, and that they are not using their efforts to develop and establish our school in just those places where their work would be tests of our therapeutical advantages over the old school. I shall here consider but this feature of the case, knowing at the same time it is not the only fault that is being committed against our school.

To the careful student and the indefatigable worker, the Homœopathic Law and its resources have met all those conditions of disease, be they acute or chronic, curable or incurable, better than any other form of treatment. And yet we find many of our representatives who deem it both necessary and expedient to fly the track on every slight occasion. They talk homœopathy and its advantages to their people, but they do not rely upon it in just those cases where it would do, and has done, its grandest work.

When taken to task about their loose ways of prescribing, the usual answer is that it takes a particular intellect, or genius, to be able to handle our *Materia Medica* in such a way as to find the *simillimum* for their patient in each case. Only part of this is to be granted. It does require a certain amount of intellect to be a homœopathic physician, just the same as it does to become a lawyer or mathematician. That question is to be determined when a student makes a choice of his profession. But after that question has been decided in favor of physician, the next question is almost entirely one of work. And this becomes a duty. A genius in Homœopathic *Materia Medica* is an embodiment of Carlyle's definition of a genius — one who has a capacity for hard work. It is certainly a fact that it requires an enormous amount of hard work to attain

success in the use of our *Materia Medica*. But there is no excuse for a physician slighting the fundamental feature of his profession than there is for a lawyer who fails to thoroughly acquaint himself with all the law bearing upon the cases of which he assumes control. Perseverance and hard work are the requisites, and by indefatigable study, only, have our best men acquired their reputations as good prescribers. Should a man desire to be an expert in the use of our remedies I can but quote for authority Bulwer Lytton: "Whatever a clever man \* \* \* determines to do or to be, the odds are twenty to one that he has only to live on in order to do or to be it."

When a homœopathic physician is tempted to resort to alternation, to mix remedies, to use proprietary articles, or anodynes, he should remember he is leaving untried the very agents on which our school has made its greatest successes, and such action virtually condemns our school in the eyes of the laity. Our practitioners should never forget that our school has won its laurels on the fields of allopathic failures. They should certainly attempt a mastery of their profession before they censure its supposed weaknesses and fly to other things they know less of. Again, these same physicians claim they have a right to resort to all such methods. The argument and reply is a simple one: Your duty to the profession. Had those who have gone before us used such arguments in favor of loose and unloyal methods, our business would not be a possibility today. And again, it is tacitly admitting that it requires less brains to practice after the old school methods, and that their measures are more certain, even to one who has but a smattering of their armentarium, than to practice homœopathy. Part of this is true, part is false, and most of it is unfair. Gentlemen, please think of this when you are tempted to do that which you know is unhomœopathic. You should certainly be willing to try to so live as to leave your professional world better than you found it.

There is a prevailing idea that all physicians should be "liberal" in therapeutic matters. By liberal, in this sense, we understand he demands and assumes the right to fly to every new hobby that comes up, and to resort to every pharmaceutical fad lauded by printer's ink. With this ever-change-

ing therapeutical front of the medical profession, and the knowledge from past experience that any remedy only assumes its own limited field when put to the test, this continual flying to new things, instead of trying to establish the older and more reliable ones, certainly changes the word "liberality" to *foolishness*. This applies particularly to the copying of old school methods and emphasizes the foolishness of men of our school who are led away by pharmaceutical crazes. A case in point: Last fall one of my families spent Thanksgiving in a village 300 miles west of here. While there their five-year-old son came down with scarlet fever. The malady rapidly assumed a malignant form. Unfortunately there was no homœopathic physician at hand. In a short time an old school physician in an adjoining town was sent for in consultation as he was considered "the best in the country." His wisdom and sagacity was at once manifested when he prescribed *Methylene Blue!* The remedy had to be ordered from a neighboring town, and the child, by this time frightfully sick, was put upon this unknown, untried, microscope stain. Exclamations and adjectives are unnecessary. The patient died, literally a victim of a "liberal" physician's foolishness. When will men cease such work!

In this line we will pay a little attention to the homœopathic treatment of diphtheria. I have several times made the statement that very few of our homœopathic physicians ever treated a case of diphtheria by purely homœopathic measures. Instead of their doing so they have resorted to all sorts of sprays, gargles, fumigations and inhalations, while no attempt was made to differentiate the remedy and find the simillimum. Remedies are used in comparatively crude form, in alternation at that, and too little attention is paid to what our best authorities have said of the treatment of this disease. Resort is had to all sorts of old school procedures and remedies, as if they had, or were having, better success than the homœopaths should. But their success has not been of a degree to be emulated. I will quote from a few writers of both schools: "In the New York Academy of Medicine, Dr. Janeway said he had no doubt but that a certain number of people said to die of diphtheria in reality died of the remedies given against the disease." Another of our old school authorities not long

ago testified before our State Board of Health that "the average death rate from diphtheria was forty per cent." Surely we need none of their *liberal* methods. "Dr. T. F. Allen says in a recent letter that he uses only strict homœopathic treatment and no local applications whatever in diphtheria." F. Gust. Oehme, M. D., says in his *Therapeutics of Diphtheritis*, he has "omitted all cures with medicines in alternation, or by the use of one drug internally and another externally (locally.) Although such a mixed treatment may be justified in many cases, yet, as there can be nothing learned from them, it seemed useless to mention them." And of remedies: Jahr and Hartman particularly cautioned against the use of Mercurius in diphtheria, both claiming it was an exceedingly dangerous remedy in that malady. Hale, who is liberal as one could wish, says of the Cyanuret of Mercury: "In the treatment of malignant diphtheria the 6th dilution has been used. Owing to the intensity poisonous nature of the drug, this is as low as should be used, especially for children." Dr. Beck, who first gave Mercurius Cyanatus for diphtheria finally fixed upon the 30th potency as the most efficacious, and Dr. Villers, who treated one hundred cases without a death, "began with six dilution, but now prefers the thirtieth." Yet many of our physicians never use it above the 3<sup>x</sup> and then condemn the remedy when they fail.

Now let us turn to some old school opinions on anodynes and see if we need to seek for help there: "Dr. Robert Morris says of opium in Appendicitis: 1. A drug that benumbs the physician who gives it more than it does the patient who takes it. 2. A drug that 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." And in the same line hear what they have to say of the coal-tar derivatives. In speaking of the epidemic of the grippe, an old school authority says: "As many people were killed by the medicine as by the grippe, but, of course, the disease was charged with all the deaths. Some day the great sheep-like public may open its innocent eyes to the fact that poisons as well as diseases may kill: that medicines are mostly poisonous and large doses may kill. No physician can prescribe anti-

pyrene, antifebrine, salol or the other coal tar products with any certainty that it will not kill his patient without a moment's warning, and 'heart failure' will be on the certificate."

If resorting to such methods shows "liberality" in the physician, it is a question where the advantage comes in. It is in line with the St. Louis case, where the operation was declared by the fraternity to be "eminently successful," but the patient died.

Another fad calling "liberality" on the part of the therapist, is the germ theory. Twelve years have now elapsed since Koch discovered the *Bacillus Tuberculosis*, and, while the entire civilized world talks glibly of the consumption germ, nothing of a practical nature, from a therapeutical standpoint, has grown out of it. Even with the veritable craze of the presence of the *Bacillus Tuberculosis* in milk being the principal source of this dreaded contagion, our farming communities, which have most to do with milk, seem to remain exempt from consumption. It is evidently the "boughten milk" and not the genuine article fresh from the honest cow that goes to make up the role that suits the microbist. And yet, compare the therapeutics of consumption as based on the germ theory with the positive conquests of tuberculosis made by homœopathic therapeutics and the germ theory at once becomes a useless factor in making up the case.

We might go on with these illustrations *ad infinitum* to show the fads of therapeutics and etiology with each year and in the rubbish-heap. But enough has been said to show that a physician's claim of the right to be "liberal" is largely answered by the word *failure*. Hence the need of adhering to our own methods and developing the better part of our system—its *Materia Medica*.

A great work has been done by our predecessors and we still have a great work to accomplish. We are not extending our work in its accomplishment by flying to old school methods for the relief of every pain. We have ample resources in our remedies to meet every indication in suffering humanity, and to meet it more successfully than the opposite school has yet done. We should spend our time in its perfection and establishment instead of continually wishing and hunting for something new from the allopaths.



This is the only country where homœopathy has government recognition and we are inclined to be indifferent to the victories our system has won. In all other countries homœopathy has to struggle for an existence, and its representatives must first gain a right to practice with an old school diploma. That being the case, we can assist our foreign confreres by fully developing and maintaining our school here and seeing that we are not continually engrafting old school fads and failures on our practice.

I am glad to say the way is looking brighter. A pure homœopathy is steadily coming to the front. Men who alternate are becoming more and more inclined to use the single remedy, and that, too, in desperate cases, while it is rare today that one of our journals accepts for publication an article in which remedies are alternated. Those who are led to devote more time to the study of our *Materia Medica* invariably become single remedy prescribers. *Materia Medica* clubs are springing up here and there, and the work started by Hahnemann is today having more enthusiastic supporters than in years past.

Let me urge you of weaker faith to devote more time to this branch of our work, for it is the only thing that will entitle you to be called a homœopath. When you are tempted to put two or three remedies in one glass, or to use two or three remedies in alternation, please say to yourself two things: Hahnemann did not do so. 2. I am not honoring my profession when I do so.

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### CLINICAL MEDICINE\*

GEO. H. THACHER, M. D.

At least one of three things is required of a paper on Clinical Homœopathic Medicine, 1st, either to confirm a former perhaps imperfect proving, or possibly to add weight to an already existing clinical observation; 2nd, to note peculiar, or hitherto unclassified symptoms disappearing in a regular and orderly manner under the action of the properly exhibited homeopathic remedy; for in order to have the symptoms disappear in a "regular and orderly manner" as first pointed out in the "Organon", the remedy must of necessity be hom-

\*Read before the Organon and *Materia Medica* Society of Philadelphia.

oeopathic. 3rd to add proof to the universality of the homoeopathic law as taught by Hahnemann, or the Masters following him, by noting that in peculiar and difficult cases, the Law applied did act as we claim it should.

The first two requirements are beyond the writer's present ambition, on account of his lack of opportunity for prolonged observation, or experience; but the third may be demonstrated by any one possessing a sound judgment, an unprejudiced mind, attention and fidelity in tracing the course of disease together with a more or less perfect knowledge of our mine of provings; so perhaps the following cases may add some testimony as to the virtue and efficacy of the indicated remedy, in the single dose and highly attenuated potency.

One of the many sided beauties of our practice may be shown in the following case, where the indicated remedy acted as an Euthansia; for where can a physician be more welcomed than in the chamber of the incurable sufferer, after the make-shifts of Allopathy and Mongrelism have proved of no avail; the stupefying drugs and anodynes have ceased their action, and Death painful and lingering stares the sufferer in the face. Then the Hahnemannian steps in with his comforting "healing art" and instead of the weary nights of pain or the stealing from the poor mortal of his senses, and last moments on earth, there is the slow quiet ebbing away of the life forces, until the sands are all run out, and Death finds the sick one waiting placidly, clothed and in his right mind and senses.

April 25, 1893, Lizzie B, age 15, fell under my care after having been discharged from the Children's Hospital as incurable, and with "three weeks to live." The summons came hastily on the morning of the 25th, as she had had three hemorrhages from the lungs that morning. Hers was a depraved history. Her mother died some years ago with phthisis and her father at the time I was called to her, was suffering from heart trouble, and as I afterwards learned was sycotic. The girl herself was a slight, puny thing, emaciated in the extreme, waxy, chlorotic, and had never menstruated.

I found her propped up in bed breathing rapidly and with much evident difficulty, said she was smothered, the alae nase flapping violently, and each breath seemed as if it would be

the last. She had been complaining of cold all winter that had settled on her chest, and each one had been worse than the last. Following these colds, night-sweats came on for which, as I afterwards learned, she received repeated doses of Agaracine, then diarrhœa setting in, it was checked by Ferrum. Phos., while for the painful nights, she had received occasional doses of Morphia, hypodermically; while the hemorrhages were "very annoying." Finally they sent her home.

The hemorrhage had ceased when I arrived, and an examination brought out the following:

Hippocratic countenance, blue rings under the eyes, skin transparent, eyes very bright and fevered; breathing shallow and painful, every few moments a loose cough came on, when she sat erect; expectoration greenish yellow, purulent and offensive; the cough was markedly worse after drinking cold water or eating ice cream, and from 4 o'clock until midnight. Sleepy during the day, but wakeful at night. Stool profuse, yellow, but with some form. Wants cool air, and warm drinks. Anxious and irritable, cries easily. Speaks with much difficulty yet brightened up while I was there. Physical examination showed broncho-vesicular breathing with subcrepitant rales and also some bubbling. The chest and neck were much emaciated while the legs seemed rather plump for one as apparently thin as she was. They volunteered the information that her general condition was worse from 4 p. m. on, which was all that was necessary to confirm the remedy; *Lycopodium* 5<sup>m</sup> one dose on tongue. S. L. every two hours.

April 27th found her much easier, although they told me that on the night of the 25th, she was so bad they thought she would die, but that on giving the powders that I left, she gradually got easier, until at midnight she fell off to sleep and slept quietly, for her, until morning. S. L. as before.

May 3. Still holding her own, no fever at 4 p. m. since April 20, when she was slightly delirious. S. L.

May 8. Somewhat weaker, diarrhœa returned on the 6, stools yellow and offensive. Appetite getting poorer, a very little fills her up, and makes her uncomfortable. S. L.

May 11. Still weaker. Cannot lie down, must be propped up to breathe, in which position she can sleep with quite a deal of comfort. Does not want any covers on her, must have

her feet uncovered. Feet swelling. Cough not quite so loose. Mind cheerful and is quite contented, if she did not "have to cough so often." Thus it went on until June 2, when she slipped off so quietly and easily, that they did not know of it until just as she was going. They reported that death was very easy, and that she was conscious until the very end.

This case was manifestly doomed from the beginning, and there was little that could be done, except to ease her as much as possible and take her down quietly and contented. Although being my first case to die, seeing the way in which she gradually got weaker and weaker until finally she dropped off as if to sleep, it was not as bad as it might have been. The efforts made were a comfort to the relations, if not a blessing to the patient. There is further good accruing from it also, in that it shows what the indicated remedy may do when Morphine ceases to act. It is an open question whether the Lycopodium if given, say a year or so before, might not have prolonged her life, for as a rule the remedy acting as an euthanasia, or one that becomes an euthanasia, is seldom one that has been indicated during the illness, or if indicated, it has made its appearance long before.

Now for another case, of different nature:

Jan. 2, 1894, Mrs. R. asked if I would not come and see her husband George R., who had fallen while going up the cellar steps the night before, striking his shin bone against the sharp edge of the step. A simple thing perhaps, but in this case very painful. I found him with his leg bandaged tight, resting on a chair. He said that after falling the night before, he had bathed it with Pond's Extract, and had gone to bed, thinking no more of it; but that during the night it pained him so much that it was impossible for him to sleep. He said he kept moving it around in order to get relief, but it was impossible to find a comfortable position for it. He went to the office the next morning, but had to return at noon, as being on it and moving about had made it so much worse; nothing seemed to give it relief. Externally there was a small triangular wound, where the blunt edge of the step had struck him. The flesh over the tibia seemed indurated around the opening for the space of a half inch, and was very painful, having a bruised sensation, < deep pressure, more so than slight. He re-

ferred the pain along the course of the anterior tibial nerve, up the Sciatic, to the groin. He said that he felt he could not pass another night like the previous one. Having good reason for thinking that the periosteum was involved, and thinking that it looked like *Ruta Grav.* he received a dose of it on the tongue, 45<sup>m</sup> with S. L. every time he should waken. and he was to let me know next morning if he were not better. I did not see him again or hear from him until a few weeks later, sending him my bill, he dropped in to pay it, saying that he had taken but one powder that night, that, on going to bed; after which he slept soundly all night. The leg was slightly sore for a few days after, but nothing uncomfortable, or in any way annoying. And he also added that the powders must have been "powerful strong."

While not claiming any particular degree of excellence for the above cases, they do at least show what one, new in the ways medical can do, if only he has good instruction, and will perhaps serve to strengthen some one's faith in the indicated remedy, single dose and high attenuation. If so the writer's purpose will have been accomplished.

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#### RHEUMATISM AFTER VACCINATION.\*

JOHN HALL, M. D., VICTORIA, B. C.

Sept. 20.—The patient was a hard working blacksmith who was never well since he was vaccinated, say a year since. Before that he was perfectly robust.

His present malady which almost disables him, is "*Rheumatism of the feet,*" beginning some two months since, and going upward, mostly on the left side, and worse by movement, but better thereby, for a little time only. Is worse about 9 p. m. and in bed more or less all night; never had Syphilis or Gonorrhœa, but his feet or toes have always perspired freely. *Silicia* 20<sup>m</sup>.

Sept. 26.—Is generally better, but what he had forgotten he now informs me, is very sensitive to cold. *Idem*.

Oct. 11.—Every way better and mending daily. *Silicia* 40<sup>m</sup>.

Oct. 28.—Has been doing very well, but is a little more chilly than usual and the feet still perspire; at times the right

\*Read before the I. H. A. at Niagara Falls, June 1894

and even the left fingers are painful and swollen. *Silicia*<sup>cm</sup>.

Dec. 16.—Slight return of rheumatism lately, and the feet again perspire. *Silicia*<sup>dcm</sup>.

March 11.—Has been very well, but some return of his old rheumatism with sweaty feet. *Silicia*<sup>dcm</sup>.

April 8.—Rheumatism of the feet still troubles him and the old perspiration. He now tells me for the first time that he has had ingrowing toe-nails, which have been more than once removed by surgery, this though among the symptoms of *Silicia*, I did not repeat, that remedy having exhausted itself, but *Thuja* seemed indicated, though he suffered at first nearly all night. He then took *Thuja* 80<sup>m</sup>.

July 6.—Some return of pain in the right shoulder, *Thuja* <sup>cm</sup>. Since then has been well and cured of his malady.

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#### NOTES FROM PRACTICE.

A. P. MACOMBER, M. D., ATLANTIC, IOWA.

There came to my office March 6, 1894, Walter W., ten years of age. He had suffered from Epilepsy for two years. The day previous to coming he had nine attacks. The same day five epileptic spasms. He was fair, fat and flabby. Had an enormous appetite. Self-willed, gets angry at trifles. Pit of stomach swollen and painful to pressure. Sees visions when closing eyes. Ag. in wet weather and from washing. Feet felt cold and damp. Gave one powder *Calc. Carb.*<sup>cm</sup> and *Sac Lac.* every four hours.

March 13.—Reports that he had more than he ever had before, the day after taking the powder, and more severe, and only three light ones since. Continued *Sac. Lac.*

March 29.—Had only one, quite severe, on the day before. Gave another powder of *Calc. Carb.*<sup>cm</sup> and continued *Sac. Lac.*

April 14.—Reported no more convulsions, appetite toned down to normal. Enjoys being bathed, and does not get angry at trifles. *Sac. Lac.* continued.

April 27.—Continues better. *Sac. Lac.*

June 30.—Seemingly as well as he ever was in every respect. Gave *Sac. Lac.* to last one month with instructions to report if any unfavorable symptoms appeared. Have heard nothing since.

Is he cured with two powders of Calc. Carb.<sup>cm</sup>?

Miss F. consulted me Feb. 5, 1894, for attacks of drowsiness. They had been increasing in frequency, and the sleep was growing more profound. She would fall asleep in company, in church or anywhere, some times half a dozen times a day. This condition followed La Grippe in the winter of 1892.

The only clue to a remedy was her distress on waking. With much misgiving as to the result, I gave her a powder of Lachesis<sup>cm</sup> and Sac. Lac.

Feb. 16.—She reported having a worse time after waking than ever before, *on the 6th of February*, but since then attacks less often. Continued Sac. Lac.

One drowsy spell the day before, induced her to come in again. Gave her another powder Lachesis<sup>cm</sup> and she has not had another attack since.

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### ALCOHOLISM, PERIODIC.

DR. ELIZABETH W. M. CAMERON, BROOKLYN, N. Y.

In each case my diagnosis was worms. To Mr. A. I gave Nux Vomica<sup>300</sup>, three doses, followed by Graphite<sup>300</sup>, which was continued for several weeks; his craving for drink disappeared entirely, and from being indolent and unreliable he became an industrious railroad employee, until killed in an accident eighteen months after he had ceased to taste alcoholic drink.

To Mr. B. I gave same treatment, symptoms being similar, and it is now over twelve months since he has tasted alcoholic drink. His desire for it has disappeared.

My theory is that, in numerous cases, perhaps in a majority of cases; the periodic craving for alcoholic drink is due to a gastro intestinal irritation caused by one of the various family of intestinal parasites, the length of periods between debauches undoubtedly depending upon the particular class of parasite predominant in that person.

In the two cases I have mentioned there was no abnormal will power assistance. The patients were not aware that they were under treatment.

I believe that many cases of chronic and of periodic alcohol-

ism can be permanently cured on such diagnosis, giving remedies symptomatic to the case.

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### NEW ANTIDOTE FOR MORPHINE.

DR. B. O. MOOSE, ATLANTIC, IOWA.

Was called at 7:30 a. m. to see Mrs. B. She had taken an over dose of Morphine with suicidal intent. Permanganate of Potash was immediately suggested. When I reached the patient I learned that she had taken, as nearly as I could estimate, about 8 grs. of Morphine. She took it some time in the night, probably about midnight, as about 3 a. m. the husband, who slept in an adjoining room, was awakened by a loud noise in his wife's room. Upon entering he found her on the floor unconscious. He did not know that she had taken Morphine until morning, he found a note stating that she was tired of life and had taken this means of destroying it. She could not swallow and respirations were not more than three or four per minute.

I dissolved one grain of Permanganate of Potash and gave hypodermically. She was utterly unconscious until another grain was given in twenty minutes. This produced a slight tremor of the entire body. In ten minutes she opened her eyes and turned over in bed, but could not talk. Another grain was given, after which she could swallow and took about a half cup of black coffee.

Two hours later I found her relapsed to the same condition as when I gave her the second hypodermic. I then gave her two more grains with an interval of a half hour.

I again saw her at 5 o'clock, she was thoroughly conscious and knew me. Today she is as well as usual and a living evidence of the success of the new antidote to Morphine.

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### NATRUM SULPHURICUM: A VERIFICATION.

I. DEVER, M. D., CLINTON, N. Y.

I have just verified a symptom of Natrum Sulphuricum. I have had an old lady who has for many years been afflicted with asthma. I had treated her, but have done her no good whatever so far as I could see, though she is a staunch homœo-



path and always calls me. Soon after my return from the "wicked city" she sent for me to try again and see if I could not relieve her. I found her *sitting up in bed holding her sides with both hands* to prevent her from coughing or to relieve the distress, which she felt when breathing. She had a prolonged wheezing inspiration, with a short, quick panting expiration. I gave her Natrum Sulph.<sup>1000</sup>, and today her husband came in to tell me that the "medicine did her more good than all you ever gave her."

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## SABADILLA VS. LACHESIS.

PAUL PILL, M. D., CHICAGO.

In the July ADVANCE Dr. C. L. Olds attempts the differentiation of Sabadilla from Lachesis in acute throat symptoms.

The case: "June 6, 1894, Arthur L., age 13. Headache beginning in the nape of the neck and extending over the head to the forehead. Chilly, sleeps with two heavy blankets, (the weather is warm.) Sore throat for two weeks. Began on left side and extended to the right. Both tonsils enlarged, dark in color. Better by warm drinks. Worse while eating. Throat feels so raw. Worse, in morning. Slimy taste in mouth. Vertigo. Worse in the morning on rising. No appetite. R; Sabadilla<sup>em</sup> (F)."

Dr. Olds says: "Both of these remedies have sore throat beginning on the left side and going to the right, and on that symptom alone, without taking the trouble to enquire further, ninety-nine physicians in a hundred would have given Lachesis. But the patient was chilly, and Lachesis is not a chilly patient, but on the contrary wants the fresh air, must have the windows open; it is also aggravated by warm drinks and is better while eating,—eating seems to relieve the throat symptoms. This at once marks a difference in the remedies. Lachesis must be dropped out of our consideration, and Sabadilla alone is left in the field."

We object, notwithstanding the speedy action of Sabadilla in this case, to the conclusions of Dr. Olds, for Dr. H. C. Allen, in giving the characteristics of Sabadilla, in his "Therapeutics of Intermittent Fever," page 217, says, that: "Most symptoms, especially throat, go from right to left (Lyc. Pod.)"

Dr. Old says: "Lachesis is not a chilly patient, but on the contrary wants the fresh air, must have the windows open." But I quote from Jahr the following: "Lachesis: Icy coldness of the skin of the limbs, or only of the feet, with great desire to be near the fire. \* \* \* Shiverings. \* \* \* Chattering of the teeth. \* \* \* Shuddering." With these characteristics staring us in the face, how can Dr. Olds justify giving Sabadilla, and asserting that it alone is left in the field, and that Lachesis should be dropped from our consideration? The great amelioration of Lachesis is: warmth, and for the very reason that there is "icy coldness." During the hottest week in June we were called to see a lady patient, who had been suffering (under old-school treatment) for seven days, with severe pains in the pelvic region, and without any relief. After taking a full and careful memorandum of her symptoms, the picture looked much like Belladonna, but the patient was covered and had been for seven days with a feather bed, and would not permit us to remove it long enough for an examination, saying, it relieved, the warmer she could get the better she felt. Upon this we prescribed Lachesis 45<sup>m</sup>, and in 24 hours she kicked the feather-bed as far as she could, and would not tolerate anything whatever over her.

In Dr. Old's case would it not be better reasoning therefore to say: "Arthur had Taenia sore throat;" and Sabadilla has "worm affections of children?"

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### A WEDDING IN HIGH LIFE.\*

BY FREDERICA E. GLADWIN, M. D., H. M.

There was much surprise in the community when it was announced that Mr. Phosphorus had won the heart of Miss Calcarea. Everyone was delighted as well as surprised and everyone smiled so continually about it there seemed to be no chance of ever seeing a frown in that neighborhood again. Did I say everyone was pleased? There was one exception which proved the rule. Mr. Causticum couldn't understand what Miss Calcarea could see in Mr. Phosphorus to admire.

Mr. Phos. was tall and slim and had dark hair and brown eyes while Miss. Calc. was short, had blue eyes and light hair

\*Read before the Organon and Materia Medica Society of Philadelphia.

and was plump especially in the nether region. After people began to think about it they wondered why they were so stupid as not to see before hand that the two were intended for each other.

It is not my purpose to tell the history of the couple but only to talk about the wedding.

Miss Calc. wanted to invite the whole community so Mr. Phos. agreed that his enmity toward Mr. Caust. should not prevent the invitations including everyone.

The wedding day came at last, a gloriously bright day, much to the delight of the "high contracting parties," for somehow or other neither were at their best in damp weather.

The bride's mind had been more upon internals than externals, so without intending it, her simple white costume represented beauty unadorned. The bridegroom wore a suit of conventional black and fairly beamed with pleasure.

I could not describe the dress of the guests, it is sufficient to say all were supremely happy.

The bride, whose motto was "*Noblisse oblige*," had carefully studied the taste of each of her guests and arranged things accordingly."

The dining room had been extended temporarily; the extension resembled a conservatory and all the windows could be opened if necessary. At the end of the dining room opposite the conservatory was a huge fireplace in which roared an old fashioned fire. One long table extended through this room in the center of which sat the newly wedded pair under the floral wedding bell. Opposite the wedding bell, hidden by a bank of ferns and flowers, were placed the orchestra; in front of the flowers danced the Tarantula sisters for the entertainment of the guests. The Tarantula girls could never keep their feet still during music, they were happier dancing than eating as long as the music continued.

At the conservatory end of the table sat Mr. Apis, while opposite him in front of the roaring fire sat old grandfather Psorinum in his fur cap and ulster. No one had the heart to ask him to remove his cap and coat so the sad old man was happy for once. He wasn't intending to attend the wedding but his grandson Sulphur insisted upon it. Sulph. is never so happy as when bringing his grandfather Psor. forward in society,

Sulph. would have liked to have been seated beside the old man but he couldn't endure the heat so was placed at the right of the bride toward the conservatory while his son young Nux V. sat beside his great grandfather Psor.

At the fireplace end of the room sat Psor., Nux., Ars., Nit. ac., Rumex., Sil., Hep., Merc., Rhus, baby Cham. and baby Acon.; while at the conservatory end sat Apis., Puls., Iod., Saba., Led., Bry., Ign. and Nat. M., and all the rest of the guests were placed on either side between. Miss Ign. sat at this end because she and Nux V. could never agree. Mr. Rhus. wanted to be near the conservatory but he was always quarreling with Mr. Apis, so for the sake of peace was placed toward the fireplace.

During the seating of the guests there came very near being an unpleasantness. Merc, and Sil., who had been accidentally placed side by side, were looking daggers at each other: for a moment the bride was distressed, but peacemaker Hepar. instantly comprehended the situation, and quietly slipping in between the belligerents averted the trouble.

The wedding breakfast was the result of much study on the part of the bride. She intended at first to have a dinner, but a study of the tastes of the guests revealed the fact that many would have to sit through one or more courses without eating. Mr. Phos. himself and several of the guests didn't like warm food at all; so at Mr. Phos.' suggestion she laid aside all formalities, ordered all the favorite dishes of each of the guests and had everything placed upon the table at once. Much care had been taken in this lest the pork should be placed near Miss Puls. or the hot food near Mr. Phos., etc. She called it a wedding breakfast, (wedding breakfast means almost anything you know). The bride more readily fell in with this arrangement because it was the only way in which she could have her dish of boiled eggs. Boiled eggs are not themselves when served in salad.

Mr. Phos. didn't care what he had so long as it was served cold and wasn't sweet.

Pickles were ordered for Apis. Psor. and Hep., dainties for Sulph., lemonade for Puls., rye bread for Ign., oysters for Lach. and Rhus., sardines for Nit. ac. and Verat., pork for Nux., ham for Mez., bread and butter for Merc., boiled eggs

for the bride, etc. I couldn't begin to tell all there was on that table but each guest was suited in every way. There was even a bottle of croup medicine near baby Acon. to be used in case of emergency.

When she came to baby Cham. the bride was puzzled; she expected trouble with little Cham.; but she hit upon the plan of putting him into a patent chair that was run by electricity; it was arranged to move up and down, backward and forward, and had a dish fastened in front; she ordered the dish filled with sauerkraut; fastened the baby in, set the machinery going, and lo! the problem was solved.

There were only one or two little drawbacks to the occasion. Miss Puls. was constantly using her handkerchief to wipe away the tears. She had no idea what she was crying about, but someone must cry at every wedding you know. Mr. Ars. was a little greedy with the ice cream and suffered accordingly. Mr. Apis. fainted but revived as soon as the windows were opened. The fainting of Mr. Apis so frightened Miss Ign. that she fainted also. She revived only to begin sobbing hysterically, whereupon her grandmother Mrs. Nat. Mur. seeing that the excitement had been too much for her, took her home that she might recover in quiet. Messrs. Bry. and Nux couldn't refrain from scolding a little about "such a nonsensical fuss over nothing," but aside from these few drawbacks everything went off well and everybody was happy, even Madam Platina for the time laid aside her lofty feelings and was as merry as her despised neighbors. When the bridal party left for the train it was showered with good wishes—and rice.

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#### CASES TREATED BY BACCILLINUM.\*

D. H. BONHAM, M. D., EDNA MILLS, IND.

##### CASE I.

Miss D., Dec. 17, '93, 6 p. m. Pulse 120. Small in volume. Temp. 99°. Tongue coated on base, white coating, coughing very hoarse, hard and deep with scant expectoration. It was yellow in color and sweet taste. Assigned cause, getting wet at time of menses, arresting them for four months. Great aching generally with an occasional chill followed by profuse

\*Indiana Institute of Homoeopathy, Indianapolis, May 1894.

night sweats, followed by an increase of fever high, say two to four degrees, followed by prostration, spotted cheeks of purple red on malars; Rale under steth-intercostal spaces; sunken in clavicular region; perspiration emitted an odor very offensive, which I think was caused by the Bac. which manifests itself in about thirty-six hours after its administration each time. Patient wished to desist the use of the Bac. but followed it again in eight days with another dose; this was followed by fetid sweat, but not so profuse as before; this was followed by a profuse yellow, sweet, granulated expectoration. Continued medicine for four months with complete convalescence. Her friends had given her up to die of consumption.

#### CASE II.

Dec. 19, '93. Mrs. Brand, age 37. Pulse 85. Temperature 100. Respiration 24. Tongue coated yellow on the base. I gave her Bac. There was profuse flow of crusts from throat in four or five days that had been coughed up with great difficulty for fifteen years. "Just thought I would spit my throat out." Gave another dose the 27th. Continued medicine until first of February, then patient returned and related that she was well, but as she was in town stopped to see if she must still continue the little pills, (which was saturated with the 30<sup>x</sup>). I told the patient she could stop the use, if it returned to come in as soon as she perceived that it was manifesting itself again. Now this had been treated by our Allopathic friends for fifteen years almost continually. Their diagnosis was Naso-pharyngeal catarrh. Suffice it to say she was radically cured by Bac. 30<sup>x</sup>.

#### CASE III.

June 15, '93. Mr. N. Hifford, age 35 years. Dark hair, dark eyes. Pulse 130. Temperature 102. Tongue red. Respiration 30. Been coughing for years with gradual loss of flesh. Pains under shoulder blades. Bowels costive. Appetite not good. History bad. Two sisters died with the dreaded Consumption. His cough was attended with profuse expectoration, white with streaks of blood, yellow in the morning. Sweet to taste. Gave the Bac. every eight days until about the 1st of November. Now when he

commenced the Bac. he had these fearful perspirations; the clothing was so bad in odor that his wife stated to me that she could hardly stand it to wash them. Now this man was treated for Consumption, and was finally advised to go to the mountains. He had a hired hand for two years previous to this year. He has planted his own crop without trouble. He told me he had gained as much as four pounds per week.

**CASE IV.**

June 21, '93. Mrs. Chas. Micheals. Age 26. Pulse 100. Small in volume. Respiration 30. Temperature 100°. Tongue white on base. Pupil large. Terrible cough with profuse expectoration. Been treated by Allopathic friends for months who told husband could do nothing but palliate the pain. Chills every two or three days. Night sweats profuse. Terribly emaciated. Leucorrhœa bad. Expectoration bad. Putrid odor. History not good. Mother died of consumption, one sister died with this disease. She had the worse sweats I ever saw, saturating the bed. I told her husband I could put his lady on her feet but could not cure her, as there were abscesses in the lungs. She was shocked by giving birth to a child seven weeks previous to this time, but with all this prostration I put her on her feet and she went all over the country visiting her friends, until last fall she took cold and succumbed the last of Oct. '93. Treatment was Bac. with Calc. 3<sup>x</sup>, Stan. 3<sup>x</sup>, China. 3<sup>x</sup>, as intercurrents with an occasional dose of Cal. phos. 6<sup>x</sup>.

The babe of this consumptive was treated by one of my Allopathic friends. As they lived nearly ten miles from me I could not go every day, but one day I told the father that the baby was dying of *Tabes mesenterica*. I should not have so stated, but he asked me what I thought of his babe. I could not refrain from telling him that his babe was slowly but surely dying, so it died four or five weeks after mother. Attending physician claimed it died of *Cholera Infantum*.

This is the experience I have had with the new remedy *Bacillinum*. I think it is a grand remedy to add to our *materia medica* to meet Tubercular diseases.

I would be pleased to hear the experience of my worthy brother physicians.

## CROCUS.

Miss M. A. R. Age 22.

May 19.—Tall, dark hair and eyes, slender.

Bilious, motor, mental.

Have taken care of her mother (who died of consumption), for over a year and her relatives are fearful that she has the germs of the disease about her. She has become indifferent to life and thinks that if she is to die, the sooner the better, is very independent, reckless of health, and "don't care." Cough since last Dec. '93.

Cough hacking, more thro' day.

Cough, <dampness, <motion.

Cough does not bother her through night

Cough not painful. Last winter after a strain was quite painful.

Colds usually settle in chest.

Strained arms and chest a year ago, never fully recovered.

Chest soreness, (when has it) in upper left lung.

Chest soreness when <motion.

Headache after lunch, between 1 to 5 p. m., *through temples.*

Head aching pain, <stooping> *studying.*

Backache between shoulders when tired, (typewriter.)

Circulation normal.

Dates troubles from being overheated in car and then going into a cold car. *Chilled through.*

Appetite variable, craves sweets.

Thirst normal.

Sleepless until 2 a. m. Dreamless sleep usually. Dreams lately of being murdered.

Sleep—not rested in the morning.

Sleep—body extended to right side.

Bowels regular, normal.

Urine normal.

Menses regular, normal, began at 14 years.

Menses last two to three days.

Rheumatism in left shoulder at 12 years old.

Rheumatism returned last winter (took Bry.)

Rheumatism—no swelling, painful, throbbing.

Difficult breathing at times >head high. Croc.



THREE CASES REPORTED.

F. L. DAVIS, M. D., EVANSVILLE, IND.

CASE I.

F. B. Age 18. Dec. 4, 1893.

Nervous temperament.

Tubercular diathesis.

Cough severe; bronchial.

Expectoration free, no pus.

Constant tickling.

Stomach deranged.

Had been treated by an allopath, and dosed with many so-called patent medicines and drug store mixtures.

No appetite. Fever came up every day.

Gave him Arsenicum<sup>3x</sup> and Lac. Can.<sup>cm</sup>. Dose every two hours, with the hope of improving the condition of the stomach, reducing the fever and allaying the cough.

In five days the case had cleared up so that I took the case carefully again.

Appetite had improved.

Cough modified, but still the soreness of the lungs continued, and expectoration unchanged.

Ordered daily lung exercise, by taking long, deep, full breaths.

Gave Tuberculinum<sup>cm</sup>. Dose every three hours for three days.

Dec 13.—Gave one dose Tuberculin, followed by Placebo. Improvement well marked.

Feb. 28, '94.—Coughing and sneezing from the effects of cold. Lac. Can.<sup>cm</sup>, and again improvement. Continued until March 22. For slight cold was given Lac. Can.<sup>cm</sup>.

No more trouble.

Well at this date, May 15, 1894.

CASE II.

Mrs. B's child. Age 2 years. April 17, 1894.

Had whooping cough.

Until above date attended by an Old School M. D.

The condition on above date:

Threatened Pneumonia. Capillary.

High fever.

Conjestion, difficult breathing.

Pain. Cough severe.

Temperature 104 degrees.

Gave Ipecac<sup>s</sup> and applied hot, wet towel compress, covered with dry flannel.

April 18.—No better.

Gave Aconite<sup>sx</sup>. Four doses, at one hour interval, followed with Lac. Can.<sup>cm</sup> every two hours.

April 19.—Child better. Fever gone. Continue Lac. Can.<sup>cm</sup>.

April 21.—Lac. Can.<sup>cm</sup>. Two doses a day. No further report until May 14. Child well and has not coughed since last medicine was sent.

### CASE III.

Carrie O. Age 8 years. April 8, '94.

Nervous temperament.

Brain energy predominates.

Learns rapidly in school.

Father died of consumption.

Was seen by me on the above date. She had high fever, headache, tonsilitis, ulcer on left tonsil, and constant hacking cough.

Gave Lachesis.

April 9:—Throat symptoms improved, but temperature 105½. Gave Lac. Can.<sup>cm</sup> every two hours.

April 10.—Temperature 105, other conditions not improved.

Gave Pso.<sup>45m</sup>, one dose followed by Pso.<sup>5x</sup>.

April 11., 9 a. m. temperature 104 degrees.

“ 7 p. m. “ 105 “

Gave Ver. Vir.<sup>3x</sup> one dose, and waited until April 12, 9 a. m. Temperature 104 degrees, but neuralgic pains in chest, back, especially in lumber region, and down right thigh and leg.

Gave Thuja. Pains abated but fever remained up.

April 13, 9 a. m. Temperature 105. Lac. Can.<sup>cm</sup>, dose every two hours. Cough modified. No pain. Calm.

Hungry. Seven p. m. temperature 105. Continue Lac. Can.<sup>cm</sup> 8 p. m. Temperature 104 degrees.

Patient sleeping. Skin moist. Breathing free and easy.

April 14, 9 a. m., temperature 102. Better. Not much cough. Continue Lac. Can.<sup>cm</sup>. Seven p. m., temperature 104. Last rise. Continue medicine.

April 15 9 a. m., temperature 98 degrees. No fever this day.

April 16, temperature 98 degrees. Dismissed the case.

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### **Notes from Clinic of Philadelphia Post Graduate School of Homœopathics.**

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SERVICE OF DR. F. E. GLADWIN.

Sadie C. Age 2 years. Colored.

March 8, 1894.

“Had a cold at Christmas and has not walked since.”

Can't stand, no use of legs at all.

Head falls over if she tries to hold it up a few minutes.

Picks nose.

Thirst for cold drinks—a half glass every half hour.

Nose stopped but no discharge.

Appetite poor, desires pie and oranges.

Aversion to eggs.

Bowels loose.

Stool yellow, offensive, not very frequent.

Urine frequent, light colored, odor strong.

Very cross.

Feet cold.

Palms hot.

Wants to be taken out of doors.

Sulph. <sup>55m</sup>.

March 17.

Seems sore all over. Cries if touched, otherwise good natured.

March 24.

Improved every way. Tries to stand now.

July 14.

Found her running about the floor as strong as any child. Her mother said "she began to walk soon after she was last at the dispensatory and she improved so much there was no use taking her back. She has had no sickness and no medicines since."

Mrs. Bessie B. Age 40.

Nov. 29, 1892.

Medium height, slender, brown hair and eyes.

Has had headache every three, four or six weeks for the last five years.

Headache frontal.

Sharp pain across forehead with soreness of eyeballs.

<morning after moving about.

<motion.

<light.

with nausea and vomiting.

Can never go down town shopping without coming home with headache.

Slight headache with each menstrual period, which comes every five weeks.

No appetite for breakfast.

Hungry 10 a. m.

Feet always cold and damp.

Puls. <sup>10m</sup>.

Dec. 22.

Severe headache Dec. 5, but didn't have to go to bed with it as usual. "Could even eat supper during headache which is an unheard of thing."

- Jan. 3.  
No more headaches though has been down town several times.
- Jan. 10.  
Dull headache.  
Has warm feet now, first time since she can remember.
- Feb. 2.  
One of her old "sick headaches" back again.  
Puls. <sup>10m</sup>.
- Feb. 16.  
Headache but no nausea.
- March 9.  
Another of the old headaches.  
Puls. <sup>51m</sup>.
- March. 28.  
Vertigo for three days after the remedy.  
Sharp pain over right eye.
- April 18.  
No headache. No symptoms.
- March, 1894.  
Her sister reported "Bessie never has any more of her old headaches now."

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SERVICE OF DR. JENNIE MEDLEY.

Mrs. J. N. Age 36. Has been a dispensary patient since Jan. 1893. Mrs. N. had been a pretty healthy woman previous to her marriage. After the birth of her first and only child she began to break down and has not been well since. On her first visit we obtained the following symptoms:

Severe cough since last July when she took a bad cold.

Cough < morning and evening, also during the night, but not so bad as during the early morning and evening.

Cough disturbs her rest at night.

Night sweats since last July.

Sweats with the paroxysms of coughing and on exertion.

Profuse expectoration after coughing, especially in the morning, also raises yellowish or greenish lumps.

Soreness through the chest on taking a deep breath, and severe sharp pain extending from the sternum to the shoulder blades when coughing.

Patient very weak and tired; no ambition; always so tired.

There was also soreness through the pelvic region on coughing.

Pain in the right ovary, especially during menses.

Abdomen and pelvic region so sensitive that she cannot wear a corset.

Menses too frequent; twice a month, light colored at first and dark and of an offensive odor toward the last.

Has been treated locally by other physicians for ulceration of the cervix three years ago.

Has a yellowish leucorrhœa continually.

Weakness in the back extending forward around the waist with painful bearing down during menses.

Feels at times during menses that she must support uterus.

Pain in left ovarian region for a long time.

Headache either before or after menses.

Headache better in the open air.

Cannot walk very far, her body seems a burden to carry.

Pain in the left knee < on starting to move.

Disagreeable and frightful dreams.

Wakes up with numbness of the limbs, must exercise to get up the circulation.

Has lost all her teeth since the birth of her child.

Very susceptible to cold.

Palpitation on lying down at night and on going up stairs.

Feb. 7.—Rhus. <sup>44m</sup>

Feb. 14.—Cough is better in the morning and evening.

Not so weak and tired.

Head feels clearer.

Sac. Lac.

Feb. 21.—Headache for two days past.

Pain still from the sternum to the back on coughing.

Palpitation after a coughing spell.

Weakness >.

- Feet damp.  
S. L.
- Feb. 28. — Bad sore throat last night, worse on the left side.  
Headache. Soreness in the chest.  
Soreness in the pelvic region.  
Vertigo on sudden motion.  
Burning and itching in the eyes with lachrymation.  
Backache < when coughing.  
Sac. Lac.
- March 11. — Cough bad, <a. m., <laughing and talking.  
Cough > after expectoration. Appetite poor.  
Back weak. Thinks she has taken fresh cold.  
Rhus. tox.<sup>cm</sup>.
- March 23. — Has felt better the last week.  
Cough >.  
S. L.
- April 11. — Still improving with cough. Less tired.  
Legs ache very much.  
Sac. Lac.
- May 18. — Pain in left ovary. Pains shooting up from vagina  
to both ovaries.  
Bearing down in the vagina.  
Cough about the same.  
Sac. Lac.
- June 8. — Cough worse. Pain in the left ovary.  
Pain in the chest again.  
Sac. Lac.
- July 19. — Feels bad generally. Coughs and sneezes. Water  
running from the eyes and nose.  
Has been sleeping poorly.  
Backache at night.  
Sac. Lac.
- Oct. 16. — Cough very bad lately. Cough < on rising in the  
morning.  
Pain in the right ovarian region.  
Rhus.<sup>mm</sup>.
- Nov. 1. — Cough some better.  
Sensitive in the pelvic region. Cannot wear a corset on  
that account.  
Sac. Lac.

- Nov. 8.—Bad cold in the head for two days past.  
Cough<.  
Sac. Lac.
- Nov. 24.—Pain at night in the back when lying on the back.  
Cough still no better. Pain in the chest when coughing.  
Cannot retain urine long. Pain in the right ovary with a  
desire to urinate.  
Syphilinum<sup>em</sup>.
- Nov. 27.—Cough about the same, but feels decidedly better  
in the pelvic region.  
Sac. Lac.
- Dec. 4.—Cough still about the same, but feels decidedly bet-  
ter in every other way.  
Soreness in the chest still continues.  
S. L.
- Dec. 27.—Cough a great deal better.  
Improvement generally.  
Not so weak.  
Sac. Lac.
- Jan. 3.—Cough less frequent.  
Chills at times running down the back.  
Appetite poor.  
Sac. Lac.
- Jan. 29.—Coughs only at 8 a. m.  
Is beginning to gain flesh.  
Sac. Lac.
- March 16.—Has taken cold. Coughs, but not so severe as  
she did. Sensitiveness in the abdomen very much better.  
Still expectorates with the cough.  
Still tired.  
Sac. Lac.
- March 26.—Not as well. Coughs in the morning and during  
the night. Pain through the chest.  
Syphilinum<sup>em</sup>.
- April 2.—Better this week than she has been for some time.  
Cough better, scarcely any, and no pain in the chest  
Bearing down better. Menses still twice in a month,  
but otherwise very comfortable through the pelvic  
region. No pain in the ovaries.



May 7.—Has felt very well this month.

Coughs scarcely any. Still gaining flesh.

Night sweats trouble her no longer, and she is in better condition than she has been for years. My attention was drawn to Syphilinum after the discovery that her husband had had Syphilis years ago, and I found that she also had symptoms of that remedy.

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SERVICE OF A. S. IRONSIDE, M. D., H. M.

In June, '94, had a case of diphtheria commencing upon the right side of the throat spreading to the left, then to right side of uvula and finally upon its left side. Meanwhile the pharynx and posterior nares became full of membrane, white in color. Breath was offensive. Glands at right side of neck swollen, then those upon left side and presenting an inflamed appearance of the skin over them.

Desired cold drinks. Was worse from 2 p. m. until 7 p. m. Lyc.<sup>cc</sup> was given and in two days Lyc.<sup>cm</sup>, but of no use. Lac. Can.<sup>50m</sup> also failed. By this time the case was very hopeless. In the fifth day of his sickness was very restless, wanted no water but much milk. Passed urine once and scanty. Sweat upon the face, going and coming at intervals of half an hour or hour, though constant upon hands and body. Apis<sup>cc</sup>. in water a dose every two hours for five doses, followed by vomiting a large quantity of phlegm or membrane with much relief. Pulse had been 140. Temperature almost normal. After Apis. pulse dropped to 120. In two days swelling disappeared, and the membrane commenced to disappear in the reverse order of its coming. At the tenth day after improvement began there was a small patch upon right tonsil. I forgot to state that six hours previous to receiving Apis. Kali. bi.<sup>cc</sup> had been given in water, for several mouthfuls of somewhat stringy mucous had been raised, but up to the time Apis was given no favorable signs were evident.

Julia K. Age 6 years. On July 3 had high fever and frequent spells of vomiting. Upon examination of the throat I found a dull, white patch upon left tonsil.

She was quite thirsty for cold drinks. Gave Lach.<sup>cc</sup> and waited thirty-six hours. Membrane had appeared upon the right tonsil and then upon pharynx. Tongue was quite moist, had a wash leather appearance. Expecterated much saliva, and during sleep saliva would run out of her mouth and wet the pillow over an area of eight by ten inches. Had a hot sweat. Pulse 128. Gave Merc. Sol.<sup>cc</sup> and waited twelve hours, when she was no better. The urine now became scanty. The sweat would come and go. So gave Apis.<sup>cc</sup> in water a dose every two hours for twelve hours. Pulse dropped to 100 upon the morning of the 6th. The remedy was now stopped, but by 2 p. m. pulse was 108. Upon 7th at 8 a. m. pulse 112, by evening 124, and the membrane appeared to completely fill the throat. Gave Lyc.<sup>cm</sup> though other symptoms remained about the same. Sweats going and coming. Urine scanty. Tongue wash leather appearance. Desire for frequent drinks of water, a wineglass at a time, and much restlessness.

July 8 called Dr. Pierce for counsel. Nothing new had developed, but patient had continued to grow worse. He advised Apis.<sup>cc</sup> to be given in water as before, stating that it would likely do good work after Lyc., which he thought should have followed Lach. when the latter remedy failed, even though the membrane began upon the left side, and that Apis. is almost a specific in cases that have the typical *wash leather* appearance of the tongue, also mentioning the fact that Lyc. frequently stirred up the vital force, when the indicated remedy failed to cure, like Sulphur in cases that slowly convalesce after acute disease, when psoric causes prevented a return to health.

Improvement followed this remedy in six hours, and in twelve a decided change was noticeable. After the membrane disappeared paralysis of throat and larynx followed.

The mother of the child was now attacked. The membrane appearing upon the right side of throat. High fever with great thirst for cold water. Lyc.<sup>cc</sup> in 24

hours had no effect. Lach.<sup>cc</sup> cured promptly, relief being evident in twelve hours and no paralysis followed.

In reviewing these cases several points appear evident, which are worthy of mention viz: That a remedy given once in a certain sickness according to symptoms and does not cure, may yet be the curative medicine, but which requires another remedy to quicken the psoric tendency of the case.

That, in severe cases of diphtheria the right remedy will produce some change in from six to twelve hours or even a shorter time.

That, no potency of the wrong remedy will cure. Notice the relationship of Lach. Lyc. and Apis. For a long time it has been known how Lach. and Lyc. stand toward each other, but it is not so well known that Apis follows Lyc. in a definite manner. Dr. Gregg has found this out, for in his classification of remedies in this disease he places Lach. and Lyc. first and in the second-class Apis. heads the list. His grouping of remedies was the result of observing repeatedly sets of symptoms arranging themselves in an almost unvarying order, either a single set in a single case or several sets succeeding each other, and the remedies change as each set of symptoms changes, and his success was most gratifying. I endeavored to treat these cases upon the lines laid down in his work.

It was a mistake to give the Merc. Sol. in the second case. I had not learned to distinguish between the unusual flow of saliva that accompanies a wash leather tongue and the excessive flow of a Mercury case.

Dr. Gregg reports several Mercury cases in which the salivation was not only unusual but actually startling, *soaking* the pillow and all the front of the gown in a remarkably short time. Some say never give Mercury in Diphtheria. Their failures were due to not distinguishing between an increased and a startling, excessive flow of saliva.

I well remember the first two years of practice, in a malaria district, when treating cases of intermittent fever, how after writing down all the symptoms, the remedy

could not be found. This was a mystery, and how inclined I was to think the right remedy had been given according to the principles of Homœopathy and that it was the law that was at fault. But upon taking my sheet of symptoms to an experienced physician, he would readily name the medicine indicated.

It is just here that many condemn the Homœopathic remedies in the treatment of diphtheria. It takes time and perseverance to learn him to select remedies.

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## **Institutes of Medicine.**

### WHAT HOMŒOPATHY SHOULD DO FOR SCIENCE.

M. W. VANDENBURG., A. M., M. D., FORT EDWARD, N. Y.

The most striking difference between Homœopathy and the other schools of medicine is the strict observation and delicate differentiation required in treating each individual case, and the rigid comparison and careful differentiation of drugs.

Each patient is treated as a separate disease, so to speak, and any "treating on general principles" or "treating disease as a class" is strongly discouraged.

The Allopathic school is gradually learning the value of this method, though it has still much to learn. But the enunciations of its professors and practitioners of "fine points" in differentiation in cases of scarlet fever, in measles, in typhoid, in pneumonia, or any of the long list of "defined diseases," points to a new era of specialization in the ranks of regular medicine. Of course it is of no use to tell the rank and file of the regular school that these things have been known and taught for above fifty years by homœopathy. They are "*new points*" to be learned in the journals and in the lecture-room.

In the differentiation of drugs, we see how less and less stress is being laid upon cathartics, deobstruents, sudorifics, irritants, tonics, etc. to the end of the now-seen-to-be useless and harmful, because impossible generalizations.

The contention of Hahnemann published without alteration since 1833, that "each drug manifests *particular effects* in the human body, and no other drug will produce effects of exactly the same kind," is just beginning to dawn upon the conservatives, as a universal truth. The conclusion from this premise, that medicines should, therefore, be distinguished from each other with scrupulous accuracy, and the corollaries of this,—that "each of these drugs must be taken into the system in a perfectly simple and unartificial form," and that, "a drug whose symptoms (powers of making sick) present the greatest degree of similitude with the total symptoms of the natural disease, will be the most suitable remedy," and that, "In the treatment of disease, perfectly simple, unmixed and single remedies afford the physician all the advantages he could possibly desire,"—and that, "too large a dose of medicine, selected in this manner, will be injurious to the case," (aggravate the sickness), "in direct proportion to the largeness of the dose, and also in proportion to its similitude to the disease," and that, "it will exert a gentle curative influence" only when the dose is made so small as to produce the slightest aggravation possible, or no aggravation at all, and that, to accomplish this end, the dose must be "very minute." All these facts are, as yet, like the beginning of the dawn to the large bulk of the "regular profession," though known and taught by homœopathy for above half a century.

Now it is this constant demand made upon the homœopathic physician to carefully differentiate on all hands, that especially fits him to observe as a scientist. Observation in matters scientific is nothing if not accurate.

It calls for consideration of *all* influences that go to make up the result.

Those accustomed to hasty and large generalizations without sufficiently investigating the circumstances, are by nature unfitted for such work, while the opposite is true of those whose calling leads continually to specializing and differentiating.

It is the spirit of such methods that essentially distinguishes the scientific from the casual observer.

It seems to me, therefore, that we should have among homœopathic physicians a body of men, each of whom has some 'fad' of a scientific sort that shall prove to him a boon for

rest and recreation and at the same time be a positive benefit to science.

The bow always bent loses its elasticity; the man tied down constantly to one line of thinking and one kind of work sooner or later becomes stiffened in all his mental joints and loses that elasticity which interest and enthusiasm alone can supply.

“The plan on which we are built” requires occasional change of occupation as prerequisite of mental strength and mental health.

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### PURE HOMŒOPATHY.

\*S. G. A. BROWN, M. D.

It is presumed that the majority of the Homœopathic profession—and perhaps the Allopathic also—have had their libraries recently enriched by a physician’s price-list and reference book of new remedies, which is being issued by an homœopathic (?) pharmacy company. I say, our friends—the enemy—may also have been surreptitiously reminded of the existence of such a firm.

The work is, as regards its make up and general finish, a creditable one of some one-hundred and fifty pages, and will no doubt interest not a few of our scientific (?) brethern. As for the true disciple of Hahnemann, the work is a farce and a ludicrous failure. The student of today need only rack the weary brain and burn the midnight oil that he may be successful in securing himself a diploma and a certificate from the regents, and then, armed with a reference book like the above, “and slathers of ambition,” he is prepared to battle with the cruel world forevermore, fixing up all of nature’s errors and turning a dozen brilliant tricks to rob death of its terrors.

That which governs effect, force, transposition or existence we denominate law. If it be law it must be invariable, truthful, trustworthy; the same yesterday, today, and forever, whether applied in a material or spiritual sense, the same truth with which “There is no variableness, neither shadow of turning.” Otherwise it would not be a law. To be a law—an established fact—it must have existed prior to any positive precept, and existing as such, it must remain one and the same forever.

\*Secretary of South-Central Pennsylvania Homœopathic Medical Society.

The physical laws of nature, the invariable tendency or determination of any species of matter to a particular form with definite properties, and the determination of a body to certain motions, changes, and relations which *uniformly take place in the same circumstances*, are based upon this infallible rule. The law of vegetation whereby plants are produced and their growth carried on until they arrive to perfection is founded upon this same permanent principle. The law of animal nature being the same, the economy and the functions of animal bodies are performed with unending regularity and certainty, as respiration, digestion, nutrition, etc.

It is under the guidance of this same infallible law that remedies are applied in diseased conditions of the human organism, and because of its permanency and unchangeableness drug-application must remain the same under all conditions and at all times; IT IS A LAW OF NATURE. Hahnemann says (*Organon* pp. 74, sec. 28) "this natural law has been verified to the world by every pure experiment and genuine experience, and has thus become an ESTABLISHED FACT; a scientific explanation of its mode of action is of little importance."

On page 22 of the Physician's price list referred to in this paper is a list of combination tablets "largely employed by Homœopathic physicians, in which two or more remedies are combined." On page 115 of the same work we find that "every physician who has enjoyed a practice of any extent whatever, has found the judicious alternating and combining of homœopathic remedies useful in many trying cases, when it was absolutely an impossibility to discriminate between two or more remedies, each one of which, while partially indicated, did not cover the totality of the symptoms. Experience in the sick chamber, at the bedside, has proven that a patient *very seldom presents a complete or perfect picture of symptoms of the single remedy* (italics ours). If he (the physician) have the welfare of his patient at heart, the only alternative is to prescribe those remedies which he sees indicated, either in alternation or in combination. Nearly every case presents a complication of symptoms indicative of one or more diseases, and such being the case, is it possible to build \* \* \* a picture of the single remedy when this is the case?" Ye shades of Galen! go

to, has medicine reached such a climax that an ordinary drug firm is permitted to dictate to the physician, how, and in what doses he shall prescribe medicines for the sick? In the above it is claimed that we are unable to prescribe the single remedy because of a complication of symptoms indicative of one or more diseases. We as true disciples of Hahnemann treat not diseases but the patient. If there were fewer diseases treated and more patients the longevity of the human race would be materially increased. As regards the application of remedies in combination let us refer to the advice given by Hahnemann in his *Organon* page 179, sections 272, 273 and 274. "In the treatment of disease only one *simple* medicinal substance should be used at a time. It is impossible to conceive why there should be the least doubt as to whether it is more natural and rational to prescribe a single, well-known medicine at a time for a disease, or to give a mixture composed of several different medicines.

*"Perfectly simple, unmixed and single remedies afford the physician all the advantages he could possibly desire (italics ours). He is enabled to cure natural diseases safely and permanently through the homœopathic affinity of these artificial morbid potencies, and in obedience to the wise maxim that 'it is useless to apply a multiplicity of means; where simplicity will accomplish the end, he will never think of giving more than one simple medicine at a time.'"*

In his appendix to the *Organon* we find on page 221, section 139, that "some homœopathic physicians have tried the plan of administering two medicines at a time, or nearly so, in cases where one of the remedies seemed to be homœopathic to one portion of the symptoms of the disease, and where a second remedy appeared adapted to the other portion; but I seriously warn my readers against any such an attempt *which will never be necessary even if it should seem proper.*" Such are the teachings of one of the greatest physicians the world ever knew—the inspired Hahnemann. Jean Paul Richter calls him "a prodigy of philosophy and learning."

But our "combination" friends may say, "all very good, but the science of medicine has developed and made rapid strides during the recent years, revolutionizing everything, and introducing better methods of cure." Not so with homœopathy.



If homœopathy be a law at all, if it ever were true, it is the same infallible law today that it was a thousand years ago, and as invariable as the law of gravitation itself. Let us study Hahnemann's advice further as given us in the Organon, page 143, section 169: "On account of the limited number of thoroughly *known* remedies, cases may occur where the first examination of the disease, and the first selection of a remedy prove that the totality of symptoms of the disease is not sufficiently covered by the morbid elements (symptoms) of a single remedy; and where we are obliged to choose between two medicines which seem to be equally well suited to the case, and one of which appears to be homœopathic to a certain portion of the symptoms of the case, while the second is indicated by the other portion. In these instances, after having decided upon, and prescribed one of the medicines as most eligible, it is not advisable to administer the remedy of our second choice without further scrutiny, because it may no longer correspond to the symptoms which remain after the case has undergone a change." How in the name of all that is pure, can a pharmacy establishment in the face of these truths defiantly and openly proclaim that their's is the better way. Surely, it is time that we awaken to our sense of duty and the dangers that lurk around and about us. Surely, it is high time that we protect the law of truth "from which some have swerved, have turned aside unto vain jangling; desiring to be teachers of the law; understanding neither what they say, nor whereof they affirm. But we know that the law is good, if a man use it lawfully (St. Paul)."

The pharmacy company also states (page 24) that "physicians a short time ago carried in their saddle-bags a variety of drugs, pills, powders, potions, lotions and whatnot. This we know is not true so far as the *homœopathic* physician is concerned, and as regards our old-school brother we have little to do. The list of cerates on page 33 is very interesting as viewed by the curiosity hunter. It is useless for me to enumerate how one cerate is invaluable in hay-fever because "*one physician \* \* cured a case in forty-eight hours;*" or to tell you of another cerate valuable for indolent ulcerating surfaces, ring-worms, etc., because *one physician* has thought it valuable in one case of chronic eczema squamosa.

The latter portion of this reference book of new remedies instructs the hungry physician concerning the combination tablets, their indications, symptoms, general treatment, and a citation of clinical cases. The physician becomes the student, the pharmacist the tutor. Oh! the fallacies of such derogatory volubility and prosaic illiteracy! Their vulpine sagacity will never obliterate the ways of truth or cause the superstructure erected by the immortal Hahnemann to crumble upon its foundations! But thanks to our unerring, earnest workers in the cause of *Similia*, the dawn of this mighty truth is broadening into day, revealing the fallacies of an auto-expiring medicine, and the exponents of such darkness.

Let us endeavor, therefore, to annihilate all prelusive insipience, upholding the truth in its purity, "holding faith and a good conscience, which some having put away, concerning faith, have made shipwrecks."

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## Sanitation.

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### SANITARY SCIENCE AND HYGIENE IN PULMONARY DISEASES.

DR. O. F. PIERCE, CHICAGO.

Believing that a physician's highest duty is to prevent sickness as well as cure, prompts me to select the subject of Sanitary Science and Hygiene in Pulmonary Diseases.

It has been my fortune to be associated with an unusual number of patients afflicted with pulmonary lesions; and the larger percentage of them were representatives from families that failed to understand the importance of sanitary conditions in the home or of their person.

We all understand the difficulties experienced by the physician in reaching the laity, but they are the ones that must be instructed and the physician must be the instructor.

Much has been and may be said regarding the development of microorganisms in the system. Those which are impervious

to health have been demonstrated to exist in the thoracic cavity and as a result of their presence many of our patients succumb annually to the dreaded disease, namely, Pulmonary Consumption.

Scientific research teaches the value of a normal condition of the tissues that are subjected to the influences of such organism and can this condition be maintained if our patients are spending their days and months in unsanitary districts? I fear not.

True constitutional influences play an active part, also pneumonia exudations and destruction of lung tissue by caseous degeneration of morbid deposits, tubercle and consequently ulceration; but if our patient has lived and continues to live under influences of closely observed sanitary and hygienic principles is he not better prepared to overcome the abnormal conditions?

If they were to come under our observation in the first stages, the guiding symptoms would probably be impaired digestion, loss of appetite, red or furred tongue, thirst, nausea, cough which varies, is usually more troublesome in the morning, hoarseness, gastralgia and passive thoracic pains.

Later—dyspnoea on exertion, general debility and emaciation, palpitation, accelerated pulse, elevated temperature, night sweats, etc.

When such a case presents itself for investigation my method is to advise hygienic treatment. Instruct them how to fully expand the chest, not only once per day, but at least from six to eight times in succession. This lack of fully understanding how to fully expand the chest and call into action the necessary portion of the lung structure, is a fruitful source of disease, and is partly responsible for the numerous cases that are constantly occurring.

I also consider it absolutely necessary to inform them how important it is to bathe the body properly. I have much confidence in the oil bath. Allow two parts of olive oil to one part alcohol, go over the body quickly, then have a good attendant treat the body with a good vigorous massage treatment. The latter should be administered by one who fully understands the methods, as it is vastly important.

The clothing should receive your attention; such fabrics as tend to maintain a vigorous cutaneous stimulation should be

chosen. Silk is preferred, but fine wool will meet the demand as a rule, and should be worn persistently summer and winter, and also their attention must be directed to the extremities; they must be kept warm and dry. This alone will to a certain extent relieve the congestion of thoracic region. The *chest* should be protected by a chamois skin vest which is worn external to the silk or wool.

We mentioned indigestion as one of our symptoms. To rectify this condition means much to our patient. What kind of food will assist us in overcoming this condition? Select such foods as are most nutritious, and allow plenty of it, such as animal food at least once per day, and I prefer it twice in most cases. I usually select fish, bivalves, mutton and beef. Stale bread, delicate puddings, rice, sago, well-cooked vegetables, and vegetable soups with the oil well skimmed off, eggs raw or beaten in milk, serve best as a rule. Pork, veal and all foods that give rise to eructations should be avoided.

Do you examine the sleeping apartments of such patients? Select if possible a spacious room with at least two windows on the floor; clear the room from all unnecessary drapings, and have sufficient heat admitted to clear the room of dampness and promote an even temperature. Do not allow your patients to confine themselves to these rooms or room. I find that is their inclination frequently. I insist upon their engaging in gymnastic exercises, as I instruct them. In my pamphlet on 'How to Breathe' are given the exercises I prefer. By this method the apex of the lung, which is most essential, is called into action, and as the necessary elements permeate these parts they receive strength and vigor that enable them to resist the entrenchment of the affection that is sure to follow if this is neglected.

If the climate will permit my patients are encouraged to take short walks, or even better, riding on horse back, as this exercise has an advantage as it permits the patient to breathe a larger amount of air while it does not occasion the same degree of fatigue. Excessive exercise must be discouraged as it only assists in debilitating. After the walk or ride suggest the reading of some good book, that will encourage pure thought and high ideas as the mind needs the same rest as the body, and such influences are a stimulation.

Regarding the climatology in such cases the individual case must direct you. Various points in the south and southwest have interested the profession but it is our misfortune to meet cases that are so situated in life that a transferment is not to be considered. We must treat them in their home and provide, so far as within us lies, for the necessary sanitary condition.

Numerous plans and methods have been devised and proposed for improving the ventilation of our dwellings, hospitals and workshops. Volumes have been written on the harmful effects of breathing bad air, and the fresh country and mountain air are regarded as a certain guarantee against these diseases. These, like most popular ideas, entertain a germ of truth, but certainly are delusive inasmuch as they exaggerate the effect of such influences.

I desire to be fully understood, that I do not in the least underrate the value of fresh, wholesome air, but I am convinced that the purity of the air so far as the confined air of the average dwelling is concerned as compared with that outside, plays only a small part in bringing about the required result.

If I am allowed to make an illustration, I will state that if two healthy persons who breathe the same quantity of air are on an equal basis concerning inherited taints, food and clothing, were enjoined to a sitting position with stooped shoulders and sluggish breathing for a certain length of time, one outside and one in, there is no reason for believing that the one inside will fall a victim to pulmonary lesions any easier than the one outside. If so, how do you account for the greater amount of pulmonary diseases in the tropical regions of our globe where the inhabitants live out of doors night and day? In fact revel in the pure fresh air winter and summer.

On the other hand we are told that the inhabitants of Ireland, Lapland and other cold countries, who live in dwellings that are notorious for their methods of ventilation, are practically free from these diseases. It certainly demonstrates that without knowing how to develop the lung is a more important leading factor.

It should be remembered that many of the pulmonary diseases do not develop in a day, but are the outgrowth of morbid habits and agencies which may antedate the birth of the individual, consequently the demand for medical attention in early life.

## Editorials.

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***Until further notice, all communications, either personal or for the Journal, should be addressed 6351 Stewart Avenue, Station O, Chicago.***

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### HOLY GROUND.

T. P. WILSON, M. D., CLEVELAND, O.

In Memoriam, American Institute of Homoeopathy, Denver, June, 1894.

In olden time, man held the earth accurst  
 Of God and all the heavenly hierarch;  
 Except perchance some dozen roods or more,  
 By priest or bishop measured, staked and blessed,  
 Built round about by walls impassable,  
 Whose cresting made of iron spikes kept out  
 All, save the greedy vulture. This, they said,  
 Is holy ground. Interred here, the bones  
 Of all the faithful lay, presumably  
 Until the resurrection morn, unless  
 Perchance it might be, that some well loved saint,  
 Or lordly cardinal, or holy martyr,  
 Chanced to die; these in some sacred crypt,  
 O'er some vast cathedral nave, were laid  
 To wait in quiet rest. Yet if disturbed  
 By zealots or by warring factions who,  
 Asundered bore their sacred relics, piece  
 By piece to faithful lands.

Thrice cursed is earth by crimson war. For aye  
 The soldier's foot pollutes the ground. Beneath  
 The tramp of armed legions, and the dull  
 Artillery roar, loud and discordant groans  
 Of anguish rise. The dark veil lifted o'er  
 The field of carnage, shamed to see the sun,  
 Prevents the day stars falling out their spheres  
 From fright. But when the roll is called, and they  
 Who answer not, are once more gathered on  
 The line of battle—whose pale Captain Death  
 N'er knew a soldier to desert his ranks—  
 There, lying side by side, with here and there  
 A rude board named in simple charcoal lines,

And hundreds marked "Unknown"—or heaped into  
 The yawning moats, whose arms n'er hold enough—  
 Then finds the patriot in his thoughts, a spot  
 To be forever known as holy ground.

Where'er we lay our dead, on hilltop or  
 In valleys green, the earth is consecrate.  
 Where'er we lay our well loved infant's form,  
 Whose scant grave's scarce a span, as best befits  
 Its momentary life; and where in earth  
 The patriarch's form we lay in silent rest,  
 Covered with flowers, and with prayers and songs  
 Made sacred and complete, and when the young  
 Wife and the old wife shall together sleep  
 In peace—there too shall we have holy ground.  
 And when the elements shall be dissolved,  
 And every vestige gone from sight, and on  
 The viewless air the elemental gas  
 Bears all that once was tangible to us,  
 Still is the spot as ever unprofaned.

But now, with ready pick and spade we delve  
 Earth's rugged bosom through and lo! from the deep  
 Silurean, whose fossil laden rocks  
 Bespeak our wonder, up to the living present,  
 No place we touch, we do not find the mark  
 Of universal death. As mighty leaves  
 To a giant book, we turn each ponderous rock,  
 And find the dead are there. I pray you then,  
 Where is not holy ground?

Why all the earth

Is but a mausoleum; and no spot  
 Is left unhallowed by the hand of death.  
 Until we turn some corpse aside, nay more,  
 'Till millions from their charnel house are torn,  
 And thrust behind, can we find sepulcher  
 That's fitting for our dead. What then? Why this:  
 There is no ground unsanctified. The isles  
 Of the sea, the sea itself, are all alike  
 But grand repositories; and no land  
 Is distant, and no seas are near. Alike,  
 For all, our Mother Earth awaits alway,  
 To enwrap the forms that she has nourished with  
 Maternal care.

Both time and space, do vanish from our thoughts  
 When Nature's great arcana are revealed.  
 Our dead are here today. Not farthest Ind.  
 Nor the wide ocean's deepest, darkest bed,

New England nor the sunny South; nor the broad  
 And boundless prairies, nor the necropolis  
 Of the moiling cities, nor the placid slopes  
 Of the fair Pacific, holds them from our arms.  
 As in the olden times, we greet them once  
 Again. In outward form, to outward sense,  
 They are not here. In love and gratitude,  
 In memory that knows no end, they live  
 With us today a life that time ne'er dims.  
 The earth is full of the glory of their deeds,  
 Vast multitudes rise up to call them blessed,  
 And the little child and the aged man, proclaim  
 Their praise. Armed with the subtle power to heal,  
 Have they gone forth to face the pestilence.  
 O'er humble cots and in the mansions of  
 The lordly, they have shed the light of hope.  
 They have touched the victims of disease, and lo!  
 They've risen from the couch of pain, restored  
 To health. The winter's cold and the summer's heat  
 Have not availed to turn them from their path  
 Aside. Worn, tired, hungry and overcome  
 By ceaseless labors, still they've risen at  
 The cry of sorrow and have borne the cup  
 Of healing to the needy sons of men.  
 For them, no more life's duties call to work,  
 For them, no more the patient sufferer waits;  
 Their work is done—well done in sight of God  
 And man. And so, today, we crown them a'l,  
 As best befitting lives of nameless worth,  
 We crown them with unfading immortelle.

\* \* \*

The faculty of Hering College have been compelled to part with their former secretary, Dr. W. E. Waddell, who has been compelled to leave the city and seek an inland town on account of his health. He is now located in Decatur, Ill.

\* \* \*

It is with regret that we learn of the removal of Dr. Mary Florence Taft and her brother, Dr. Chas. H., to some point in or near Boston, Mass.

\* \* \*

Dr. J. Eugene Tremaine has been elected to the chair of Clinical Gynecology in Hering Medical College. A very valuable accession to both the clinical and teaching force of Hering College.



Dr. T. G. Roberts, of Washington, Ia., a member of the Post-Graduate Class of 1894 of Hering Medical College, expects to move to Chicago this fall, in which case he will become identified with Hering College as one of her lecturers.

\* \* \*

Dr. Howard B. Besemer, of Ithaca, N. Y., brings to the College, laboratory experience in Cornell University receiving in return instruction in the application of the indicated remedy for the curing of the sick as taught in this college. The Doctor comes very highly recommended and will undoubtedly add to the already efficient work done in the histological and pathological laboratories.

\* \* \*

Dr. W. J. Hawkes, the well known professor of *Materia Medica*, has joined the equally well known Dr. Temple S. Hoyne, professor of Theory and Practice in an outing through Europe. Their return is expected about the middle of September.

\* \* \*

Dr. C. J. Watts has opened an office in Austin, a suburb of this city, and reports the outlook as very encouraging.

\* \* \*

The Doctors Parker, Warsaw, Ill., consisting of Drs R. M. Donna Mand, J. W. Parker and Dr. S. E. Bennett have taken another partner in the person of Dr. F. W. Pease. Besides this firm there are two other homœopathists in this little city of three thousand souls one of whom pretends to "practice both ways." And homœopathy is dying out!

\* \* \*

Dr. Millie J. Chapman, of Pittsburg, Pa., was elected president of the Woman Physicians Provers Association at its recent meeting in Denver. Dr. Julia Holmes Smith, of Chicago, vice-president, and Dr. Sophia Penfield, of Boston, Mass., was elected to the office of secretary and treasurer. Important work has been assumed by this association and the profession at large are looking with great confidence for a fuller study of the remedies especially adapted to the female sex. A large number of woman physicians were interested in

the work of proving. An old and familiar remedy *Conium Mac.* was selected for the first year's work. Careful instructions, relative to her qualification as a prover, and manner of proving, was sent to each member of the Association. Each prover recorded general condition and symptoms for one month, before taking the remedy which was in the 30x, 3x, 1x. Press of work and other adverse influences caused an abatement of interest among the provers, but seven full reports were presented at the annual meeting at Denver. The provings were more interesting as a promise of future work by women, than for any additional symptoms obtained. The two symptoms sharply emphasized by the majority of provers, regardless of attenuation were: "Dull, occipital headache on rising in morning, and continuous through day," and "dull ache in lumbar and sacral region," "Depression, vertigo on rising, soreness of eyeballs, with orbital pain, colic with loose stools, numb aching, and trembling of limbs, were also accented."

At the Jubilee meeting at Denver a resolution was adopted to elect officers annually, and to affix the annual fee at \$1.00. The officers elected were: President, Dr. Millie Chapman; vice-president, Dr. Julia H. Smith; secretary and treasurer, Sophia Penfield. The vice-presidents appointed for each state at the World's Congress remain in office during the year. The aid of every woman interested in the work is solicited to forward it.

\* \* \*

"Hahnemann of Chicago" entered upon their work for '94 and '95 under most favorable circumstances. The amphitheater was crowded with students and guests (mostly alumni) desirous of seeing the new hospital and its equipment. Prof. Halbert very gracefully acted as master of ceremonies. The address of welcome by Prof. E. M. Bruce was very appropriate, and brought forth fitting responses from different members of the faculty and visiting alumni. At the close of the programme an inspection of the new hospital was thoroughly enjoyed by all.

\* \* \*

Just as we go to press the announcement comes that Hering Medical College will be enjoined from occupying their new college building this season by a man living in the immediate

neighborhood. This compels the faculty to release the building occupied by the college the first year of its existence. This is a large, three-story, brown-stone front building at the corner of Cottage Grove avenue and College place. The location is not so desirable for clinical material, but the efficient work of the dispensary staff has brought to the college a large clientage which will follow them wherever the college may be located.

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Dr. Williams, of Cheshire, Conn., has recently died. He lived and accumulated money there. It is a good field (country practice) for a man with a family he wishes to educate, being near Yale, with a preparatory school in the village. The country is beautiful. Write Dr. E. P. Gregory, Bridgeport, Conn.

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The seventh semi-annual meeting of the Northern Indiana and Southern Michigan Homœopathic Medical Association will be held in the Century Club Rooms, 115 Main street, Elkhart, Ind., Thursday, Sept. 27, 1894. Excellent railroad facilities. Trains arrive—going west, Old Line, 1:58 and 11:05 a. m.; Air Line, 3:40 and 6:15 a. m.; going east, 10:48 and 11:05 a. m. and 1:30 p. m.; going north, 12:20 p. m.; going south, 8:10 a. m. Dr. W. H. Thomas, chairman local committee.

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Attention is called to the report of the meeting of the Chicago Homœopathic Society at the Grand Pacific hotel on the evening of Sept. 3d. It is the purpose of the **MEDICAL ADVANCE** to publish a resume of the work of this society from month to month, and it is especially urged upon every reader of this journal to become thoroughly identified with the work of this society. It is earnestly striving to place the cause of homœopathy upon a broader and higher plane than that of any other local society of this city and to work for one purpose and one purpose alone, viz: The cementing of the homœopathic members of the medical profession of Chicago and vicinity into one strong and harmonious body, a purpose of vital importance, which should have not only the endorsement but the earnest support of every physician who be-

the work of proving. An old and familiar remedy *Conium Mac.* was selected for the first year's work. Careful instructions, relative to her qualification as a prover, and manner of proving, was sent to each member of the Association. Each prover recorded general condition and symptoms for one month, before taking the remedy which was in the 30x, 3x, 1x. Press of work and other adverse influences caused an abatement of interest among the provers, but seven full reports were presented at the annual meeting at Denver. The provings were more interesting as a promise of future work by women, than for any additional symptoms obtained. The two symptoms sharply emphasized by the majority of provers, regardless of attenuation were: "Dull, occipital headache on rising in morning, and continuous through day," and "dull ache in lumbar and sacral region," "Depression, vertigo on rising, soreness of eyeballs, with orbital pain, colic with loose stools, numb aching, and trembling of limbs, were also accentuated."

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\* \* \*

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Dr. L. A. L. Day returned from his vacation Friday morning, Aug. 31. His associates had hoped that the doctor might bring back a life partner, but it seems that their hopes were futile.

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Efforts are being made to secure a report of the Central New York Society for the **MEDICAL ADVANCE**. These reports have been discontinued for over a year, but everything now favors a return of these valuable articles to the columns of the **MEDICAL ADVANCE**.

\* \* \*

As showing the ridiculous extremes to which the enthusiasm of a fad may lead, we announce the formation of a new society for the suppression of hand-shaking as leading to the exchange of microbes. The old adage becomes very appropriate in this connection, "Give the calf sufficient rope and he will hang himself."

\* \* \*

**WOMEN DOCTORS IN AMERICA.**—According to a statistical report drawn by M. Lewis Frank, of Brussels, there were in 1893 fully 2,000 women practicing medicine in one or another of its various forms. The great majority being ordinary practitioners, but among the remainder, 70 hospital physicians or surgeons, 95 professors, 610 specialists for the diseases of women, 70 alienists, 60 orthopedists, 40 oculists and orists, and 30 electro-thermists. There are now eleven medical colleges exclusively devoted to the training of women. The statistician neglected to state, however, that a larger percentage of women studying medicine can be found in the schools open to both sexes than in those exclusively designed for women.

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The leading editorial of the *Medical Record* for Aug. 25, is a very strong appeal for public anæsthetizers, and points to the annoyance so often experienced by surgeons in private operations, when from courtesy or necessity the administration is entrusted to the family physician, and other times to the fact that the responsibility of administering the anæsthetic is very often entrusted to incompetent assistants. The time has come when the use of so many chemical derivatives have so impaired the nerve centers, controlling the action of the heart and lungs,

as to make it doubly imperative that the one who controls the use of the anæsthetic should be an expert in all the manifestations of whatever means may be employed for the suppression of pain. In these times when the technique of every surgical operation demands such strict attention and thorough asepsis, it is strange that the demand has not been made for more comprehensive knowledge in anæsthetics.

\* \* \*

Dr. Byron Robinson contributes to the *Journal of American Medical Association* of Sept. 1, one of the most complete articles upon the "Pathology of the Menopause" that we have ever seen. The article is too long for reproduction in the **MEDICAL ADVANCE**, so we take pleasure in giving to its readers the conclusions drawn by the writer. Advise every reader to secure a copy of the original article:

1—The average menopause lasts two and a half years.

2—It comes on slowly as puberty does.

3—A stormy puberty means a stormy menopause generally.

4—The general rule is that an early puberty means a late menopause. In my opinion it simply means that an early puberty and late menopause rest on a largely developed abdominal brain and hypogastric plexus. A vast nerve supply means also a large blood supply. Precocious puberty means well-developed genitals and ganglionic nerves.

5—The disturbance at the beginning of puberty is profound, but since it is an active (depletive) physiologic process it quickly fits the growing and adaptive nervous system. But the menopause is a destructive process. It breaks up the harmony of the previous processes and unbalances the even distribution of nervous energy and circulation.

6—It is probable that every viscus receives an equal or greater shock at menopause than at puberty.

7—The changes at menopause consist in menstrual cessation, atrophy of the genitals and the hypogastric plexus.

8—Women do not suffer at the menopause so much from malignant diseases as they do from nervous troubles, neuralgias, mental deviations, disturbed visceral rhythm, disordered circulation, indigestion, and above all neuroses.

9—The heat center (flushes), the vasomotor center (flushes) and the sweat center (perspiration) are the especial centers dis-

turbed. Excessive, deficient or disproportionate blood supply characterizes the disturbed phenomena of these centers.

10—The etiology and pathology of the menopause lies in the sympathetic or ganglionic nervous system.

11—The sympathetic pathologic stages in menopause are: (a) a focus of disease, or irritation (the genitals); (b) indigestion; (c) malnutrition; (d) anemia; (e) neurosis. It is a slow progressive process.

12—Atrophy is a disease just as much as hypertrophy or inflammation.

13—Chief among the actual diseases in the menopause is endometritis. The peculiar floodings doubtless depend on this inflammation.

14—The menopause is characterized by various discharges (mucous membrane), leucorrhœa, bronchitis, hemorrhages from the bowels, epistaxis (skin) perspiration.

15—Circulatory, perspiratory and caloric changes are the common heritages of the menopause.

16—A characteristic phenomenon of the menopause is an unbalanced, unstable nervous system, cerebro-spinal (irritable); sympathetic (debility).

17—Debility characterizes the trouble in the ganglionic system, while irritability characterizes the cerebro-spinal axis.

18—The explanation of the various phenomena is only possible through the nervous and circulatory systems.

19—Excessive sexual desire at the menopause is indicative of disease.

20—In the menopause the nutrition is impaired as is shown by the occurrence of malignant disease in the sexual organs, which are in a state of retrogression.

21—A chief feature characteristic of uterine disease is malnutrition from atrophy, curtailing blood supply suddenly, from the sudden degeneration of the genital nerve apparatus and consequent impaired control of tissue by a defective nourishment. Ulcerative surfaces, local death and purulent secretions arise from low granular cell formations.

22—In the menopause a disturbed point has arisen in the harmony of the visceral rhythm. This pathologic focus must be looked on as the cause of the innumerable reflex neuroses at this time of life.

23—A reflex neurosis is a disturbance in distant organs caused by the irritation of a peripheral sensory or motor area.

## OPPOSED TO VACCINATION.

B. FINCKE.

Three days after the hearing of Judge Gaynor of the supreme court in the case of imprisonment for refusal of vaccination, where he declared: "I do not see a shadow of right in the action of the health commissioner in imprisoning these men," this officer published some reasons for taking stringent measures with smallpox. In direct contradiction to the dictum of the court when at the close he declared: "Take away the power of this department to quarantine, in case citizens are obstinate in refusing vaccination or revaccination and we should be fatally crippled." Thanks to the sense of justice of the new Daniel, come to judgment for which we prayed in one of our former letters, this crippling has been accomplished and there is hope that in the future the crippling of obstinate citizens will be prevented, when the public opinion will be so far advanced to realize the golden words which the celebrated judge uttered in that memorable trial: "Arbitrary power is abhorrent to our system of government. If the legislature desired to make vaccination compulsory it would have so enacted. Whether it be in its power to do so, and if so, by what means it may enforce such an enactment, are not for discussion here. If, however, it should be made by the legislature, a criminal offense to refuse to be vaccinated, it may well be suggested that one accused under such a law would have to be tried like all other offenders in a competent court and after that due process of law which is guaranteed to every one by the constitution." Most rightful judge! But instead of submitting gracefully to the blow dealt to the ambitious commissioner who likes to inflict his compulsory monomania upon every inhabitant of the globe.

"Now after the cases of death resulting from vaccination by the board have become familiar to the public and after even coroner's juries in two cases have declared vaccination to be the cause of death, the commissioner maintains, on the ground of post mortem examinations, that those cases died from, to the pathologists well known, diseases which the knife and the microscope reveal in the dead body. Unfortunately there is



no specific microbe which may account for the condition of the body at the post mortem, as laying the cause of death to vaccination, but we are told on good authority that the pure or impure lymph used by the commissioner contains a nest of various microbes which no doubt must exert their deleterious action upon the vaccinated and produce the present state at the time of examination, according to the commissioner's own creed. Why does he not consider this fact, if he finds it necessary to discredit the heavy implication of the vaccinating board in the case of the unfortunate little girl who evidently died of lockjaw, or tetanus, in scientific language? He denies the statement of the attending physicians and the juries that she died of this affection on the ground that no bacillus tetani was found in the patient. This is a fearful statement on the part of the commissioner in the face of the facts which show that the symptoms developing immediately after vaccinating progressed directly to the fatal end of tetanus in a comparatively short time. Anybody can see that in this case the microbe must help the commissioner out of his dilemma, though he does not acknowledge it in the pure lymph which he uses for vaccination. But even this help avails him nothing, for in a case of injury to the elbow of a boy an ulceration took place, the pus of which on careful microscopic examination contained the tetanus bacillus in abundance. These were inoculated into guinea pigs and they immediately were taken with tetanus and died. But the boy's ulcer healed up without tetanus and he is alive now. How about the cholera bacillus swallowed with impunity by several professors? If at a time when the ground and the atmosphere of a locality contains cholera bacilli, and they are also in the water, nobody can contend that the fungus in the water is the cause of cholera, because a number of people who drink this water during an epidemic remain free from the disease. So much for the diagnostic value of the microbes which these medical men of to-day make the sovereign of man, that is to say, it must serve as the means to them to acquire the sovereignty over the people under the plea of doing them good. Nay, too much good is also of evil and that medical profession had better continue its researchers in that dirty quarter of science a little longer before imposing their ty-

rannical measures upon the healthy and the sick derived from the uncertainty and incompleteness of their scientific endeavors.

“The commissioner wonders at the number of deaths from smallpox alleged by the anti-vaccinists. Well, they see with their own eyes and judge from the facts, a proceeding which is the first demand of science, to acquire knowledge by induction. But the commissioner has a bacillus on the brain and attributes to his vaccination method all the virtues which, in the eyes of common sense, are so many vices. He told a dissenting physician that the protection of vaccination from smallpox was absolute, but he ought to know that there can be no such thing as absolute protection because not even smallpox itself protects from future attacks. If he does not know what other people know, why, he is simply sick with the bacillus vaccinations on his brain and hardly fit to occupy the exalted position which was given to him by the mayor. Statistics which, under this bias, he calls all wrong, state that vaccination disposes to smallpox more than the absence of it. But what shall be said of his lately urged statistics from the contagious diseases hospital, that out of sixty deaths from smallpox since the recent outbreak forty had not been vaccinated? His statement cannot be true if they have been vaccinated at the entrance into the hospital, and since the scientific treatment is vaccination and revaccination, as we know from the indorsement of the commissioner by the Pathological society of Brooklyn, the reference lies very near, that, had those forty victims not been vaccinated, and treated instead properly, according to therapeutics, they would not have died. The percentage of recoveries of unvaccinated patients was very small, the commissioner says, but he contradicts himself, because they could not be received and stay unvaccinated in the hospital, and if they were vaccinated, which is the scientific treatment, they had a better chance to die. Who can, after all this, doubt that compulsory vaccination is a bane which is worse than an epidemic of smallpox and even cholera? There are other means of curing smallpox than this eternal vaccination, revaccination and vaccination's idiotic measures which have no claim to science and still less to common sense. Don't forget, dear people, that if compulsion prevails, you are not allowed to vote without baring your arms to show your vaccination marks or sores; and what will the dear ladies do if they succeed in getting equal rights with men?”

THE  
**Medical Advance**

A HOMŒOPATHIC MAGAZINE.

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Vol. XXXII CHICAGO, OCTOBER, 1894. No. 4

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**Materia Medica and Therapeutics.**

The lectures on Materia Medica by PROF. J. T. KENT, of the POST GRADUATE SCHOOL OF HOMŒOPATHICS, have proven of such practical value that they will continue to be a leading feature of this Department. Original provings and verifications will appear from time to time as they may be secured. To these will be added other papers of value from prominent teachers of Materia Medica, making THE MEDICAL ADVANCE one of the most valuable mediums through which our Materia Medica may be studied.

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**NATRUM MURIATICUM.\***

PROF. J. T. KENT.

Salt is so common an article of diet that it has been assumed that it could be of no use in medicine. This is only the opinion of external men who operate entirely on the tissues. There are no constitutional effects from crude salt.

You may find an individual growing thin with all the symptoms of salt; he is taking salt in great quantities, but digesting none of it. Salt will be found in the stool for it does not enter into the life. There is a Natr. Mur. inanition, a starving for salt. The same is true of lime. Children can get plenty of lime from their food and that is better than what they get from lime water. It is astonishing to know that when the salt or the lime is given in such shape that it cannot be resisted by the internal man—aimed not at the house he lives in but at the individual himself—then the bone, salt inanition, the Natr. Mur. inanition, will soon pass away. We do not with our dose supply the salt that the system needs, but we cure the internal disease, we turn into order the internal man, and then the individual gets salt enough from the food. Drugs must all be

\*Notes from a lecture at the Philadelphia Post-Graduate School of Homœopathics.

administered in suitable form. We may need to go higher and higher until the secret spring is touched.

Natr. Mur. is a deep acting, long acting remedy. It takes a wonderful hold of the economy, making changes that are lasting.

A great deal is presented that can be seen by looking at the patient, so that we say: this looks like a Natr. Mur. patient. Experienced physicians learn to classify patients by appearances. The skin is shiny, pale, waxy, looks as if greased. There is wonderful prostration of a peculiar kind. Emaciation, weakness, nervous prostration, nervous irritability.

There is a long chain of mental symptoms; hysterical condition of the mind and body; weeping alternating with laughing; irresistible laughing at unsuitable times; prolonged, spasmodic laughter. This will be followed by tearfulness, great sadness, joylessness. No matter how cheerful the circumstances are she cannot bring herself into the state of being joyful. She is benumbed to impressions, easily takes on grief, grieves over nothing. Unpleasant occurrences are recalled that she may grieve over them. Consolation aggravates the state of the mind—the melancholy, the tearfulness, sometimes brings on anger. She appears to bid for sympathy and is mad when it is given. Headaches come on with this melancholy. She walks the floor in rage, cursing and blaspheming. She is extremely forgetful; cannot cast up accounts; is unable to meditate; forgets what she was going to say; loses the thread of what she is hearing or reading. There is great prostration of the mind.

Unrequited affections bring on complaints. She is unable to control her affections and falls in love with a married man. She knows that it is foolish but lies awake with love for him. She falls in love with a coachman. She knows that she is a fool but cannot help it. In cases of this kind Natr. Mur. will turn her mind into order, and she will look back and wonder why she was so silly. This remedy belongs to Hysterical girls.

In a mental state where Ign. temporarily benefits the symptoms—but does not cure, its chronic, Natr. Mur. should be given. It is as well to give Natr. Mur. at once if there is an underlying constitutional state too deep for Ign.

Aversion to bread, to fats and rich things.

The Natr. Mur. patient is greatly disturbed by excitement, is extremely emotional. The whole nervous economy is in a state of fret and irritation, <from noise, the slamming of a door, the ringing of a bell, the firing of a pistol, <music.

The pains are stitching, electric-like shocks, convulsive jerkings of the limbs on falling asleep, twitchings, shooting pains. She is over-sensitive to all sorts of influences, is excitable, emotional, intense.

<in the warm room, worse in the house, she wants the open air. The mental complaints are >in the open air. She takes cold easily from sweating, but is generally >in the open air, though worse on getting heated, <by sufficient exertion to heat up, but >by moderate exertion in the cold air.

Both Natr. Carb. and Natr. Mur. have the general nervous tension of Natrum, but one is a chilly patient, the other a warm blooded one.

The face is sickly looking, the skin greasy, shiny, sallow, yellow, often chlorotic, covered with vesicular eruptions around the edges of the hair, the ears and back of the neck. There are scaly and squamous eruptions, with great itching, oozing a watery fluid, or sometimes dry. An exfoliation takes place, a shining surface is left. In the meatus, scales form and peel off, leaving an oozing surface. Watery vesicles form about the lips and wings of the nose, about the genitals and anus. Vesicular eruptions, white, oozing a watery fluid, comes and go. Great itching of the skin is present.

The skin looks waxy, dropsical. There is great emaciation, the skin looking dry, withered, shrunken. An infant looks like a little old man. There is a down on the face that passes away when improvement sets in. Emaciation takes place from above downward. The collar-bones become prominent and the neck looks scrawny, but the hips and lower limbs remain plump and round. Lyc. also has emaciation from above downward. The directions of remedies will often enable us to distinguish one from another.

The characteristic discharge from the mucous membranes is watery or thick whitish, like the white of an egg—raw or cooked. There is a marked coryza with a watery discharge, but the constitutional state has thick, white, discharges. He hawks out a thick, white discharge in the morning.

There are gluey oozings from the eyes. From the ears flow a thick, white, gluey discharge. The leucorrhœa is white and thick. With the gonorrhœa the discharge has existed a long time and become gleety. There is smarting in the urethra only after urination.

The headaches are awful; dreadful pains; bursting, compressing, as if in a vise; the head feels as if the skull would be crushed in. The pains are attended with hammering and throbbing. Pain like little hammers in the head on beginning to move; as soon as she begins to move, the hammering begins. Hammering pains in the head on waking in the morning. The pain comes on in the latter part of sleep. There is great nervousness during the first part of the night; she falls asleep late and awakes with hammering in the head. There are also headaches beginning at 10 or 11 a. m. lasting until 3 p. m. or evening. The headaches are periodical, every day, or third day, or fourth day. Headaches of those living in malarial districts, >from sleep; the patient must go to bed and be perfectly quiet, >from sweating headaches associated with intermittent fever. During the chill it seemed as though the head would burst; he is delirious and drinks large quantities of cold water. There is no relief to the head until after the sweat. Sometimes all the symptoms are relieved by the sweat except the headache.

In another form of headache; the greater the pain the more the sweat; sweating does not relieve; the forehead is cold, is covered with a cold sweat. When the head is covered warmly he is >moving about in the open air.

Headache due to disturbance of vision where there is inability to focus rapidly enough. Headache <from noise.

Headache involving the whole back of the head and even going down the spine in troubles following the brain diseases, hydrocephalus.

In spinal troubles, when there is great sensitiveness to pressure,—an irritable spine. The vertebrae are sensitive and there is a great deal of aching along the spine. Coughing aggravates the pain in the spine, also walking makes it worse, but it is >from lying on something hard, or pressing the back up against something hard; they may sit with a pillow or the hand pressed against the back. In menstrual

troubles you may find the woman lying with a book or some other hard object under the spine.

A general nervous trembling pervades the body. There is jerking of the muscles, trembling of the limbs, inability to keep the limbs still, as in *Zincum*.

The stomach and liver are closely related. The stomach is distended with flatus. After eating there is a lump in the stomach. It seems to take a long time for food to digest. <from eating. Whitish, slimy mucous is vomited attended with relief. There is great thirst for cold water, sometimes there is relief from drinking, some times the thirst is unquenchable. We find fullness in the region of the liver with stitching, rending, tearing pains. The bowels are distended with gas. There is slowing down of the action of the bowels, the stool being very difficult, in hard, agglomerated lumps. There is a slowing down of the action of the bladder. In both man and woman they must wait before the urine will start, and then it comes slowly—dribbles; there is not much force in the flow. After urination there is a sensation as if more urine remained in the bladder. If anyone is present he cannot pass his urine, cannot pass it in a public place. There is also continued urging, he must pass the urine often.

This remedy and *Natr. Sulph.* were used by the homœopaths to clear up chronic diarrhœa, the old army diarrhœa.

*Natr. Mur.* is useful in the complaints of women, in troublesome menstruation. There is a great variety of menstrual complaints: menses too scanty or too free, too late or too soon. We cannot individualize from the menstrual symptoms, we must do it from the constitutional state. Examine every possible function to be sure you have all the symptoms. Examine every organ, not by examining it physically, for results of diseases do not lead to the remedy, but examine the symptoms.

Observe the rapidity with which remedies affect the human system; there are some that are long acting, deep acting. *Natr. Mur.* is one of these. It operates very slowly, bringing about its results after a long time, as it corresponds to complaints that are slow, that are long in action. This does not mean that it will not act rapidly; all remedies act rapidly, but not all act slowly; the longest acting may act in acute

diseases, but the shortest acting cannot in chronic diseases. Get the pace, the periodicity of remedies. Some remedies have a continued fever, some a remittent, others an intermittent fever. In Acon., Bell. and Bry. we have three different paces, three different motions, three different forms of velocity; so in Sulph., Graph., Natr. Mur., Carb. Veg.—a different form, a different development. Some would not hesitate in a continued fever to give Bell., but its complaints come on in great haste, with great violence and have nothing in their nature like a continued fever. This is not like typhoid. Bell and Acon. have no manifestations of typhoid, even if the symptoms are present. Be sure that the remedy has not only the group of symptoms, but also the nature of the case. The typhoid case has a likeness in Bry. or Rhus. but not in Bell. We owe no obedience to man, not even to our parents, after we are old enough to think for ourselves. We owe obedience to truth.

Natr. Mur. is a long acting remedy; its symptoms continue for years; it conforms to slow-coming, long-lasting, deep-seated symptoms. It requires a long time for a man to be brought under the influence of it, even when moderately sensitive.

The chill starts in the morning at 10 or 10:30 o'clock; every day, every other day, every third or fourth day. The chill begins in the extremities which become very blue; there is a throbbing pain in the head, the face is flushed; delirium, talking of everything, constant, maniacal actions. They grow worse until a congestive attack comes on. During the entire attack there is thirst for cold water. During the coldness he is not >by heat, not >by piling on the clothing, but wants cold drinks. We would naturally suppose that a person freezing to death would want warm things, but the Natr. Mur. patient cannot bear them. The teeth chatter, he tosses from side to side, the bones ache as if they would break, and there is vomiting as in congestive conditions. In the fever he is so hot that the fingers are almost scorched with the intense heat, and he goes into a congestive sleep or stupor. The sweat relieves him; the aching all over is >by the sweat, and in time the headache passes away. There is intense chill, fever and sweat. Sometimes the attacks are in robust, strong people



but usually in the anaemic, in emaciated people full of malaria; lingering, chronic cases. It does not always appear having this long prodrome. Its finest, lightest, most striking use is in cases that have been living a long time in malarial swamps; saturated with the malarial atmosphere; they are anaemic, often dropsical; in old cases that have been mixed with arsenic and quinine. The crude drugs used by the Old School to break the fever as long as the patient is under their sway, but the patient is sick internally even more than before, and when the condition comes back it is generally in its original form; the crude drug is usually unable to change the type of an intermittent fever. Remedies only partly related to the case will change the character of the sickness so that no one can cure the case. The Homœopathic remedy will cure intermittent fever every time if you get the right remedy. If there is a failure the case is mixed up so that no one may be able to cure it. First of all a master must realize the case and tune it into order so that it can then be cured. There are few men who never spoil a case of ague, because many cases come to them partly developed,—marked cases, the symptoms not being all out, especially in cases that have taken Homœopathic remedies. The Homœopathic failures are the worse failures on earth.

Natr. Mur. is irregular enough in its nature to develop the chills into regularity. When it has come into better order, wait: either the whole case will subside, or another remedy will be clear. There are other remedies that can tune cases into order. Often cases spoiled by Homœopaths can be turned into order by Sep. Marked cases with congestion of the head, aching in the back and nausea are turned into order by Ipecac. The cure is permanent after Homœopathic prescribing; the chills do not return.

Natr. Mur. not only removes the tendency to intermittents, but restores the patient to health, and takes away the tendency to colds,—the susceptibility to colds, and to periodicity. It is susceptibility that is removed. We know that every attack predisposes to another attack. Each attack of ague is more destructive than the previous one. The drugs used increase the susceptibility; the Homœopathic remedy removes the susceptibility. Homœopathic treatment tends to simplify the human economy and to make diseases more easily managed.

Unless this susceptibility be eradicated, man goes down lower and lower into emaciation,—emaciation from above downwards.

Children born in a malarial region are likely to go into morasmus. They have a voracious appetite, a wonderful hunger eating much, but all the time emaciating.

Conditions of Pregnancy. The mammary glands waste, there is wasting of the upper parts of the body. The uterus is intensely sore. The leucorrhœa which is at first white, turns green. Women take cold in every draft of air. There is pain during sexual congress with dryness of the vagina; a feeling as though sticks pressed into the walls of the vagina; pricking pains. There is dryness of all mucous membranes; everywhere the membranes are dry. The throat is dry, red, patulous; a sensation of a fishbone jaggging into it when swallowing; there is inability to swallow without washing down the food with liquids; there is sticking all the way down the œsophagus.

Most prescribers give Hep. for every sticking or fishbone sensation in the throat; this is the old keynote, the old routine. Nitr. Ac., Argent. Nit., Alum, and Natr. Mur. all have it, but all differently; they are not like each other.

HEP. The tonsils are swollen, full, purple,—quinsy. The patient is sensitive to the slightest draught; there is pain in the throat even on putting the hand out of bed; he sweats in the night with no relief; he is sensitive to every impression; feels everything ten times amplified.

NITR. AC. There are yellow patches in the throat; ragged, jagged ulcers in the throat, or it is inflamed and purple. The urine smells like horses' urine.

ARGENT NIT. There is much hoarseness, the vocal cords being disturbed. The throat is swollen, patulous; the patient wants cold things, cold water, cold air. Adapted to those cases that have had ulceration of the os uteri with cauterization.

NATR. MUR. There is extreme dryness of the mucous membranes, as if they would break; chronic dryness without ulceration. There is much catarrhal discharge like the white of an egg, with dryness of the mucous membranes when not covered by this mucous. The patient is extremely sensitive, sensitive to a change of weather.

Every remedy has its own pace, its order of succession. We must bear in mind the order of succession.

Natr. Mur. is useful in old dropsies, especially dropsy of cellular tissues. Sometimes there is dropsy of sacs, dropsy of the brain following acute diseases. In acute spinal meningitis with extreme nervous tension, where there is chronic drawing back of the head, chronic jerking of the head forward. Acute diseases that result in hydrocephalus, or in irritation of the spine. Sometimes useful in abdominal dropsy, but more often in oedema of the lower extremities. Acute dropsies after scarlet fever; the patient is over-sensitive, starts in his sleep, rises up in the night with confusion; there are albumen and casts in the urine.

In dropsy after the malaria, Natr. Mur., when it acts curatively, generally brings back the original chill. The only cure known to man is from above down, from within out, and in the reverse order of coming. When it is otherwise, there is only improvement, not cure. When the symptoms return there is hope; that is the road to cure and there is no other.

The skin symptoms are sometimes very striking. In old lingering cases where the skin looks transparent as if the patient would become dropsical, a waxy, greasy, shiny skin, other remedies with greasy, shiny skin are Plumb., Thuja., Selen. These remedies go deeply into the life. Any remedy that can produce such wonderful changes is long-acting.

Useful after labor when the mother does not progress well; she is feeble and excitable; the lochia are prolonged, copious and white; the hair falls out from the head and genitals; the milk passes away, or the child does not thrive on it. Useful in afterpains where there is subinvolution of the uterus, the uterus is in a state of prolonged congestion. She is <noise, music, the slamming of a door. She craves salt and has an aversion to bread, wine and fat things. Sour wines disorder the stomach. Natr. Mur. will clear up the case, restore the milk, turn the case into order.

Natr. Mur. is needed by those chlorotic girls who have a greasy skin, a greenish, yellowish complexion; who menstruate only once in two or three months. The menses are copious, or scanty and watery. Where the symptoms agree, this remedy can eradicate this chlorosis and turn the counte-

nance into a picture of health, but not in a short time. It takes years to establish a typical chlorosis; the cut finger bleeds only water; the menstrual flow is only a leucorrhœa; there is pernicious anaemia. Natr. Mur. goes deep enough into the life to restore the pink complexion.

I wish that we had more time for Natr. Mur., but I cannot give you another lecture on it. Study it in your "Guiding Symptoms" if you have them, if not use the "Herings' Condensed."

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#### CASE OF URTICARIA PRODUCED BY SANTONIN.

The following case of urticaria produced by santonin, which has lately come under the reporter's notice, presents interesting features:

A. B., a child, seven years of age, was brought to the author April 21, 1894, suffering from thread-worms, which her mother said had been present for some three years. She had been under treatment once before for this cause, but had not taken santonin on that occasion. There was nothing remarkable in the child's appearance, except that she was rather pale and flabby and had a slight cough. Three-grain santonin powders were ordered, to be taken fasting on alternate mornings for three days, preceded on the previous night by castor oil and followed by a similar dose. She had a dose of castor oil on the night of April 21, and her first powder at 7 a. m. on the 22d. On this occasion the only sign of any eruption was a red œdematous patch the size of a five-shilling piece on the left forearm, which was rather irritable, and was ascribed by her mother to an insect bite. On the 24th she had her second powder at 7 a. m. By 8 a. m. the face was red and puffy, and in a short time the whole body and the limbs were œdematous and covered with a typical urticarial eruption, consisting of large white wheals surrounded by a broad red areola. There was some irritation, but it was not at all intense. There was no constitutional disturbance, and by 11 a. m. the rash had almost entirely disappeared. To verify the cause of the eruption the child was given the last powder at 7:20 a. m. on the following morning, and in an hour a similar rash, if anything more intense, had appeared.

The bowels were freely opened about 9 a. m., and the rash had entirely gone by 10 a. m.

There does not appear to be many cases of this interesting eruption recorded. Sievking mentions a similar example, which is the only one referred to by Crocker, and Morrow, in his interesting work on drug eruptions, mentions the above case and a number of others recorded by Hubert, in which the administration of santonate of sodium was followed by an eruption of pin-sized vesicles in the trunk and limbs. Underwood also relates a case in which the taking of five grains of santolin in an adult was followed by a morbilloid cuticular efflorescence and a punctiform rash on the buccal and pharyngeal mucous membrane. It appears, therefore, that the santolin idiosyncrasy is rare, and that the eruption may vary in character, accompanied by little or no constitutional disturbance; and rapidly disappears, leaving no ill effects.—*Lancet*.

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#### A CASE OF MARKED PARESIS OF THE INTERNAL AND THE INFERIOR OBLIQUE RECTI MUSCLES OF THE LEFT EYE MUSCLES.

FRED. W. PAYNE, M. D., BOSTON.

Mr. M. consulted me for continuous and slightly increasing sense of confusion in vision, both for near and distant looking. Prism tests showed a revealed condition of Exophoric of 1° with 3° in accommodation. On examining for a refractive error, the choice of the correcting glasses proved unsatisfactory, both by the usual, objective method, and by that of retinoscopy, owing to the existence of a marked ciliary spasm, so the use of atropine, instilled into the eyes, was instituted, under which influence, it was found that the following glasses, during full accommodative ability could be borne comfortably and with relief to the visual confusion, viz:

R. cyl. plus 0.25 ax. 60°

L. cyl. plus 0.25 ax. 120°

for distance, and for reading

R. plus 0.50=cyl. plus 0.25 ax. 60°

L. plus 0.50=cyl. plus 0.25 ax. 120°.

Seven months later he developed a marked case of muscular rheumatism, for which *Bry.*<sup>30</sup> was prescribed, owing to a pain-

ful sense of tension and stiffness in nape of the neck, aggravated by motion; the urine was scanty and red; he had burning in urethra, independent of micturition: general aggravation of his discomforts the first of the night, beginning about 9 o'clock in the evening. As the rheumatic symptoms were dissipated, a gonorrhœal discharge developed, either owing to the restoration of a former disease, as the rheumatic condition abated, or possibly caused by a recent infection, though he strenuously denied any late exposure, but admitted having had the disease several years earlier. The gonorrhœal symptoms were those calling for *Copaiva*, viz.: soreness and swelling within urethra, with much smarting and itching pain; yellow, thick, purulent, abundant discharge. Under *Copaiva*<sup>30</sup> the gonorrhœal symptoms were rapidly dissipated, but the confusion of vision and the crossed diplopia became more pronounced and rapidly increased, causing distressing dizziness, especially in locomotion. A noticeable drooping of the left upper lid began to manifest itself. At this time objective tests showed an actual divergence of 10°. Owing to a return of the rheumatic lameness, associated with a markedly bruised feeling of the muscles generally, and with a vertigo while in motion or on rising from stooping, as if everything was turning with him associated with the mental condition of hopelessness, weeping mood and apprehensiveness, as if something serious was impending, prescribed *Arnica*<sup>30</sup>; two days thereafter he reported much relief to the muscular soreness and mental quietude, but the deviating position of the eye was becoming more marked, the globe noticeably turning upward and outward and the lid was becoming more helpless. The change in the position of the eye rapidly increased so that he must cover the deviating eye to relieve the dizziness and uncertainty in vision during locomotion; while in order to see with the deviating eye alone, he must throw his head well back, or raise the lid with his finger, owing to the great narrowing of the Palpebral aperture, due to the paralysis. The amount of lateral deviation now amounted to an angle of 45°. *Stramonium*<sup>30</sup> was prescribed, owing to the condition of diplopia, the second object occupying a position obliquely to the right and anode the normally placed image. During this time he felt well, especially so when the deviating

eye was closed or covered. Nothing having been gained under *Stram.* I used weak Faradic electricity, changing afterwards to the Galvanic current, the anode having been placed on the nape of the neck, and the cathode passed backward and forward over the closed lids, as near as possible over the site of the internal and superior recti muscles. No gain having been effected by these means I cocaineized the eye and stretched the eye muscles forcibly, moving them laterally with forceps, by seizing the tissues over the insertion of the tendons of the external and internal recti, and also at the same sitting, moving forcibly the globe vertically, by seizing with forceps the parts over the insertion of the superior and inferior recti; this method was repeated on alternate days for two weeks, but without improvement, although it had proved effectively so in a case of paralytic, convergent strabismus, in a patient formerly treated by this method, where complete recovery resulted. After the use in succession of *Sulph.*, *Arg. Nit.*, *Merc.* and *Plumb.* selected with reference to the paralytic condition, which, by the way, furnished but little assistance in the choice of the remedy, as no other symptoms were present as a guide, I was led to prescribe first *Sep.* then *Bell.* and afterwards *Phos.* for the development of a tearing, dry, harassing cough, associated with renewed stiffness of the muscles of the neck, and, although the cough and rheumatic symptoms were rapidly improved, the malposition of the eye increased, so that, in its relation to his other eye, it stood at an angle of 50°. Now nine months had passed, under treatment, without improvement to the paralyzed condition, so I decided upon surgical interference, notwithstanding the condition seemed an unpromising one. The paralyzed muscles showed but little contractile ability, and he was only able to turn the eye inward, toward the center of the palpebral aperture to about 10°. The actual deviation outward amounted to 50°, and upward, from the horizontal plane to 25°; these measurements having been carefully taken with the perimeter. The operation consisted, under 20 per cent cocaine, of full tenotomy of both external recti, and an advancement of the left, internal rectus, thus rearranging its point of insertion, by drawing it forward and securing it in position with stitches, placed in the conjunctiva and sub-conjunctival tissues. By these means, associated with

much loosening of the connective tissue, I was able to bring the eye slightly beyond the center of the palpebral aperture, an amount of advancement that I deemed necessary to accomplish, owing to the weakened, contractive ability of the paralyzed opposing rectus. I was thus able to establish a muscular balance, so far as the ability of the associated, horizontal muscles were concerned, of sufficient power to control, almost perfectly, the movement of the globe inward and outward; the eye, however, remained far above its fellow, and that of its own horizontal plane. In two weeks after the first operation a second one was instituted, cocaine, as before, having been instilled into the conjunctival sac, and its influence allowed to continue for fifteen minutes, a tenotomy of the left superior rectus, in connection with an advancement of the left, inferior rectus brought the eye into the horizontal position. After each operation the eye, in which advancement had been effected, was washed in warm *Calendula* and water and dressed with a simple compress, consisting of soft, old linen and absorbent cotton, this being retained in position with a roller bandage. The eye was dressed daily for five days, then left uncovered. *Calendula*<sup>30</sup> was given internally. Small reaction resulted and the eyes made good recovery. His ability today is that of almost perfect coordination in the associate lateral movement of the two eyes, the only exception being, that when mentally or physically tired, or when turning the head well over to the left, and looking across to the right, there is a tendency to confusion and slight crossed diplopia results, in the downward movement there is still slight confusion, though nearly diminishing in ordinary use of the eyes; however, vision is perfect, and he progressively gains in coordinating ability in all directions. With the glasses that were selected before the primary operation, he still has much comfort. The results, in this case, showed more conclusively satisfactory than is usual from similar operations, upon paralyzed muscles. The use of the similitum in controlling concomitant symptoms I believe has materially emphasized this conclusion. Long continued malposition of the eyes must have so affected the sight and tone of the tissues as to make the surgical means an imperative necessity, and that having been accomplished, a muscular balance was permitted and maintained through the reestablish-



ment of muscular energy made possible by properly administered medication. Whether so or not, the result proved an unusual one, and of great relief to the victim of it, and the general health has remained vastly improved. One interesting feature in the case was the gradual restoration of the muscular power to the eyelid. As the inflammation resulting from the operation lessened, and the reestablishment of muscular balance in the recti muscles became assured, the ptosis and imperfect control of the eyelid steadily and rapidly improved, until full restoration was the result.

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### CUBEBA.\*

JENNIE MEDLEY, M. D., H. M.

This remedy is prepared from the unripe berry of the Piper Cubeba indigenous to the East Indies.

It is used to a considerable extent by singers to relieve fulness in the throat, eating the berries for that purpose. On studying the remedy we will find it to have a decided effect on the mucous membrane of the whole body. Outside of its effect on this part of the body, on the mind it produces either an exalted or a weakened condition. It has a mental anxiety or restlessness; patient cannot lie quiet, must walk the floor.

In the larynx there is a burning sensation and under the remedy there is also a very violent form of croup, with a dark, thick, false membrane, sensation of a foreign body in the throat, stuffed up feeling in the head with heaviness of the head and danger of suffocation.

The eyes have a watery appearance; the lids are swollen, and it has been indicated in gonorrhoeal ophthalmia and rheumatism.

In the mouth there is a feeling of dryness although it appears to be moist. In the throat there is a sensation of burning; the patient continually swallows to relieve it.

Under appetite there is a desire for delicacies, rich food, stimulants, etc. Unquenchable thirst with dryness of the mouth and burning in the throat. In the stomach there is nausea, sourness after eating with acid eructations and burning pain in the stomach. There is also distress in the stom-

\*Read before the Organon and Materia Medica Society of Philadelphia, Pa.

ach from food. There is downward pressure and weight in the region of the femoral ring, and burning pressure and sensitiveness about the navel.

During stool there is a cutting pain with flatulence preceding stool. The stool may be accompanied by griping and headache; the number of stools and the pain are also aggravated from keeping quiet. Relieved by moving about. The color of the stool varies, it may be dark, yellow, bilious, slimy, mixed with blood, interspersed with specks like rice kernels. With stool there is often a dull, heavy pain in the back and bowels. With the diarrhœa there is also a burning in the rectum. The patient may be constipated with hemorrhoids. Cubeba has been indicated in suppuration of the rectum. There is a burning at the anus as well as of the bowels with a sensitiveness of the perineum. Under the urinary organs there is a chronic cystitis. Cutting and constriction after micturition; last few drops painful to expell.

The urine is copious and dark colored. The remedy has urethritis and frequent desire to urinate, especially in married women, followed by pain in the bladder; the desire to urinate comes about every ten or fifteen minutes. With the urine there is at times aropy mucous discharged. The urine is frothy and may smell of the berry, or like violets. There is a burning and itching in the urethra, and a feeling as if urine still remained after urination. The remedy has gonorrhœa with profuse discharge and burning pain on urination. The discharge may be profuse, slimy, thick, yellow or pus-like. The remedy has cured nocturnal enuresis. It has severe inflammation of the urethra and vagina and may be of long standing, with pains on urination, and a profuse bad smelling leucorrhœa. Leucorrhœa, profuse, greenish or yellow, and bad smelling. Uterus enlarged, sensitive and burning.

The menses come too soon and are preceded and followed by the leucorrhœa. There is a feeling of weight and downward pressure in the abdomen before and during the menses. The remedy has also an acrid leucorrhœa in children.

Cubeba has a bronchial cough. <evening by heat and in the open air. The cough is harsh and seems to rupture the bronchi with painful and difficult expectoration. The expectoration is greenish in color, rusty or streaked with blood.

The patient may have hemorrhages from [the lungs mostly toward evening. During and after the cough there is a coryza and hoarseness with cold sweat on the breast and back and burning in the abdomen.

The remedy has acute pain in the wrists followed by redness and swelling. Stiffness of the wrists. Flashes of heat in the face with burning of the palms of the hands and soles of the feet.

Cubeba has skin diseases with kidney affection. Paralysis of sensation with urinary diseases. The urine is albuminous and bloody. The eruption may or may not have itching.

From a study of the remedy the strongest indications for its use are manifested in its croup, lung, bowel and urinary difficulties.

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#### THE SINGLE REMEDY VS. THE ALTERNATION OF REMEDIES.

In writing upon this subject, there are many things to be considered; not only from a theoretical basis, but from the practical as well. It is the clinical demonstration of a theory which assists us in collecting what we presume to be facts in medicine; and it is from the experience and teaching of many physicians, added to which must be our keenest power of observation, that we are able to conscientiously assert an absolute knowledge of these facts. It is therefore an extremely difficult matter to decide upon definite conclusions regarding the subject now under consideration, as so many physicians hold such absolutely diverging views; some of our ablest practitioners holding that only the single remedy is allowable if one wishes to be a true homoeopath; while others, equally eminent, claim that the alternation of at least two remedies is perfectly justifiable in many cases.

Dr. T. P. Wilson, in the *Medical Century* says: "In the absence of knowledge, we must be guided by principle. If we are assailed by a variety of teachers no two of whom agree, how can we become wiser? By what means shall we be able to sift out the true from the false? As there is no 'divine revelation' to aid us in matters pertaining to medicine, how can we

differentiate between the fool, the ignoramus, and the man of knowledge?

The only way we can accomplish this, is for each one of us to dive deep into the depths of learning, and try to become thinking, reasoning and scientific men and women, adhering to well settled principles, adding new facts, presented to us from day to day, to those already stored in our minds, and from the science of therapeutics, which should be the main study of every physician's daily work, throw aside much that can only be considered empiricism, and take for our guiding principle Hahnemann's Law of Cure, *similia similibus curantur.*"

Now, as to the opposing opinions in regard to the alternation of remedies: In the first place why do so many of our practitioners alternate? In answer to this, perhaps we will all agree that the most important reason is the failure to correctly analyze the characteristic symptoms of each individual case, and to prescribe accordingly the proper analogue, the selection of which many times meaning hours of dry, plodding work, which the busy practitioner cannot well afford.

Another frequent excuse for thus giving more than the single remedy is often made by physicians who say they never alternate unless the patient is at a distance from them, and cannot be seen as frequently as they would like. For this reason they give two, and occasionally more, remedies, thinking that perhaps the remedies will not do any harm anyway.

Others claim their only reason to be either a lack of confidence in their own knowledge of drugs, or else an over-anxiety in regard to their patient, and having two remedies in their minds, either of which would seem to be indicated, and yet does not fully cover every feature of the case; hence they are both given with the hope that one, or both, may cure the case.

Others find better results by the alternation of remedies in chronic cases. Others only alternate in acute cases. Others are more bold in their convictions, and insist that in many cases two remedies will cure where one will not. Others again say they prescribe according to pathological reasoning, giving the remedies according to their elective affinity for the parts diseased. These are the main reasons advanced for the alternation of remedies. Now let us briefly analyze them and see

if they are based upon scientific principles, or if their logic is good.

The first, and as I have said, the most important reason, only calls to our attention the fact that each and every practitioner should make it a point to familiarize himself as thoroughly as possible with our *materia medica*, which in turn will give him an accuracy and speed in differentiating the characteristic symptoms of a case leading to its *similimum* that cannot be attained in any other way. There is therefore nothing further to be said upon this point, as a physician who will acknowledge this fault within himself, knows only too well the penalty attached to ignorance.

In regard to the second reason: Let us see whether harm does not result occasionally by remedies given in alternation, under certain conditions and to certain patients.

No doubt these alternators claim that attenuated remedies act only by their homoeopathicity to the disease in question, and are inert when taken by persons in health; in other words, that attenuated remedies act only upon the sick organs, and do not affect the other parts. We are all well aware of the peculiar susceptibility of some patients to drug action, and cases are on record of even our attenuated remedies giving us some remarkable provings. I believe a most excellent proving of *natrum muriaticum* was made with the thirtieth decimal dilution.

This would certainly lead us to believe that a remedy given even during a natural disease, and which was not the *similimum*, would be likely to act upon the organism, producing its peculiar drug disease, manifesting its symptoms perhaps in organs remote from those of the natural disease, or at least changing the type of this disease, provided the two remedies given in alternation were not antidotal or incompatible to each other, and that the patient was imbued with this peculiar susceptibility for one or the other of these drugs.

In the course of time the ill effects of this drug disease would pass away, leaving the patient with simply the original trouble. No harm done, some would say, but is this what we call a scientific method of treatment?

As to the third reason: Here we can picture our poor anxious physician with his two remedies, neither of which he

differentiate between the fool, the ignoramus, and the man of knowledge?

The only way we can accomplish this, is for each one of us to dive deep into the depths of learning, and try to become thinking, reasoning and scientific men and women, adhering to well settled principles, adding new facts, presented to us from day to day, to those already stored in our minds, and from the science of therapeutics, which should be the main study of every physician's daily work, throw aside much that can only be considered empiricism, and take for our guiding principle Hahnemann's Law of Cure, *similia similibus curantur.*"

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that remedies used in their hands have failed to accomplish all that they could wish. They prescribe for symptoms in these so-called "chronic cases" time and time again, the patient, in the natural course of events, being relieved occasionally of some of the most prominent symptoms, which invariably return at different intervals, but yet the physician congratulates himself that he is gradually obtaining a cure, whereas very often the chronic malady is being kept in a latent condition, until, in the course of time, the patient is attacked with perhaps some prevailing acute disease, which combines with the chronic disorder, bringing out the symptoms in an entirety, acute and chronic together; and the totality of symptoms now being more easily defined, the correct *similimum* is given, and the patient absolutely recovers. Had such a case been thoroughly studied in the first place, no doubt this same remedy would have been given then, and the patient perhaps spared years of suffering. A thorough knowledge of Hahnemann's "Chronic Diseases," with the "anti-psoric" remedies, as well as our materia medica in general, would, I am sure, lessen the number of our *chronic alternators*.

#### ACUTE CASES.

There are the cases in which a physician may be sorely tempted, if he does not constantly bear in mind the reason why, in some instances, acute cases are so difficult to cure. Here, again, would, perhaps, a latent "chronic miasm" combine with an acute attack of some kind, and the physician, entirely in the dark as to the complete history of the patient, prescribes what he believes to be the true *similimum*, and yet it does little or no good; but, on the contrary, may even develop new, and often very troublesome symptoms. What is to be done? To many practitioners the only recourse seems to be another remedy in alternation, which they hope will help matters along; but to the true homoeopathic scholar this is not enough. He does not doubt the efficacy of his supposed *similimum*, but he feels that he himself is at fault; that he is not familiar enough with his case, and thereupon seeks for a complete history of the patient, and finds the cause of his difficulty, very frequently, to be a "chronic miasm," or it may be some chronic drug poisoning, particularly if the patient has come from old school

hands, which combines with the acute attack, modifying it to such a degree that it is most difficult to cure. As you are all aware, acute troubles are, as a rule, easily met by our remedies, or, for that matter, the vital energy within the patient would be sufficient to overcome some of the milder cases without the use of remedies; but, in order to cure with the least amount of discomfort to the patient, the *true similimum* is needed; and hence it behooves every practitioner to be prepared to scientifically prescribe for all cases, the simple as well as the most complicated, keeping aloof from all guess-work, and proving himself at all times master of his art.

Now let us see why some of the advocates of alternation are so bold in their convictions, and claim that two remedies will cure where one will not. These are the practitioners whom we should particularly like to hear from. As a rule, the advocates of this method of prescribing simply tell us that from "experience" they know it to be of use; but when asked for a more minute reasoning, or scientific basis, for their belief, they are invariably found wanting. It is quite true that their practical experience with the sick may be of inestimable value to us all, but as we wish to be something more than mere *imitators*, we would like them to give us a foundation upon which to rest our cause, and then, perhaps, we may be able to work harmoniously with them. The only plausible reason we can learn for their certainty in this matter is that a cure may be obtained by the alternation of two remedies which tend to modify each other's action, and thus cure where either of them given alone failed to cure. We have, however, no homoeopathic authority for this except empiricism, as our remedies were not proved by alternation, or by drug action resulting from the modification of one drug upon another, but by the simple, pure single remedy. Thus you will observe that this method brings us again to an uncertainty; in fact, leaves us treading close upon the road to polypharmacy; and while we have the utmost respect for the opinions and judgment of these practitioners, still we cannot but see that to the truly scientific prescriber, according to our law of cure, their method is not only confusing, but must ever be a hindrance to a more rapid advancement of *pure homoeopathy*.



PATHOLOGICAL PRESCRIBING.

Though we believe that certain remedies or drugs have an elective affinity for certain organs or tissues, still we do not understand this to mean that a drug, when being proved, acts exclusively upon certain organs or tissues. It simply means that the drug seems to select a certain portion of the organism to be the spokesman, as it were, for the rest of the body, by manifesting, in this particular part of the organism, the most striking symptoms which it has produced, and which will again be the guiding symptoms for us in the cure of disease.

So it is with a natural disease : if one part of the organism is affected, the entire organism must be affected to a greater or less degree. This is what Hahnemann so strenuously depicts to us in his explanation of the "vital force" which he tells us is inherent in every tissue, giving to it its peculiar characteristics, and at the same time permeating the entire organism.

While we must admit that pathology is exceedingly valuable to us as an aid in prescribing for the sick, and so frequently assisting in locating some remote symptoms, and which every physician should be most intelligently familiar with, still we cannot make it the principle upon which we should depend, for we would be apt to meet with many disappointments, as it is not always an easy matter to locate the pathological lesion in every given case.

Again, should we abide by this method of treatment alone, we might often be obliged to give half a dozen or more different remedies, one for each organ or tissue affected and this we all know is entirely contrary to all our teaching. If we endeavor to keep in our mind the instruction given us in regard to the "unity of disease" as controlled by the "vital force," just as the various symptoms are produced in the healthy by the proving of one drug, we cannot fail to understand that although many different organs are affected with disease at the same time, there is but one remedy to cure this condition, and we will be well repaid by giving the single remedy whose characteristic symptoms correspond most clearly to the aggregate of symptoms in the patient, regardless of any specified pathological demonstration.

These are the arguments as far as can be learned, *pro* and

con, for The Single Remedy *versus* The Alternation of Remedy.

And now briefly, in conclusion, and in defence of the Single Remedy, we will say, that it has been amply proved by not only Hahnemann, but by many of his most illustrious followers to be *the only true homœopathic prescription*, and whenever alternation is resorted to, it is done simply through an emergency, and without due regard to the teachings of our school. It does not meet the requirements of our law of cure, and tends to generate in the mind of the physician a complacent toleration of a harmful but apparently easy way of practicing medicine, which is to be deplored in this day of real advancement.

The majority, we are happy to say, are ever on the alert for any scientific information pertaining to the welfare of humanity; hence, any new, scientific developments the advocates of alternation can extend to us will be hailed with delight. Until such time, however, we must endeavor to abort that which we cannot but consider an evil, and do our best to cultivate the good.

If we are ever tempted to stray from the straight and narrow path, a glance at Hahnemann's "Organon" and our materia medica in general may point out to us the folly of such a step. And here I see nothing more fitting than to quote from Carroll Dunham when he says: "If we appeal to the experience of Hahnemann, let it be understood that we appeal to the man who both knew materia medica better than any other man ever knew it, and who had more practical experience than any of us have had \* \* \* If we doubt his ability, his capacity, his candor, what are we doing with his materia medica on the truth of which we risk our patients' lives?"—*Eleanor F. Martin, M. D., Pacific Coast Journal of Homœopathy for October, 1894.*

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The Board of Directors of the Hahnemann Medical College of San Francisco, at their last business meeting, decided to have the next term of the college open February 1st and continue till August. The college after that date will fall into line with Eastern colleges, and commence lectures in October. The regular four years session will begin with the session of 1895-6.—*Pacific Coast Journal.*

**Notes from Clinic of Philadelphia Post Graduate  
School of Homœopathics.**

This is an eminently practical institution, designed exclusively for graduates in Medicine and all of its work is directed to the more perfect comprehension of the law of *Similia Similibus Curantur* than can be obtained in any undergraduate college. The work in this department alone will be of greater value to the homœopathic physician than the price of this journal.

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SERVICE OF MARY JOHNSON OLDS, A. M., M. D., H. M.

Mrs. L. B. Aet. 42.

Nov. 6. 1893.

Face pale, shiny, greasy, deathly looking.

Small, slight woman.

Pain in head, beating temples, formerly occiput.

Numb feeling, occiput.

Constipation.

Bloating of abdomen, a quarter of an hour after eating.

Limbs numb when walking.

Chill and fever three months ago.

Chill about 11 a. m. (?), lasting an hour.

Fever after chill.

Delirium during fever.

Left leg swollen after chill. Weak since confinement.

<after eating—feels trembly, as if afraid.

Hands and feet cold.

Urine like pure water.

Urination frequent at night.

Menses absent since confinement thirteen years ago.

Child born at seven months, dead.

Trouble in family at time of last confinement.

(Husband ran away with another woman.)

Patient seems dazed; has difficulty in telling symptoms;

Cannot give intelligent answers to questions.

S. L.

Nov. 15.

Improved.

Sensitive to noise, to whistling.

Worries easily.

Desires consolation.

S. L.

Nov. 22.

Sensation of hot water running down limbs.

<right side.

Sensation of weight like a stone in abdomen.

Leucorrhœa, yellowish, thick.

S. L.

Dec. 11.

Left arm numb.

Vertigo.

< warm room.

Natr. Mur. <sup>60m</sup> F.

Dec. 22.

Terrible pain the night she was here last, also a chill.

Chill began at 10 p. m. and lasted until midnight.

Hands and feet icy cold.

Thirst after the chill.

Sensation like a lump in throat.

Numb sensation in right arm, as if hot water were running down.

S. L.

Dec. 29.

Getting better.

S. L.

Jan. 5, 1894.

Pain across chest.

Sensation of cold water running down left arm.

Swelling at epigastrium.

Numb sensation under left arm as if bandaged.

Heat down right leg, as of blood rushing down.

S. L.

Jan. 15.

Chill at 2 p. m.

Headache bad.

Chilly.

S. L.

Jan 19.

Beating pain in temple.

Costive—goes a week without stool.

Stool in small pieces, dark green.

<towards evening.

<lying on feather bed.

Pain in left ovarian region before stool, or with desire for stool.

<getting up quickly.

S. L.

Jan. 24.

Heat along shins.

<4 and 8 p. m.

Urine strong, highly colored

S. L.

Jan. 31.

Improvement.

S. L.

Feb. 14.

Water rises into mouth and burns her

Sharp pain in left ovarian region.

S. L.

Feb. 21.

Urine dark red; white sediment.

Pain in lower abdomen and back preceded by chill and diarrhoea.

<walking.

S. L.

Feb. 28.

Burning pain in legs runs up to heart and head.

Cannot lie on left side.

Must have head high.

S. L.

March 5.

Natr. Mur. <sup>60m</sup> F.

March 7.

*Menses which have been suppressed for fourteen years came back last night.*

Blood very dark.

(Patient fairly weeping for joy.)

Sharp pains in lower abdomen.

S. L.

March 14.

Menses lasted one week.

Hot pains in legs.

S. L.

March 28.

Improvement.

Leucorrhoea increased, white.

S. L.

April 6.

Mental symptoms *greatly improved*. Has begun to take interest in things again, and to talk rationally.

Limbs do not get numb as formerly.

Pain in breasts.

Must urinate often.

S. L.

April 13.

Menses April 9; black, profuse.

Pain in head before.

Dull pains in left ovarian region during menstruation.

S. L.

May 7.

Terrible straining at stool.

Haemorrhoids protrude; must push them back.

Uses abdominal muscles to force stool out.

Bowel does not feel fully emptied after stool.

Burning and itching in anus after stool.

Crawling like insects all over body before menses

S. L.

May 14.

Menses, black, clotted.

Stop in afternoon and then headache comes on.

Vertigo on lying down.

S. L.

May 25.

Improvement.

Bowels now move easily every two days.

Formerly no natural urging to stool.

Pain in insteps on stepping—as if skin too short.

Jumping sensation in heart on lying down. Stitching.  
<lying on left side.

S. L.

June 8.

Pain and swelling, left leg and foot.  
Urine scanty <passes it only once a day.

S. L.

June 20.

Beating pain in right temple.  
<from 4 p. m. to bedtime.  
Menses black, lasting eight days.  
Burning pain in legs.

S. L.

July 23.

Sweats at night and on lying down.  
Chills on waking—go up back.  
Menses delayed eight days.  
Black and stringy.  
Pain behind sternum, with desire to spit up.

S. L.

July 27.

Does not feel good at all. Not well since last menses.  
Eruption all over body.  
Pustular. "Like hives with matter."  
Pain, top of head.

S. L.

August 3.

Pain in sacral region.  
Diarrhoea—stops and begins again.  
Great urging to stool—wakening her mornings.  
Natr. Mur. <sup>60m</sup>F.

August 10.

Improved.  
<evening.  
Soles of feet burn.  
Pain in breast.

S. L.

August 20.

Menses August 12.  
Profuse, not so dark.

Not so much pain.

Beating pain, vertex and over eyes, with vertigo.

Comes at 4 p. m., lasts all night.

Nausea every evening.

S. L.

Aug. 31.

Much better. Growing stout. Skin less greasy.

Burning pain in legs, in evening only.

S. L.

Sept. 5.

Improved. Feels "first-rate."

Gets hot spells and is chilly afterward, near menses.

Feet do not get numb now.

S. L.

This long case is given thus in full not only because it shows the process of a striking cure, but because it illustrates a number of facts which it is important to observe and to bear in mind in the treatment of chronic cases.

First, we may notice the symptoms on which the remedy was prescribed. The patient's mental state was such that it was impossible to learn her symptoms fully, and it was on this account that she was at first kept on Sac. Lac. for a time, with the purpose of taking the case more fully if possible. But the peculiar aspect of the patient at once suggested Nat. Mur.—the pale, waxy, greasy, deathly looking face; and no remedy stands higher than Nat. Mur. for long lasting complaints which date, as hers did, from sorrow, especially from some sad event in which the affections and sexual feelings are deeply involved. The beating headache, the numb sensations, the chill symptoms, (though these were not definitely learned), the aggravation after eating, the great sensitiveness to noise, the urinary symptoms,—all these tended to confirm the choice of the remedy.

The first sign of action of the remedy is one which we frequently observe—namely, an aggravation: she had "terrible pain" the night after taking the remedy. That such an aggravation does often follow the administration of a remedy is a fact which can not be too well known to homoeopathic physicians: one of the greatest mistakes which can be made is to prescribe for such an aggravation, considering it a change of



symptoms calling for a different remedy; yet this is constantly done by men who are insufficiently acquainted with the doctrines of Hahnemann. It should be remembered that the first action of a chronic remedy may be to cause an aggravation lasting not only for hours, but perhaps for days, or even two or three weeks. It requires knowledge on the part of the physician to induce him to wait long enough on a remedy to see the magnificent improvement, extending over several months, which may follow one of these long aggravations.

This case illustrates well the directions which symptoms take in the process of a cure, viz.: from above down, from within out, and in the reverse order of their coming. Any doctor, of any school, may claim that his patients improve, but only the homoeopath who is acquainted with these directions of cure can follow a case intelligently, and know whether an apparent gain is a suppression, a palliation, or a real step forward toward health. Indeed he may know that a remedy is acting well, and the patient improving, even although the patient himself thinks he is worse. For instance, if head symptoms disappear, and distressing pains in the limbs come on, the patient is doing well although he may suffer more temporarily, and insist that he would rather have the headache. To prescribe a new remedy for these pains in the limbs is to spoil the case. The only thing to do is to wait, for these distressing symptoms are in the order of cure. So in this case we find after the remedy an increase of symptoms in the extremities—the burning pains in the legs, the numbness, and other symptoms, while at the same time the headaches were gradually decreasing.

The return of old symptoms is another sign of good action of a remedy. The patient does not welcome these old symptoms, in fact, he is usually angry when “diseases” which had been “cured” by other physicians, make their appearance again. But the physician knows that only by going over the backward track can the patient really get well; and when symptoms are taking this course he is justified in giving all encouragement to his patient to persevere in the treatment and expect better things in the future. In this case old symptoms at once began to appear in the form of chills, which had been absent for some months before taking the remedy. The

great thing to hope for was the return of the menses, which had been absent many years; but the woman was so sick that it was doubtful whether she would have vital reaction sufficient to bring back this symptom; moreover, she was near the time of the menopause. It was, therefore, with the greatest interest that we heard her tell of the return of the menses after the second dose of Nat. Mur. The change in the woman's mental condition at that time seemed almost miraculous. She came in weeping for joy, and saying she was the happiest woman alive. For the first time she looked and talked like a rational being; and from that time on she was able to tell her symptoms intelligently. Until that time she had been in so dazed a condition that it had been almost impossible to elicit anything from her by the most diligent inquiries; and her improvement had been so slight as to make us doubt whether the right remedy had been given. But so far as the symptoms had changed at all they had taken the right directions; so the only thing to do was to repeat the remedy after waiting until the action of the first dose was exhausted. It is always best to continue the use of a remedy as long as any improvement can be gained from it.

The case has gone on steadily toward recovery, a third dose of the Nat. Mur. having been given in August as recorded. The constipation, which was obstinate, has yielded at last; the headaches are only occasional, and "nothing like what they used to be," the woman has grown fat, is able to work, is in good spirits, and looks at least ten years younger than she did last November. The case is of course not yet cured; patients with such profound sickness need treatment extending over a number of years. Probably she will soon need a higher potency of Nat. Mur., and other remedies may be required later on. No one can tell what buried cities of old symptoms may yet be excavated in the progress of the cure; but the case has gone far enough to be one more illustration not only of the fact that Homœopathy can cure patients who have chronic diseases, but also of the orderly manner in which such cases are affected, if they are true cures.

## Surgery.

### APPENDICITIS OBLITERANS.

HOWARD CRUTCHER, M. D., CHICAGO.

Those who recall the recent article of Prof. Senn (*Journal of the American Medical Association*) upon the subject of obliterating Appendicitis may rest assured that I can add nothing to it from a theoretic standpoint. I have, however, lately operated upon two cases of this form of trouble, and the symptoms felt by the patients were so dissimilar that they are perhaps worthy of record.

A young man of 21 years came to me from Tennessee with this history:

On the 10th of June, 1893, he was stricken down with acute appendicitis which confined him to his bed for a period of nearly six weeks. Since that time he has complained at times of slight pains in the caecal region, these pains at rare intervals becoming severe enough to be classed as colicky. His condition had given him a great deal of mental distress, and he finally made up his mind to have the appendix removed. For this purpose he came to Chicago and entered the Hering hospital. He was six feet tall and weighed 150 pounds. Assisted by Drs. Stafford, O'Neil and Warren I opened the abdomen by an incision, following the trend of the external oblique, on the caecal point. On account of the patients' fondness for outdoor sports and the consequent heaviness of the muscular layers, I found it necessary to extend the incision to one inch and three-fourths.

The appendix was located, after a great deal of trouble, on the posterior wall of the caecum, and so firmly adherent to that organ from base to tip that I separated it with the greatest difficulty. After removal it proved to be almost entirely fibrous, only a small lumen remaining. It is apparent, of course, that if the degeneration (perhaps *regeneration* is a better word) had proceeded in regular and orderly fashion that no further trouble

would have come from it. I have, however somewhere seen, or heard, the observation that the unexpected sometimes happens in appendicitis. The stump was buried carefully and the wound closed with five layers of catgut. Twelve days thereafter the patient rode forty miles on a train and spent the day fishing. A few days later he returned to his home in Tenn. The features of the case were the abundant adhesions and the fibrous replacements of the appendix.

#### CASE II.

Appendicitis being a disease of young men sometimes afflicts old women. At any rate my next case of appendicitis obliterations occurred three weeks later in a woman of 60 years. She had never had an acute attack, but was annoyed by persistent pain in the caecal region. The patient was very fleshy and I found it necessary to make an incision nearly four inches long. I am sure the adipose layer was more than two and one-half inches thick. Here, as in the other case, the adhesions were very abundant and firm, and bled furiously in several instances. The appendix was united to an enormous mesentery. It was also fibrous, not more than three and a half inches long. The stump was buried cautiously and the wound closed with the usual five layers of catgut.

The pain in these cases evidently came from the adhesions.

Notwithstanding the fact that this second patient had, just five weeks before, lost her uterus, ovaries, and a section of her rectum, she made a rapid recovery. The previous operation had been done for the purpose of "relieving the pain in her side." I did not do the work.

A few words touching the after treatment may be of service to some.

For the first day allow nothing but hot water. On the second day, provided the stomach be quiet, watermelon may be allowed, the patient to retain the juice and eject the pulp. Nothing is quite so refreshing, nothing so effectual in quenching thirst. Its influence on the kidneys is excellent. The third day buttermilk or Matzoon may be added. On the fourth day fresh fruit juices, selected peaches sliced and sweetened, and pea soup are in order. The fifth day milk toast, pea soup, watermelon, buttermilk and Proteinol are sure to keep off a

feeling of starvation. The sixth day toast, tea, buttermilk, Proteinol, watermelon, *fresh* peaches sliced and sweetened but without cream, and sliced tomatoes can be given. The seventh day soft boiled eggs, dry toast, tea, buttermilk, watermelon, vegetable soup, (strained) and Proteinol will be greatly relished. The eighth day rare beef, dry toast, sliced tomatoes, buttermilk, baked potatoes, peaches, watermelon and Proteinol.

If the hot water should nauseate on the first day, add a few drops of pure lemon juice to it.

The use of Saline enemas is, I am convinced, a troublesome nuisance. They do no good, and had better be dispensed with until the eighth day, or even later.

In the after treatment of these cases nothing is so valuable as the exhibition of the proper remedies when their use is demanded by the condition of the patient. Always take into account the whole condition and do not prescribe for trifling symptoms here and there. These remedies stand out, in my experience, above all others. For the symptoms of shock following abdominal wounds, nothing equals *Staphysagria*; for the gas pains, *Lycopodium* will be required three times out of four; and next in practical utility comes *Bryonia*. *Mercurius* is sometimes called for, and occasionally *Arsenic*. It may discourage some to say so, but out of a large number of cases I have never found an indication for *Aconite*. The restlessness that sometimes comes on after the operation is pretty certain to indicate some other remedy.

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WISCONSIN.—To legally practice medicine or surgery one must possess a diploma from some incorporated medical college or society, or shall be a member of the state or some county medical society legally organized in the state. Fines and penalties for violation. \* \* \*. Any person may demand a physician to exhibit his diploma or license, and should he refuse, may bring suit.—*Minneapolis Homoeopathy Magazine*.

## **Editorials.**

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***Until further notice, all communications, either personal or for the Journal, should be addressed 6351 Stewart Avenue, Station O, Chicago.***

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VACATION.—Reports coming from all sections of the country indicate a general vacation on the part of the majority of physicians. In almost all cases it was a forced cessation from labor because of the little demand for the same on the part of the public. The summer has been a distressing healthy one for the physician, but this period of rest has in a majority of cases proven a beneficial dispensation of Providence for they have been permitted to throw off the harness, to get out of their tread-mill of arduous routine work and to enjoy some of the pleasures of undisturbed rest. We said that it seemed a wise dispensation of Providence for the indications now point to a season of anxiety and care, a season of unusual severity, a season fraught with much sickness of a serious nature. The indications point to a prevalence of pneumonia, enteritis, rheumatism and such other disturbances as may be brought about by exposure to frequent and rapid variations of temperature. The readers of the MEDICAL ADVANCE will recognize the trouble to rest more in the susceptibility of their patients to these changes and seek to overcome the same by their treatment rather than to seek, by palliation, that temporary relief which does not remove the predisposing tendency. Far better for the patient that their sufferings be prolonged for a time if by so doing they may secure greater immunity for themselves than to have this constant fear hanging over their heads like the sword of Damocles threatening to demand as the penalty for every little indiscretion the life they hold so dear.

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The Southern Homœopathic Medical Association will meet at Lookout Mountain about the middle of November. Prof.

Eldridge C. Price, of Baltimore, is president, and he has issued an energetic circular directing attention to the forthcoming meeting. Those who go from the North—and these gatherings while “Southern” in warmth and interest and genial hospitality are largely “Northern” in attendance—will pass through some of the most beautiful scenery in the world. Leaving the rich, staid, old Queen City on the north bank of the Ohio river, the Cincinnati Southern railway crosses into the Dark and Bloody Ground; and penetrates many a historic spot on its way to the warm breezes of the Crescent City, near the great gulf. Georgetown was the home of Richard M. Johnston, and vice-president of the United States, the famous warrior who slew Tecumseh. Twelve miles away is Lexington, the renowned Blue Grass capital, and towering along the many celebrated monuments of its burying ground stands the shaft of the great Commoner, Henry Clay. Twenty miles south of Lexington, flows the Kentucky river, a stream full of historic interest, which is crossed by one of the most remarkable bridges in the world. This structure is, in round numbers, 300 feet high and 1,200 feet long. The next place of interest is Danville, the seat of Centre college, and the home of Ephriam McDowell, the immortal father of ovariotomy. The red brick cottage is still standing in which this operation was performed and the monument of the great surgeon not far away. A single circumstance is that Ephriam McDowell performed lithotomy upon James K. Polk, at Danville, many years before the future president of the Republic dreamed of defeating his Lexington rival (Clay) for the office of chief magistrate. From Danville on, the scenery is charming beyond description. The chief charm lies in the variety—the beautiful fields of blue grass, the rich, rolling hills around Lexington, the terrible cliffs skirting the Kentucky river, the famous bridge with its massive towers, the forests of scenery, beech and walnut, the long tunnels, the deep ravines, the luxurious mansions and the humble cabins—these combined have induced many experienced travelers to say that no line of railway in the world can claim such a delightful chain of attractions as the Queen & Crescent route from Cincinnati to Chattanooga.

## APPENDICITIS.

We have read a great many poetical effusions relating to prevailing diseases, but none which stand so prominent as the following from the pen of Hon. Clark Bell, of New York, on "Appendicitis." It was read before 2,000 railway surgeons at their meeting in Galveston on the 10th of June. As the *Record* says, it is well worth a perusal:

Have you got the new disorder,  
If you haven't, 'tis in order  
To succumb to it at once without delay.  
It is called appendicitis,  
Very different from gastritis,  
Or the common trash diseases of the day.  
It creates a happy frolic,  
Sometimes like a winter colic,  
That has often jarred our inner organs some.  
Only wrestles with the wealthy  
And the otherwise most healthy,  
Having got it, then you've nigh to kingdom come.  
Midway down your intestine  
Its interstices infestin',  
In a little alley, blind and dark as night,  
Leading off to simply nowhere,  
Catching all stray things that go there,  
As a pocket it is simply out of sight.  
It is prone to stop and grapple  
With the seed of grape or apple,  
Or a soldier button swallowed with your pie.  
Having levied on these chattels,  
Then begin internal battles  
That are apt to end in mansions in the skies.  
Once located, never doubt it,  
You will never be without it,  
It's a fad among society that's gay;  
Old heart failure and paresis  
Have decamped and gone to pieces,  
And dyspepsia has fallen by the way.  
Then stand back there, diabetes,  
For here comes appendicitis,  
With a brood of minor troubles on the wing.  
So, vermiform, here's a-hoping  
You'll withstand all drastic doping,  
And can earn the appellation, "Uncrowned King."

—*Medical Examiner.*



## PERSONALS.

Dr. Ward C. Pardee, of 86 Monroe street, Brooklyn, N. Y., died at his home, Wednesday, Sept. 18, from some organic disease of the heart. The Doctor had been sick for some time, so his death was not unexpected.

The Post-Graduate School of Homœopathy of Philadelphia has commenced its year's work with a larger number of students than ever before in its history. This is gratifying to all who have the interest of homœopathy at heart.

Notwithstanding the danger threatening the Southern Homœopathic College at Baltimore, its session on the 2d of this month opened with a very satisfactory class of students and it would seem as though their future was even brighter than the past. It is now to be hoped that all sources of discord having been eliminated that a most harmonious working together for the good of Homœopathy will follow.

The opening exercises of the Homœopathic Medical College of Missouri took place Sept. 18, at the school building on Jefferson avenue and Howard street. The attendance was the largest in the history of the college, which was founded in 1857. Wm. C. Richardson, the dean, and the other members of the faculty were present. Dr. W. B. Morgan, professor of surgery, delivered the address to the students.

Dr. A. M. Cushing, of Springfield, Mass., a faithful reader of the *MEDICAL ADVANCE*, has purchased a half interest in a hydraulic bicycle, which bids fair to revolutionize this necessity of the age. The invention consists of a small motor about three inches in height and holding about a pint of liquid connected by pipes with a small pump. This pump is in turn connected with an eccentric, to which the pedals of the machine are attached. A gear run by the power generated in the motor, turns upon a second gear which takes the place of the chain sprocket on the rear part of a bicycle, as made at present. The whole attachment weighs only three or four pounds and is located in the same relative position as the chains on bicycles in common use. The liquid makes a circuit of the machine, being forced by the pump into the motor, and thence being carried by a pipe back to the pump, which is of the double-action variety. It is planned to use water in the

motor during warm weather, and when the weather becomes frosty, alcohol or a mixture of alcohol and glycerine will be substituted. The attachment will be made largely of aluminum to ensure durability and lightness. The motor to be used is one recently invented in Providence, R. I. It is claimed for the machine that it will furnish enough power so one stroke of the pedals, with its aid, will be equivalent to two strokes on an ordinary bicycle. A manufacturer who has been shown the invention is very much pleased with it, and has stated that he would be willing to take hold of it and feels assured that it will be a success. The invention put into practical use will do away with the hard work in hill climbing, riders are so familiar with. The eccentric will allow riders to rock the eccentric wheel back and forth, instead of making a full stroke of the pedals.

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#### HERING COLLEGE NOTES.

Prof. Fritts has been elected to the chair of Medical Diseases of Women in the place of Prof. Taft, who has removed to her old home in Cambridge, Mass.

Dr. L. A. L. Day, professor of Ophthalmology, Otology and Laryngology in the Hering Medical College met with a severe accident the latter part of last month; while searching for the cause of an escape of gas in the dispensary, with a lighted match, an explosion followed, burning his face and hands severely, by reason of this he was detained from his classes during the first two weeks of college session.

Dr. Herbert Straten returned from Europe last month and has been elected assistant to Prof. Reininger.

Dr. William E. Weddell has been compelled to seek a warmer climate on account of his health and for the present Prof. Shaw will have charge of his Children's clinic.

R. W. Starr, D. D. S., has been elected to the chair of Dental Therapeutics made vacant by the resignation of Prof. Charles H. Taft.

Prof. F. O. Pease returns to his college duties after an outing through the state of Michigan, upon his wheel. The Doctor is an artist and has retained the impression of many of the

attractions of his trip by the skillful use of his pencil and sketch-book.

The first intimation that Hering Medical College would not be permitted to occupy their new home, at the corner of 61st street and Oglesby avenue was a sore disappointment to many of the friends and faculty of the college, but subsequent events may demonstrate that it will prove a blessing in disguise; for the present location has been fitted up in a very attractive manner and its desirability as the sight for a Medical college is becoming more apparent than ever before.

About one hundred friends of the college had been invited to the opening exercises and to welcome the students who were to come under the instruction of the faculty during the coming session. The building was lighted from top to bottom and tastefully decorated. Welcoming speeches were made by Professors King, Allen, Boynton and Fisher, after which a delightful luncheon was served by the registrar and his assistants.

Dr. G. W. Washburn succeeds Dr. C. E. Fisher in his general practice and has removed his office to 4018 Drexel boulevard, Dr. Fisher finding his literary work will require his entire attention.

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#### CAUSE OF THE DEATH OF WASHINGTON.

In the library of an old gentleman in this city has recently been discovered a copy of the *Sentinel of Liberty*, published in Georgetown on Dec. 20, 1799, containing an account of the death of Gen. Washington, which differs materially from that furnished by Tobias Lear to John Adams, which is the basis for the statements given in the general biographies. It is contained in a letter written by a gentleman in Alexandria to a friend in Baltimore and reads as follows:

"I mention to you the truly melancholy event of the death of the much-loved Gen. George Washington. He made his exit last night between the hours of 11 and 12, after a short but painful illness of twenty-three hours. The disorder of which he died is by some called crupe, by others an inflammatory quinsy, a disorder lately so mortal among children in this place, and I believe not until this year known to attack persons at the age of maturity.

"My information I have from Dr. Dick, who was called in at a late hour. Alexandria is making arrangements to show its high esteem for him. We are all to close our houses, and act as we should do if one of our family had departed. The bells are to toll daily until he is buried, which will not be until Wednesday or Thursday. He died perfectly in his senses, and, from Dr. Dick's account, perfectly resigned. He informed them that he had no fear of death, that his affairs were in good order, that he had made his will and that his public business was but two days behind."

The same paper contains the certificate of the physicians who attended the general in his last illness.

"*Messrs. J. and P. Wescott:* Presuming that some account of the late illness and death of Gen. Washington will be generally interesting, and particularly so to the professors and practitioners of medicine throughout America, we request you to publish the following statement.

*James Craik."*

*Elisha C. Dick."*

"Some time in the night of Friday, the 13th inst., having been exposed to a rain on the preceding day, Gen. Washington was attacked with an inflammation of the upper part of the windpipe, called in technical language *cynanche trachealis*. The disease commenced with a violent ague, accompanied with some pain in upper and forepart of the throat, a sense of stricture in the same part, a cough and a difficult, rather than a painful deglutition, which were soon succeeded by a fever and laborious respiration. The necessity of blood-letting suggesting itself to the general. he procured a bleeder from the neighborhood, who took from his arm in the night twelve or fourteen ounces of blood. He would not by any means be prevailed upon to send for the attending physician until the following morning, who arrived at Mt. Vernon about 11 o'clock on Saturday. Discovering the case to be highly alarming, and foreseeing the fatal tendency of the disease, two consulting physicians were immediately sent for, who arrived, one at 3:30 and the other at 4 o'clock in the afternoon. In the interim were employed two copious bleedings, a blister was applied to the part affected, two moderate doses of calomel were given, succeeded by repeated doses of emetic tartar, amounting in all to five or six grains, with no other effect than a copious discharge from the bowels. The power of life seemed now manifestly yielding to the force of the disorder. Blisters were applied to the extremities, together with a cataplasm of bran and vinegar to the throat. Speaking, which was painful from the beginning, now became almost impracticable, respiration became more and more contracted and imperfect until 11:30 on Saturday night, retaining the possession of his intellect, when he expired without a struggle. He was fully impressed at the beginning of his complaint, as well as through every succeeding stage of it, that its conclusion would be mortal,

submitting to the several exertions made for his recovery rather as a duty than from an expectation of their efficacy. He considered the operations of death upon his system as coeval with the disease, and several hours before his decease, after repeated efforts to be understood, succeeded in expressing a desire that he might be permitted to die without interruption.

"During the short period of his illness he economized his time in the arrangement of such few concerns as required his attention with the utmost serenity, and anticipated his approaching dissolution with every demonstration of that equanimity for which his whole life had been so uniformly and singularly conspicuous.

*"James Craik, Attending Physician.*

*"Elisha Dick, Consulting Physician.*

"The signature of Dr. Augustavus Brown, of Port Tobacco, who attended as consulting physician, on account of the remoteness of his residence from the place, has not been procured to the foregoing statement."

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#### VACCINATION IN THE A. M. A.

The "orthodox" wing of the medical profession in this country appears to entertain some doubt regarding the virtues of vaccination as commonly practiced. At the late meeting of the American Medical Association a paper by the late Dr. Ezra M. Hunt, so many years prominent as a public health officer of New Jersey, was read. In this paper the author stated his opinion that vaccinia, or the cow virus, is probably human variola modified by transmission through the cattle. He referred also to the difficulty that sometimes arose in distinguishing varioloid from varicella (chicken pox), and urged the necessity for giving close attention to the history of each doubtful case. He also referred to the organized opposition in England to vaccination and the grounds for it. In the discussion that followed several physicians were of opinion that it was expedient or necessary to modify the procedure, or to employ better material.

Dr. Hewitt, of Minnesota, advised return to the practice of arm-to-arm vaccination. Dr. Orme said that vaccination has gone into discredit from imperfect methods. He favors arm-to-arm vaccination. Dr. Ruggles favors humanized virus as surer, milder and equally protective. Dr. Herrick considers bovine virus a poor reliance, and especially in secondary vaccinations, when the object is to assure persons of safety or

test their security. Dr. Ross alluded to the spurious sores which frequently follow the use of bovine virus, and which are too often trusted as protective, and prefers human virus when procurable of good quality. Dr. Stone concurred in the last view. Dr. Chapman thought the propagation of vaccine should be under government control and a constant supply guaranteed.

Thus it would appear that the utterances of accredited members of the American Medical Association are to the discredit of the common method of vaccination, notwithstanding that in some states the arm of the law is invoked to force it upon the people.—*Ed. S. of H.*

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WHO KNOWS HIM?—The man who has no time to read, whose table is full of journals from which the wrappers have never been removed, is the man who never frequents medical societies or professional gatherings. Two to one he has not looked into many books since he left college; he practices his profession as he did thirty years ago, and this man is likely to be the first one to steal your cases or otherwise practice unprofessional and underhand tricks upon you. He will sometimes borrow your medical journal that you have paid for, however. This kind of physician is fortunately dying out, and honest, persevering, gentlemanly, scholarly, and skillful men are taking his place—thank God! A few such are found now and then, but when found they should be sat upon.—*Rhode Island Medical Science Monthly.*

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QUESTIONS CONCERNING HOMŒOPATHY ANSWERED.—The faculty of the Hahnemann Hospital College, of San Francisco, have long considered various ways of bringing homœopathy to the attention of the masses, and thus benefit the “cause” and possibly, themselves. The result of it all is the appearance of a series of popular tracts, of which two numbers are now before the profession and the public. They are “Questions Concerning Homœopathy Answered,” and “What is Homœopathy?” Both nicely illustrate what can be done toward popularizing the subject, if intelligently handled. The publishers offer to supply copies of these tracts through Dr. Wm. Boericke, 1812 Washington street, San Francisco; we earnestly advise our readers to write for a copy, see them; see what they can do to widely circulate the same among the people.

## Society Reports.

### RECORDS OF THE "ORGANON AND MATERIA MEDICA CLUB," OF THE BAY CITIES OF CALIFORNIA.

ORGANIZED JULY, 1894.

*Members of Club:*—Drs. J. M. Selfridge, Ormiston Swayze, A. McNeil, Wm. Boericke, George J. Augur, C. M. Selfridge, M. T. Wilson, W. E. Ledyard.

JULY 26, 1894.

DR. J. M. SELFIDGE reported a case of *Neuralgia* of the left side of the head, in a woman aged 46, in whom the menses had been absent for several months, but with nose-bleed as Vicarious menstruation. The patient at first described the pains as *coming on suddenly*, lasting for an indefinite time, and *leaving suddenly*. For this indication she received *Belladonna*, but without relief. In taking the case again, the patient insisted that although the pains *came suddenly they left gradually*. Now she received *Pulsatilla*, but again without relief. Finally she stated that the pains were *worse about 1 a. m.*; that they were like *hot needles*, and were relieved by heat. *Arsenicum*<sup>100m</sup>, one dose dry, cured.

DR. SWAYZE reported the following extremely interesting case: Woman, aged 45, married, three children. (History: Mother had Eczema, after the birth of above.) Eczema after each labor. Ophthalmia neonatorum, when 18—purulent—from inoculation by a strange child, Treated by *Arg. Nit.* and *Blue Stone*. Disappeared—then Amaurosis—iridectomy. Sight fair. Then had her first child at 24. Eczema between fingers, following labor. Eczema suppressed—followed by another attack of Ophthalmia. Ophthalmia treated locally. Then Uterine Neuralgia and profuse Menses, with eye symptoms. Second labor—three years later—similar symptoms. Third labor—eight years later—similar symptoms. Five years later Menopause. Eye

symptoms greatly aggravated; Cornea opaque, a staphylo-matous condition; menses about eight months; menses reappear with relief to all eye symptoms. *Present condition:* Eyes dry (very) *stinging, burning, itching*; ameliorated by *cold water*, and by application of *cold milk*. Same sensation in eyes as in old Eczema. On July 28, after instilling *Atropine*, followed speedily by nausea, vomiting, pressure and throbbing in head, with delirious mutterings, answering when spoken to, but lapsing into delirium immediately. The Doctor believes *Apis* to be the indicated remedy, but so far, has had no opportunity to administer it.

AUGUST 3, 1894.

*Sections 1 to 12* of the *Organon* were read and discussed. The following cases were reported: Two cases treated by Dr. Chapman. One began as a Wen on the scalp; developed into an *Epithelioma*, which went on to suppuration and ulceration, discharging pus, with *hot stabbing midnight pains*; great prostration, and other marked *Arsenicum* symptoms. *Arsenicum*<sup>100m</sup> gave speedy relief.

The other, *Scirrhus tumor* of *left breast*, with similar symptoms, ameliorated by same remedy, in same potency.

August 6, Dr. Chapman writes: "The case of *Epithelioma* of the Scalp has entirely recovered, and the *Scirrhus* of the Breast is progressing finely towards recovery."

DR. McNEIL.—Case of a surgeon who contracted Diarrhoea during the Mexican war, came for treatment, the diarrhoea being then of thirty-six years standing. SYMPTOMS:—Stools involuntary, putrid, exhausting. Inability to take any food but cornbread, coffee, fat meat and sweet potatoes. Indications were clear for *Arsenicum*, which he received, in the 9th, increasing to the highest potency, as the action of the previous potency became exhausted. *Arsenicum* alone, cured in eighteen months, although there were, in the meantime, long intervals of freedom from diarrhoea.

Also a case of a negro, aged 58. Diagnosed by Drs. Isham and Holland of Louisville, Ky., as "*enlarged prostate*." SYMPTOMS:—Dropsy, compelled to sleep in a chair, on account of dyspnoea; *had passed no urine*, except through the catheter, *for six months*; thirst for small quantities of water, and other



symptoms indicating Arsenicum, which was given in single doses, commencing with the 200th potency, and gradually ascending the scale. *Began to pass urine naturally* in a few days. Dropsy soon disappeared, and in *seven months* was ready to return to duty as a common laborer.

DR. AUGUR.—Girl who had a discharge of *mucus, excessively excoriating*, from the rectum, *for five years*. The discharge was attended with pain and *burning* in the back; *Menses—scanty, short and pale*; restlessness; puffy ankles. *Pulsatilla*<sup>200</sup> was given three times a day for a week and then stopped. In two weeks there was an improvement in every respect. Then a dose of *Puls.*<sup>200</sup> was given *once in ten days*.

DR. SWAYZE.—Case of *dental fistula*, which had been relegated to the knife. *Calc. Fluor.*<sup>30</sup> caused a very profuse discharge from the fistula, and in six weeks cured it. Also a case of *Fistula in ano*, with oozing discharge, and suicidal tendency. The *Fistula* had been cut open. *Rhus. Tox* 12th cured.

DR. McNEIL.—While treating a case, cured a rupture without knowing it.

In discussing section 3 of the *Organon*, which relates to Hygiene, Dr. McNeil alluded to the *cravings of the sick*, and stated that he considered them in accordance with the above law, and allowed patients to have what they longed for, in the line of food.

DR. WILSON reported a case of diarrhoea in a child, with *craving for green corn*, which was allowed, and the diarrhoea disappeared.

The SECRETARY reported a case where *raw peanuts* were permitted with relief.

DR. McNEIL.—The *mental* symptoms are of very great importance. Hahnemann tells us, in note to section 210 that “*Aconite* seldom or never affects a permanent cure, when the temper of the patient is quiet and even; or *Nux Vomica*, when the disposition is mild and phlegmatic; or *Pulsatilla*, when it is lively and, serene or obstinate; or *Ignatia*, when the mind is unchangeable and little susceptible of either fear or grief.”

AUGUST 17, 1894.

The *Organon* was read and discussed, from *sections 13 to 20* inclusive.

DR. McNEIL in discussing section 13 asked: "What must be cut away?" He alluded to a case of *Polypus*, removed by caustics and afterwards by the wire ecraseur, by both Allopaths and professed Homœopaths. Operations were repeatedly performed. The child died after some months of such treatment. It is a very simple matter to remove a Polypus, but the *taint to the system is what should be removed*. He compared the human system to three lines of work or fortifications, proceeding from within outward. It would not be considered good generalship to drive the enemy from the outer to the inner fortification. Yet this is exactly what the "old school" does. Nature drives disease *from within out and from above downwards*.

DR. SWAYZE.—What about "Orificial Surgery"? Let us settle that point before preceeding further. It is asserted by some that an eczematous eruption is actually removed from the system, by cutting away the foreskin. Can enormously enlarged tonsils be cured by the indicated remedy? After removing the tonsils a honeycomb condition remains.

DR. McNEIL.—When I was in Indiana a girl of 17, who had had a good training in vocal music, presented herself for treatment. She had enlarged tonsils, which were removed by operation, on account of throat trouble, which continued notwithstanding. She received *Hepar Sulph.* on the indication "*sensation of a splinter in the throat.*" This symptom is also found under *Alumina*, *Arg. Nit.*, *Dolichos*, *Nitr. Ac.*, and *Kali. Carb.* The *Hepar* cured in about a year.

DR. J. M. SELFRIDGE, (who is a skillful surgeon).—"I never removed a prepuce in my life." He reported the case of a little fellow; nervous, irritable and fretful; frequently putting the hands to the prepuce. On examination, the prepuce, although not specially elongated, was not sufficiently dilated to expose the glans. On dilating the orifice of the prepuce, *hardened smegma* was found and removed; all further trouble disappearing.

DR. C. M. SELFRIDGE.—Symptoms resembling *Chorea* disappeared after removing the prepuce.

DR. J. M. SELFRIDGE.—Reported the case of a young man *who had never exposed the glans, and yet had contracted Gonorrhœa.* The *prepuce was dilated* in two months, with the

help of *Cocaine*. He considered dilation much better than amputation.

DR. AUGUR.—Elongated prepuce reacts on the system in a reflex way.

DR. J. M. SELFRIDGE.—There is a possibility of the mucous membrane becoming very hard, but even in that case, thinks dilation will cure. As an example of reflex action, he referred to the *headaches from astigmatism* relieved by glasses. If a case of this kind (contraction of opening of prepuce) were taken in Hahnemann's way, he believes the orifice would dilate naturally.

DR. McNEIL.—Neither headache, nor kidney, nor stomach trouble can be cured by taking into consideration only the part or organ complained of.

DR. J. M. SELFRIDGE referred to *several cases* of Pneumonia with *similar symptoms*; one had peculiarities calling for *Phosph.*; a second with a *restlessness* characteristic of *Rhus*, was cured by that remedy. While the third who had also *sticking pains from every movement with great thirst, parched lips, and etc.*, found its curative in *Bryonia*.

DR. McNEIL reported a case to show that it is a mistake to base one's prescription on *one* symptom. The case was *Puerperal Metritis with aggravation from the least movement*. *Bryonia* was given and failed. On examining the case more closely, the patient was found to be in a *profuse sweat without relief*. *Mercurius* relieved in six hours.

The leading characteristic of the Nineteenth century is belief in the reign of law. In disease alone, there is no belief in law, from the Allopathic standpoint. The treatment of *Cholera* illustrates this. The Allopathic treatment of this disease is empirical. Concerning its Homœopathic treatment, *Hahnemann* stated that *Camphor, Cuprum, Veratrum album*, according to indications would cure. *Astronomy* as an exact science is on the same line with *Homœopathy*. *Ignatia* and *Nux Vomica* both contain *Strychnine*. Hahnemann has pointed out the difference between these two, in the spirit force. Chemical properties are not sufficient to show curative powers.

DR. SWAYZE.—Although the *Strychnine* is the same, the total is different.

DR. J. M. SELFRIDGE.—The pharmacist can separate, but cannot reunite. The vital power is gone.

MR. UNDERWOOD.—Why cannot the system absorb the spirit-like force from the tincture.

DR. MCNEIL.—The spirit-like vital force is sick, it is spirit-like, and the remedy for its removal must be in like manner, immaterial.

DR. J. M. SELFRIDGE.—The spirit force has a greater analogy for the spiritual. *Calcareo Carb.*; *Mercurius*, *Lycopodium*, *Silicea* and *Carbo Vegetabilis*, in crude form, give no symptoms. The crude drug is not taken into the system as readily as the dynamized drug.

DR. MCNEIL.—The proving of *Natrum Muriaticum* is a good illustration. We will take salt in health, but when sick, the dynamized *Nat. Mur.* will cure. He referred to the case of a soldier, with a craving for salt; cured by the dynamized *Natrum Mur.* "The Vienna Prover's Union" found no effects from taking the crude *Natrum Mur.*, and not until they took it in the highly potentized form, were symptoms of the drug developed.  
(Signed) W. E. LEDYARD, Secy.

## CHICAGO HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY DR. W. W. STAFFORD.

Between 150 and 200 physicians listened to the papers and valuable discussion at the regular meeting, held in the parlors of the Grand Pacific hotel, Wednesday evening, Oct. 3, 1894. The first paper on

### ETIOLOGY, PATHOLOGY AND SYMPTOMATOLOGY OF TYPHOID FEVER

was read by Dr. R. N. Foster of which the following is a digest: What do we know of the cause or causes of typhoid? Several prominent opinions have been entertained and endorsed by the profession, no one of them absolutely excluding the others. First it was supposed to be a pathological condition caused by something in the patient's circumstances, as overwork, poor food, exposure, bad habits, etc., or by bad air, which, under the name of malaria, was long supposed to be the cause. Then imperfect sewage or the drinking of contami-

nated water was held responsible, but in all of these, the disease is ascribed to a specific poison, of uncertain origin.

Both physicians and laity have long had, and still have a strange tendency to lay the disease to the charge of decomposing animal and vegetable matter, and hence to see it lurking in unclean garbage boxes, foul sewers, decaying fruit, etc., but anyone who has seen much of typhoid will not endorse this illusion. It attacks all conditions of life alike; the rich, the scrupulously clean, the well-fed, and the strong are no more exempt than others. Admitting that it is preferable to have clean surroundings and cleanly neighbors, it is not proven that such people are the most healthy—on the contrary, they suffer most from sickness; it requires a strong constitution to endure the refinements of civilization.

The result of enquiry up to a certain point was to apparently establish the fact that typhoid fever was a zymosis, or fermenting blood poison of a specific character, conveyed to the organism from without. Although not entirely borne out by experience, it comes as near to being satisfactory as any other theory, especially when coupled with the theory that the poison always arises from a pre-existing case; this latter theory is also unsubstantiated. Thus far, then, there has been an agreement—that the cause of the disease is a poison.

Klebs discovered a special bacillus for typhoid, overthrowing or modifying all theories. I assume that the proof must be positive and complete in order to establish a causal relationship between typhoid fever and the bacillus. And is the evidence complete? I think it is very far from being so.

1. The theory assumes that the typhoid bacillus can only originate in a case of typhoid fever, and that the fever can only originate in the bacillus. This is a logical deadlock and leaves the whole question untouched.

2. It is admitted that the two factors, a human organism and a typhoid bacillus, are not in themselves sufficient to produce typhoid fever; a third something is necessary—the patient must be in a peculiar condition. This latter is true of most all contagious diseases. So that we must say that the cause of typhoid is a combination of patient, a specific condition of the organism, and the bacillus. Now since that very specific condition is the essential factor, for the other two can exist per-

fectly apart, would it not be just as logical to assume that the condition in question is the cause of typhoid?

The negative evidence under the microbe theory, points to typhoid as an utterly irrational process—no more rational than the destruction of a man by a wild beast. But there is one thing that boldly characterizes this and all other eruptive diseases, that they are evolved in the interest of the organism, and seek its development, deliverance or protection, and never its destruction; scarlet fever, measles and smallpox are all in point. Scarlet fever is an eruptive disease, the cause of which is the physiological necessity for a new skin and a new mucous lining. One part of the organism does not partake of this change, and that is the respiratory mucous membrane; for such a development another process is necessary—that process is measles. Children who escape these diseases are the victims of neuroses, and live only half their days. When a disease has thus a foundation it is no longer an irrational process, like a broken leg or a poisoning by arsenic, but is followed, as these latter can never be, by renewed health, strength and normal development.

Consider the eczema of infants; while the disease lasts the child will have no disease of any internal organ; to the mother the eruption is unnatural, but let some well meaning but ill informed individual dry up that eruption by mercurial or other ointment or applications, and the rationalty of the process is at once proven. Note also the high fever, the delirium, the convulsions, etc., which are sure to be present if the eruption fail in its proper and timely evolution. Here the disease is not developmental in the direct sense of that term, but is so in reality, for it is the elimination from the organism, through the skin, of elements which would destroy health or life.

What, then, is the cause of typhoid? We admit the facts, microbes and all, but we affirm that all the elements are related, follow, come and go as parts of one rational process, the end of which is the maintainance and improvement of the patient's life. The man who has been sick for years, will be robust for years after a course of typhoid fever. The cause, then, of typhoid fever, is a necessity for the renewal of gastro-enteric digestion and its organs.

Many modes of treatment have been tried and abandoned in turn because based upon the irrational, but there is one theory which will not be so abandoned. It modifies the treatment to this great extent:—that it never proposes to cut short or change the progress; it will go with and not against the progress; it will guide gently in the proper way, ward off complications—and in them lies nearly all the danger. Above all, it will no more propose to abort typhoid fever, or to prevent it, than it will to abort or prevent the second dentition.

#### HYGIENIC AND SANITARY TREATMENT OF TYPHOID FEVER.

A digest of the paper of Dr. J. E. Gilman: Modern sanitation renders an epidemic of typhoid fever a crime, for modern sanitarians consider that where typhoid fever spreads in a community, it is due to the ignorance, carelessness or incompetence of the elected authorities. It was formerly considered a filthy disease, but it is not necessarily so; it may come in apparently healthy communities where the water and ice seem above reproach. Decomposition, filth and sewer-gas are not the cause of typhoid, simply the hot-beds for its generation. The typhoid bacillus has a period of germination, of incubation, then is conveyed into the human organism, where it does its work, being then taken to the outer world in the stools of the patient. The stools are not particularly dangerous immediately after passing. This typhoid poison may be conveyed into the system either by way of the alimentary tract by contaminated water, milk or other foods, or through the respiratory tract, from breathing sewer-gas in which the poison is concentrated. Though no age, climate or season is free from the disease, it is most common and severe between 15 and 30 years, in the temperate zone and in the fall of the year.

Liebermister explains that the rise and fall of the ground water has much to do both with the germination and dissemination of the typhoid poison.

Stifle the poison at the start; disinfect all excreta of typhoid patients immediately after it is passed.

The dangers of typhoid are largely from exhaustion, diarrhoea, high temperature and hemorrhage; the diarrhoea is largely due to the special irritation of Peyer's patches and the high temperature helps it along. Considering that this high temperature bears in its train dangers of hemorrhage, exhaus-

tion, heart failure and increase of the diarrhoea, it is something to be discouraged, and one of the best agents for that purpose is cold water; it may be applied to the abdomen by wringing out cloths, which may be renewed as often as every ten or fifteen minutes for several consecutive days, in severe cases. Oil as an application softens the skin, allays nerve irritation, lessens the dangers of bed-sores and proves a very satisfactory adjunct.

As to food, in the early stages it should be water; a little later on it may be diluted milk. Where the patient cannot take milk, you are restricted to the weakest sort of broths, etc.

Stimulants, when used at all, should be kept for the latter part of the disease—use only in emergencies.

Rapou's barometer—Every morning let there be put in a glass some of the urine passed by the patient during the night before, so that it shall be cold by the time the doctor arrives. If it be clear, the patient gets nothing to eat; if there forms a slight cloud, which floats near the top, feed carefully and sparingly, but if the cloud be more dense and floats near the bottom, you may feed more generously.

As a proof of the good results from reforming sanitary defects, take the case of the City of Munich, which reduced its enteric fever mortality rate from 24.2 per million of inhabitants in 1854–59, when there were no sanitary provisions, down to 8.7 per million from 1876–80, after the completion of a sewer system.

In Chicago, sometime in the future, when we can prevent the people from turning the contents of the privies into the drinking water supply, we shall see nothing of typhoid but sporadic cases.

#### MEDICAL TREATMENT OF TYPHOID FEVER.

By A. F. Harris.—The list of remedies called for in an uncomplicated average case of Typhoid Fever is not along one and often begins with *Gelsemium* during the invasion. The prominent symptoms for which are aching all over with frequent chilliness, dull head-ache extending to the shoulders, little thirst, prostration, aching of the muscles, sweat freely but without relief.



Baptisia closely follows this stage, the dusky, flushed face, muscular soreness, sensitive and swollen condition over the region of the liver and nervous trembling are good indications for this remedy. Bryonia Alb. is the remedy that is likely to cover a later and longer period than either of the foregoing. The dull head-ache, stiffness of the cervical muscles, aching in the back and limbs, dry, furred tongue tending to brown, down the center, bronchial irritation, thirst for large quantities of water, with all pain worse from motion are leading indications for this remedy.

Arsenicum Alb. is often called for during the second week and after the diarrhoea has set in. The great restlessness, burning thirst, but water disagreeing, chilliness between the shoulders are symptoms for this remedy. These four remedies combined with good nursing and proper dietetic measures will often be sufficient to bring the patient safely through an average attack of Typhoid Fever.

On the other hand the side issues and complications which frequently arise may call for almost any remedy on the list from a to z.

The nervous symptoms which include sleeplessness, delirium, tossing, picking at the bed clothes, may demand Belladonna, if there is dilated pupils, throbbing headache, active delirium, sleepy but cannot sleep, Hyosciamus, Stramonium, Coffee, Opium, Lachesis may be required.

For the diarrhoea, tympanitis and pain, Veratrum Alb. if accompanied with cold sweat, burning in stomach and bowels, vomiting with profuse, rice water discharges from the bowels and great prostration.

Rhus Tox if there is the triangular red tip of the tongue, putrid breath, heaviness in the stomach as if from a stone, ochre colored stools, dry teasing cough, worse before midnight.

Mercurious with moist, heavy-coated tongue, much saliva, stools bloody mucous with tenesmus and can't get done feeling.

Podophyllum pains worse in the morning, better from warmth, copious discharges with tendency of prolapse of the rectum.

Sulphur diarrhoea in the night, sour smelling, driving pa-

tient out of bed in the morning, suffocative fits, wants windows open, sweat sour smelling, all of the excretions smell sour. Hemorrhage of the bowels. Hamamelis, both for the mouth and rectum. China, Ergot and Nitric Acid. For deposit of bloody urine Apis, Apocymum, Terebinth, Digitalis.

For excessive temperature, Verat. Vir. For splenic enlargement China, Rhuta Grav. and Stannum.

Phosphorus for the lung complication and is frequently needed for the dry, tickling cough, with deafness, hemorrhage, from nose and bowels, dryness of nose and mouth with the desire for cold things, Rhus. Tox., Belladonna, Bryonia, Cimicifuga, Kali Bi. For the threatened giving out of the heart, Cactus Grand, Digitalis, Glonoine and Amyl. Nit.

For the slow convalescence, Sulphur, Nux Vom., Arsenicum and China will often assist nature in taking up the thread of life.

#### DISCUSSION.

*Dr. Grosvenor*—In Lake View I had, at one time, seven cases of typhoid. While my practice was only one-fourth in that suburb and the balance in Chicago, all my typhoid cases were in Lake View. Investigating matters I found that the sewers of Lake View were going out into the lake, contaminating the supply of water which was taken near the shore, and that was the explanation of the whole matter. Every individual throws off three pounds of excrementitious matter per diem, making over three million of pounds thrown off daily by the inhabitants of Chicago, to say nothing of the excreta of the lower animals; this is emptied into river and lake, we drink more or less of it and then wonder that we have typhoid fever. The time is coming when it will be regarded as a crime to pollute any source of drinking water; the demands of sanitary science, as taught in the colleges and set forth in the newspapers will so educate the people that such an act will be regarded as a crime.

*Dr. A. K. Crawford*—That typhoid is a disease *per se* none of us doubt for a moment. This is a matter of opinion, and it is the opinion that I take exception to. We believe that it is connected closely with a bacillus; how much it may have to do with the disease, we may have our doubts—that it is present in all cases, we hardly dare question, that it is modified under

different circumstances, we all know. Experiments show that the germs will lose their vitality if placed in pure water and exposed to the direct rays of the sun, so they would probably die if left in the lake long enough.

As to the remedies presented, they are the ordinary ones looked for in typhoid fever. It occurs to me that no one has told us what to do with a case of typhoid from its inception to its termination. Why? Remedies are a very small part of typhoid; there is so much more to do, besides choosing remedies. One of my Hyde Park friends told a patient suffering from typhoid, that he could eat anything he pleased; now, we know that in the process of typhoid fever the degeneration of the solitary and Peyer's glands goes on to ulceration, destruction and perforation and that the less of irritating substance allowed there, the better chance the patient has to get along without dire results. I have had some of my medical students stricken with typhoid while living here at a boarding house, and who desired to remain in Chicago because they thought they would get better medical attention here than at home. I asked them "Where will you get the better nursing; here or at home?" The answer is "at home." And I say to him "then go home," and he will do so, and return in a few weeks perfectly restored. I ignored remedies as compared with good nursing.

*Dr. W. J. Hawkes*—The last speaker has stole some of my thunder with respect to the paper of Dr. Foster, whose theories as to the cause of typhoid are certainly novel.

When we compare our management of these cases with the methods adopted by those who depend for their line of treatment upon their knowledge of the cause, we find that whereas we may disagree upon the question, we unite upon the question of treatment, while they disagree on both points. I was gratified by the literary excellence of Dr. Foster's paper, but surprised by its theories. It is absurd to compare as well recognized a disease as typhoid, with the natural process of dentition; or to confound the natural disappearance of the first teeth, with caries of the second teeth. One is a natural process, the other a disease. Typhoid fever is never a blessing. I may not have understood him aright, but if he meant that the fever and diarrhoea of typhoid are a necessary result of nature's get-

ting rid of morbid process, he is right; if he meant that typhoid fever is a blessing, and nature's process of rejuvenating the intestinal tract, I think he is mistaken.

I was glad to hear Dr. Gilman speak of the diet; nine-tenths of typhoid fever patients are overfed. Water, sterilized by boiling, is the best food, and should be about the only food for the first ten days or more. In regard to remedies, the best remedy and the best symptom were not sufficiently emphasized, *Baptisia* has been most often called for in my experience, and the best symptom of all, the most characteristic, is that sensation of being "scattered about the bed." It may sound silly to a pathologist, but it is a valuable symptom. I had one case where the sensation was as if the head were a foot and a half from the body, and she would push up toward the head of the bed, to get up to her head.

*Dr. L. D. Rogers*—One point in the paper of Dr. Gilman was the best one made tonight, and that was the application to the abdomen; it is one of the best measures for reducing the temperature. The use of cold compresses is entirely practicable; I use the heaviest bath towels wrung out in cold water. Then as to feeding: during the first week and even in the second week, give nothing but water, nothing but water until the temperature is  $101\frac{1}{2}$  or 101. This relieves the diarrhoea and, no matter how bad it is in the beginning, the bowels are constipated at the end of the attack. I had a case last winter, which at the outset, promised to be the severest case I ever saw—morning temperature 105; thirteen days on water, and a surprising recovery. The temperature makes one steady decline, and about the seventh or eighth day hovers around 100.

*Dr. T. C. Duncan*—Years ago the nervous phases of this disease were deemed the most prominent ones; it was then called a nervous fever, now it is called a putrid fever, and we have enjoyed one very excellent paper holding that it is a natural process. I think that the nervous element has not received the attention that it deserves. We will have an epidemic of typhoid fever, and then will go for several years before we have another; what are all the germs doing in the meanwhile.

The case mentioned by Dr. Rogers brings out the nervous element of the disease. My experience last winter was that

Baptisia, a putrid remedy, was not as efficient as it had been in other epidemics; that Arsenicum and Bryonia, two nervous remedies, were the chief ones indicated.

I hardly agree with the first essayist, Dr. Foster, in his belief that diseases of this kind should be allowed to run; I have looked upon typhoid fever as an invasion of the system, as a disease that I should get rid of as rapidly as possible. When I can run it out in the second week I am satisfied and the patient is satisfied; he prefers two weeks of sickness to six weeks. Then too, those who recover early, rejuvenate quicker than those whose cases run longer.

*Dr. T. S. Hoyme*—I was very much pleased with the paper read by Dr. Foster, because it presented many original ideas; if we cannot agree with them, we can at least think them over. Dr. Duncan is right as to the epidemics; about every four or five years we have such an epidemic, no matter what the condition of the water supply. When they turned up the soil for the building of the town of Pullman, away out there in the swamp where nobody lived they had a great deal of typhoid fever; how long the supposed germs had been under ground I cannot say. I think that the practice of applying cold compresses to the abdomen should not be allowed to pass without objection, and believe that if you want to kill the patient, you will succeed very well by adopting that treatment. Cold sponging of the face, hands and extremities may do very well, but putting cold compresses on the abdomen is just what the Allopaths do and they always do exactly the wrong thing. If you will find out their procedure, then do the opposite, you will be pretty nearly right. Nothing has been said about bed sores; Dr. Hutchins had a bad case last year, which showed a bed-sore so large you could almost hide your fist in it. Arsenicum cured it finally, but the patient hovered between life and death for days. Shift the patient and don't let him lie upon his back all of the time; turn him upon one side, then upon the other, and thus avoid bed-sores in many cases. The involuntary passage of *faeces* and urine is one of the exciting causes of bed-sores. During the epidemic of two years ago, when it was said that the impurities of the lake water were to blame, I saw three cases of typhoid fever and not one of the patients had touched lake water for years, having drunk spring water instead.

The nicest food for a typhoid patient, from start to finish of the disease, is rice water, and they will live on it for six months if necessary. Patients in the second week are listless, never asking for anything to eat, but when it is offered it is gratefully received.

*Dr. H. C. Allen*—I want to thank Dr. Foster for his paper; while I do not agree with all he says, he has written it well and has given us something to think about. The Allopaths think our method of procedure is pure nonsense, probably because they have not investigated it; it may be that when we investigate the statements of Dr. Foster, they may not appear so nonsensical. Everyone who can give us an idea not found in the books, is deserving of the thanks of the Society. As to feeding, I agree with what was said by Dr. Gilman; don't feed them too much. I feed the man hot water for the first, second and even the third week or, at most, add a teaspoonful of sweet cream. Dr. Hoynes's suggestion comes in very nicely during the third and fourth week; we make our greatest mistake in overfeeding. Rarely give beef tea, or extracts; one of the great dangers is from abdominal hemorrhage, and feeding hastens what we are laboring to prevent. I am not certain but that Dr. Rogers may be right in some instances; I used to apply cold cloths more frequently than I now do. Wring the cloth out as dry as possible, place on the abdomen, cover it up and allow to remain until it is warm. . Raue, Hering, *et al* say that it may prove preventive of hemorrhage."

*Dr. A. W. Woodward*—There was one point made by Dr. Foster which was very pregnant. He spoke of the three elements of typhoid; one was the bacillus, another was the patient, and the third was that condition of the patient's health which would permit that bacillus to find lodgment and develop typhoid. This point should be dwelt upon and thought upon as being suggestive to the Homoceph. Assuming that the bacillus itself is the chief and only cause of this disease, it follows that, there being a common bacillus, there must be a common disease, exhibiting in every case the same symptoms, complications and following the same course. If, then, it is admitted, and I think every practitioner will admit that there are no two cases alike in all points, I think that it is at the same time admitted that the personal individuality determines the disease.

Some cases may not exhibit abdominal symptoms, yet be very severe and even fatal; the predominating symptoms may be cerebral, spinal, cardiac or respiratory and we must adapt our remedies accordingly. We cannot assume a common cause, or a single line of treatment.

*Dr. J. J. Thompson*—At different times I have had occasion to drive through a certain district in the northern portion of the city, and noticed the most horrible odor that I ever smelled emanating from some clay holes where the scavengers were in the habit of dumping their refuse. Last winter I drove by there and found that several ice companies were gathering ice from those same clay holes. Last summer, during the strike, I learned that scarcely a pound of ice was being brought into the city, and that much of the ice which was being peddled out was from these scavenger clay-holes. Almost every man I met had a half a degree or more of fever, so I argue that we will have a run of typhoid this fall. It may be that most of us will agree with Dr. Foster to the extent that typhoid fever is a good thing for the "other fellow," but we don't want to be rejuvenated in that manner; and if we escape it, we will have to form another "Civic Federation."

*Dr. C. T. Hood*—It has been my misfortune to come in contact with quite a number of typhoid cases, and during the past summer I went through quite a severe personal siege of the disease, but since listening to the papers and discussions, I have come to the conclusion that almost any case will get well under good nursing, independent of the remedies. I believe that the bacillus of typhoid is the cause, but that there must be some peculiar condition of the system which allows the bacillus to get in its work. As regards diet, it is all very well to speak of putting a patient on a strictly water diet for two or three weeks, but I can tell you the patient does not enjoy it very much. It may seem criminal to feed, but to the patient it seems criminal not to feed. Many cannot take milk well, or will not take it, but sterilized milk will sometimes prove palatable when raw milk is refused; or try salting it. I cannot take milk in any form and lived twenty-eight days on chicken broth; unfermented grape juice or Matzoon may be of service. I formed the idea a number of years ago that the fever, increase of heart action and cerebral disturbances resulted from the

absorption of products formed in the intestinal tract, and have made some experiments which have been very satisfactory.

*Dr. H. Parsons:*—"I am glad to note that one man has had the courage to step out of the beaten track; I am so tired of bug-chasing, up hill and down, that I enjoyed Dr. Foster's paper very much. Dr. Hood has arrived at the conclusion that he does not know as much about typhoid fever as he thought he did; if we all arrived at the same conclusion, it would be better for us. Who knows that a bacillus is the cause of typhoid? No one here knows it. We are puffed up in our own pride, and find that the thing which we thought we knew is the thing which we do not know. The nervous and psychical conditions we do not understand and we may see the day when we will admit that Dr. Foster is not far from right. I had a case the other day which might have been typhoid as well as any other case, yet it showed no abdominal symptoms. Typhoid is one of the most non-typical diseases we have and I am glad to hear some new ideas advanced, so we may get out of the woods."

*Dr. R. N. Foster:*—"Speaking of bugs reminds me of the story of the Irishman who went to the meat market, taking with him, his dog. Seeing some queer things in a basket he asked what they were. 'Lobsters' was the reply. 'Well, phwat's them quare things on them?' 'Why, that is what he catches hold with; put the dog's tail in there and see what they'll do.' This was done, with the anticipated result and the dog nastily left for home, taking the adherent lobster with him. 'Call off your dog!' cried the now disgusted market man. 'Oh, get out; call off your bug,' replied Pat. I wish the microbe gentlemen would call off their bug.

I have a friend who owns a horse, which, he claims, will carry him all day long and half the night, and never get tired, but there is so little difference between his going and standing still, that it is not to be wondered at. There is so little difference between knowing and not knowing about typhoid, that there is no use in getting mad about it.

If typhoid properly terminates in renewed health, strength, and well being of the patient, you must explain why it is so, and you cannot explain that great and fundamental fact of



typhoid on any bug theory; you must explain it upon some rational basis.

*Dr. J. E. Gilman*—“I always like to hear Dr. Foster speak; he always says what he has to say in the most pleasant and scholarly manner; I can recollect that for the last twenty or twenty-five years he has come forward and said something in the same genial way. I cannot agree with him, however in some of his theories. I have always believed that typhoid was a curse, not a blessing; here and there some go through it and gradually regain their strength, but in the building up of an individual from his own debris I have never deemed it a benefit and, while some may enjoy better health after it, there are a great many who suffer from its evil effects for many years, or even for their life time, and many persons who have enjoyed its beneficial rejuvenation are very happy—above.

Objections have been made to the application of cold to the abdomen; “the proof of the pudding is in the eating.” When the temperature reaches  $102\frac{1}{2}$ . I order these cold applications; if the patient is very restless and the cold applications soothe and quiet him, I continue them; and if there is no hemorrhage, and the diarrhœa is controlled, the patient goes on to a steady and happy recovery. I should like to have elaborated more fully on certain points, but have not, for the lack of time, and I feel that my paper has been a failure for lack of elaboration.

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#### INTERNATIONAL HOMŒOPATHIC CONGRESS, 1896.

*To the Editor of the Medical Advance.*

DEAR COLLEAGUE:—At the close of the fourth Quinquennial International Homœopathic Congress, held at Atlantic City, U. S. A., in 1891, it was determined that the next meeting should be held in England. On this decision being reported to the British Homeopathic Congress of the same year, a committee of four of its members was appointed to co-operate with the Permanent Secretary in organizing the gathering. Its first report, which is herein enclosed, has been accepted at the congress of 1894, and the committee (with the addition of the president of the British Homœopathic Society) re-appointed with instructions to obtain adhesions and contributions.

In pursuit of this object we request your good offices toward

interesting your readers in the proposed congress by bringing the subject before them, and also toward making it known to the homœopathists of your country in such way as you may think best. We want promises of papers for discussion, and we want the formation of intentions to be present at the gathering—both to be made good when the time comes.

The exact date and place of meeting, with the office-bearers, etc., will be finally decided at the congress we shall hold in September, 1895, and information thereof will be duly forwarded to you, and published in the British homœopathic journals.

Hoping to hear from you ere long, and to find your services enlisted in the cause, we remain,

Very faithfully yours,

R. E. DUDGEON, Chairman.

A. CLIFTON.

J. W. HAYWARD.

A. C. POPE.

R. HUGHES, Secretary.

All communications to be addressed to the permanent secretary of the congresses, Dr. Hughes, Brighton, England.

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PENNSYLVANIA.—The prothonotary of each county records all physicians entitled to practice in the state. Applicant must be a graduate of and possess a diploma from a legally chartered medical institution having authority to confer the degree M. D. Diplomas from institutions outside of Pennsylvania must be verified by the faculty of one of the colleges of Pennsylvania, and endorsed by the dean of said college, before it can be registered.

IOWA.—A State Board of medical examiners, mixed, authority to grant certificates to : *a.* The holders of diplomas from reputable medical colleges. *b.* To non-graduates who may pass a satisfactory examination. *c.* To those who had been in practice five years immediately before passage of act. Certificate must be recorded in county of residence within sixty days after date of issue.—*Minnesota Homœopathic Magazine.*

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“When a man begins to exploit his honesty, doubt it.”

THE

# Medical Advance

A HOMŒOPATHIC MAGAZINE.

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## Materia Medica and Therapeutics.

The lectures on Materia Medica by PROF. J. T. KENT, of the POST GRADUATE SCHOOL OF HOMŒOPATHICS, have proven of such practical value that they will continue to be a leading feature of this Department. Original provings and verifications will appear from time to time as they may be secured. To these will be added other papers of value from prominent teachers of Materia Medica, making THE MEDICAL ADVANCE one of the most valuable mediums through which our Materia Medica may be studied.

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### \*LACHESIS.

PROF. J. T. KENT.

The symptoms of Lachesis are usually better in cold weather, in winter; <when the cold weather changes to warm; <in the spring; <in hot weather; <in damp weather. The colder and longer the winter, the greater is the aggravation in the spring—the cardiac symptoms, the suffocation, the paralytic weakness of the whole nervous system.

The surface of the body is wonderfully sensitive, oversensitive, sensitive to the slightest touch; she dreads the approach of moving bodies; she is conscious of a surface soreness; the pains are <slightest touch, but hard pressure generally relieves. The patient herself can apply hard pressure with the hand. The head pains, the neuralgia in the scalp and face are <slightest touch, but >hard pressure.

The sensitiveness goes into many particulars. We find it in the abdominal complaints, with ovaritis, etc. The skin is so sensitive that it cannot bear the touch. Patients in bed begin to get up contrivances to remove the clothing from their limbs; you may see the bed clothes hooped up like a gypsy wagon, to keep the clothes from touching the limbs, to remove all the

\*Notes from lectures at Philadelphia Post Graduate School of Homœopathics.

covering from the abdomen. You may see them lying with the limbs flexed to take the tension off from the abdomen. They are so sensitive that even the slightest weight of under-clothing is disagreeable. With boils there is sensitiveness to the slightest touch, >hard pressure. The throat is sensitive to touch; cannot bear a tight collar; wants even the whole chest bare; cannot wear clothing near the neck. This sensitiveness belongs to all of the Ophidian family; arsenic poisonings have it, also Apis., Bell., Sep., and Arg-n, when associated with cardiac affections.

In dropsical affections the Lachesis patient is so sensitive that he cannot bear the clothing near the skin. There is stinging and burning.

Skin and mucous membranes. There are outcroppings of an erysipelatous nature, bluish, reddish, sometimes burning. There is erysipelas of the face, going from left to right; erysipelas of the scalp. The skin is covered with boils, carbuncles, vesicular eruptions and rashes. There is itching of the skin without eruptions, he scratches the healthy skin; then there is oozing, as soon as the skin is healed, again the itching is dreadful. The skin and mucous membranes ulcerate. There are ulcers of the lower extremities, around the ankles. In old fever sores, where there is blueness all around. There is blueness all around the ulcers; blueness and a mottled appearance of the skin. Bullae form. The opening of the blebs is followed by the oozing of bloody serum; Ecchymoses. The skin is mottled, bluish, purple, blisters form; there is a flow of watery brownish, offensive serum; the openings ulcerate, turn black, become gangrenous and putrid. Round about the ulcer the skin is mottled, purplish, discolored, red; and is extremely sensitive to the slightest touch. The ulcers bleed easily. There is a low form of Zymotic eruptions.

In Scarlatina, the skin is very dark, dusky. In measles, there is a dusky skin—"black measles." Zymotic states in which there is a low form of constitutional symptoms—the mottled appearance, petecchiae, dark, dusky, erysipelatous looking skin.

The mucous membrane ulcerates and takes on a similar state; it exudes a diphtheritic deposit over the membranes; they have a diphtheritic incrustation, cryptogamic; then they break down and there is an oozing of a putrid fluid. There are diph-

theritic formations in the throat, beneath the foreskin, upon the labia and around the anus. In the throat the membrane spreads from left to right, still increasing on the left.

The tendency of the symptoms to go from left to right is striking. The Erysipelas on the face, the abdominal symptoms, the headaches and the ovarian pains shoot from left to right. The enlargements, the congestions and the inflammations travel from left to right; the traveling is the characteristic thing, for there are many remedies higher than Lachesis for location on the left side, it is the moving from left to right that is the striking thing. Lachesis is higher than any other remedy in this.

The mental symptoms are worthy of a long study. The mind is overwhelmed with suspicion and jealousy of the most true friends, even the husband is not exempt from her jealousy.

There is loquacity. Delirium, on closing the eyes. She has a suspicion of everybody; thinks enemies are after her; that officers are coming to take her. She dreams that she is dead and that people are preparing to lay her out. She is confused, appears as if intoxicated and speaks incoherently. There are times when the speech is apparently prophetic, a wonderful perception of things at a distance.

The face is very anxious; there is fear, anxiety, restlessness, torture. She thinks that she is sinking, sinking, sinking down, or that she is floating in the air, or, that she is floating through the window; the least noise stops this and brings her to herself. The mental state may be attended with loquacity. She furnishes sentences rapidly for another person, flies like lightning. A clergyman makes more beautiful sermons; there is an exaggerated mental state. The other extreme; stupor, intoxication, sadness and stupidity may be found. He is depressed; everything looks gloomy; fear, restlessness and anxious tossing about.

In the head there is dreadful suffering. There is great engorgement of the brain. The brain feels as if it would burst. The top of the head feels as if it would be forced open. There is a strange upward surging of blood, a surging up the back of the neck as if it would take the head off, up from the shoulders as if the head would burst, especially at the menopause. There is an exaggeration of the flashes of heat which are com-

mon to woman at the climactic. With the surging of blood to the head there is surging of heat with it. One minute the face is purple, the next covered with a cold sweat. Bursting, throbbing with heat coming in waves every few minutes, >in the open air, <after sleep. The head aches, the mental state, the pains, the sensitiveness of the skin are <after sleep, that is, the patient sleeps into an exaggeration. This feature modifies all the symptoms of the body.

The cardiac manifestations are <after sleep. There is horror, anxiety, terror, fear, <lying on the left side; there is numbness of the whole left side from lying on it. Sensation as if the left side of the chest was distended. He realizes that he has a heart. He suddenly stops breathing, wakes choking and tears everything from the neck: there is gagging and vomiting, <warm drinks, >cold drinks; restlessness and anxiety. The cardiac and head symptoms are generally associated. With the cardiac symptoms there is surging in the base of the brain on waking; he cannot raise the head from the pillow.

There are disturbances of the will. The snakes act on the will, changing man's nature; he becomes an animal. There is overwhelming sexual desire, maniacal, uncontrolable. A young man who was a masturbator was given Lachesis. The aggravation was so severe that he lost his reason: he could hardly be prevented from manipulating the genitals in the presence of his mother.

The Lachesis patient is pusillanimous, low minded; he desires the extremes of low things. He has a craving for whisky, tobacco; the mind dwells on obscene things, taking him into a realm below the animals. Sometimes Lachesis, sometimes Bufo will reach this state. There is nymphomania from irritation of the genital organs; great excitement, ulceration and sloughing of the genitals, a foul smell about the genitals, foul sweat. The mind is constantly dwelling on the sexual organs and on vulgarity.

In a higher sense Lachesis destroys man's ability to think well; it destroys his spiritual nature; it turns a pious woman into a religious maniac. There is indifference in the matters of affection—to the family, to the husband and children. Things that were good, that she once loved, she now hates.

The snakes are a type of lust, senselessness and disordered mind and will.

The next important feature is the hemorrhages. The veins are distended—varicose veins; venous stasis, great swelling and engorgement of the veins. This predisposes to hemorrhage. There is hemorrhage from the lungs, nose, eyes, kidneys, bladder, rectum and uterus. The menstrual flow is copious. The blood when it settles becomes dark, and as it dries looks like charred straw. Small wounds bleed much.

All symptoms are >by the flow of blood, by fluxes, >during the menses, <before and after the menses. There is copious leucorrhœa, there are copious discharges, all giving relief while flowing. The flow from the ears relieves the headache; a bursting, tearing headache relieved by the flow from the ear.

There are mucous fluxes from the nose, crusts. On taking cold the discharge ceases. He desires to blow the nose. Compare Kali-bi.

Lachesis is useful in zymotic affections; hemorrhages; diphtheria; scarlatina; septicæmia, all septic fevers; surgical fever; in fact, it is useful in all low fevers. What we see in typhoid is what we see in most of the above. A typhoid state comes on; the abdomen is greatly distended, and so sensitive that they must keep the clothing away; the urine is suppressed; hemorrhage from the bowels; delirium on closing the eyes; loquacious when awake, sometimes in the sleep; *subsultus tendinum*, sliding down in bed, dropping of the lower jaw; when aroused he is slow to think, slow to concentrate the mind; starting in the sleep; stertorous breathing; he stops breathing on going to sleep and wakes up suffocating; <after sleep, sleeps into the aggravation; the surface of the body is dirty, dusky brown. In puerperal fever with such a state accompanied with hemorrhage, Lachesis is the remedy.

When there are hemorrhages from all the orifices of the body, and there is *yellowness*, then we approach Crotalus.

There is extreme prostration. The patient is so weak, exhausted, stupid and clumsy. On being told to put out his tongue, at first he does not respond, then puts it out slowly; it catches on the teeth and is protruded trembling. The tongue is parched and swollen. The teeth are covered with sordes.

In old gouty subjects with enlarged joints, you may find a gouty swelling of the tongue.

In an advanced stage of phthisis, Lach. is useful when the patient cannot lie down because of suffocating; palpitation; cannot lie on left side; sweat all over; blueness in spots; on going to sleep ceases to breathe and wakes up suffocating; he dreams of falling, of sinking; gelatinous expectoration.

Palliation requires frequent repetition of the remedy. Several doses will give relief. This is better than suffering, better than Morphine.

The most lovely of all uses of Lach. is in producing Euthanasia. When there is genuine heart failure, Lach. will kill, but so placidly, so pleasantly, without a pain or discomfort. The patient will go to sleep and never wake up. When the dyspnoea is of the lungs and there is not a true heart failure, there will be a wonderful relief. In true cardiac cases with vital failure, Lach. will hasten away the patient.

Useful in heart pains, cannot lie on the left side; in heart troubles that threaten to become organic; there is consciousness of the heart, it feels enlarged but is not, it is a sensation only. Lach. will cure such heart tendencies in younger people.

Lachesis is a most dangerous poison when repeated. It produces a confirmed hysteria. She feels so bloated that she fears she will burst, bloated like a great toad; the skin becomes purple and pits on pressure; there are horrors in the left chest; she cannot bear to have the clothing touch her, wants to be without clothing, wants a cool place, desires the open air. Although she is so sensitive to touch, still she is > from hard pressure, wants her husband to sit on her or pile books on her. Lachesis is a most dangerous poison. Some other remedies do not last so long, as Merc. and Sulph., which can in time be antidoted, but Dr. Kent does not know how to antidote Lach. If repeated it will stupify, benumb and palliate neuralgic pains almost like Morphine. A patient formerly had infra-orbital pains like the sticking of an awl; he took Lach.; he made himself drunk with Lach. When it is bringing relief by repeated doses, it carries the patient beyond control; the will is no longer subject to what man knows he should do; it gives evil impulses, drives him to suicide or to murder. Lachesis produces the most vicious form of hysteria, hysteri-



cal crampings, globus hystericus with a constant swallowing of a lump which comes back as soon as she ceases to swallow, she keeps up a constant effort at swallowing.

There is a loss of pride, loss of tact, loss of desire for womanly deportment, a "don't care" attitude of mind, saying and doing foolish things, dancing and prattling. Many insane people need Lach.

Lach. is useful in old and deep-seated abscesses which discharge for a long time with no tendency to close up; dissecting abscesses that burrow. The skin over the site of the abscess is purple and mottled, but painless. There is no tendency to open, but to burrow. When opened, a grumous, thin fluid escapes.

Old Syphilitics may need this remedy where there is a periostitis, an affection of the bones. They are surcharged with Mercury, <after sleep, they sleep into an aggravation. There are discolorations on the surface.

Lach. is more extensively used in Diphtheria than in any other trouble. The throat is mottled; the exudations go from left to right; the nose is stuffed full of exudation and bleeds; <after and on going to sleep.

The throat symptoms are <warm drinks, they will not go down, he chokes, smothers, >cold drinks. Fluids come out of the nose on trying to swallow, and solids go up into the nose. There is frosty saliva in the mouth; frosty mucus is hawked up. Sensitive to pressure of the slightest kind, <empty swallowing, >hard pressure, >swallowing solids. In suppurative tonsilitis it has been used much.

When you receive the symptoms of a case from a physician, observe the quality of the man's mind and the way he observes symptoms. When a man needs to repeat, he acknowledges that he does not know, he acknowledges his lack of confidence. By repetition of a partly indicated remedy, you may be able to suppress symptoms. It is not necessary to repeat an indicated remedy often. This does not apply to severe cases in which the remedies are eaten up rapidly. Follow only the emergencies of the case. Let the symptoms guide you.

When properly used Lach. is a wonderful remedy. No

remedy is so dangerous to abuse as Lach. Its abuse may result in life-long injuries. It causes great distresses.

When the 30<sup>th</sup> and 200<sup>th</sup> have been abused, 5<sup>mm</sup> palliates for a long time this dreadful miasm—the snake.

Lach. is capable of dethroning the will, of dethroning the manhood,—driving it out of man. We have a full prediction of it. It tempts man away from everything that is good and pure, everything that is noble. When we realize that every man has within himself the serpent, we do not want to add any serpent to it.

C. L. O.

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‘SABADILLA VS. LACHESIS.’

C. L. OLDS, M. D., H. M., PHILADELPHIA.

In the *ADVANCE* for September, 1894, page 127, I am criticised for the differentiation of Sabadilla and Lachesis, which appeared on page 26 of the July *ADVANCE*.

The first statement objected to by my critic is that “both of these remedies have sore throat beginning on the left side and going to the right.” In support of this objection, he says: “Dr. H. C. Allen, in giving the characteristics of Sabadilla, in his ‘Therapeutics of Intermittent fever,’ page 217, says that: ‘Most symptoms, especially throat, go from right to left (Lyc. Pod.)’” This quotation is exact; but let us see whether the statement which it makes is accurate.

In Hering’s *Guiding Symptoms*, volume ix., under Sabadilla, the following symptoms may be found:

“[Stitches in throat, only when swallowing; tonsils swollen and inflamed, nearly suppurating; left to right. Page 154. Notice the heavy line before this symptom.

“[In an epidemic of sore throat, all cases which commenced on left and extended to right side.” Page 155. Notice the heavy mark in front of this statement. These two statements are also found in Hering’s *Condensed Materia Medica*.

Farrington, in his *Clinical Materia Medica*, page 240, speaking of Sabadilla in Tonsillitis, says: “The difficulty begins on the left side and extends to the right.”

In the *Homœopathic Physician* for March, 1891, page 107, Dr. John Dike gives “A Collection of Symptoms going from Left to Right and from Right to Left.” On page 109, under

“Throat,” he gives: Left to Right, Tonsillitis: Plumb., Sabad., Spig.

My critic must admit that Hering and Farrington are authorities on *Materia Medica*.

My critic next objects to the statement: “*Lachesis* is not a chilly patient, but on the contrary wants the fresh air, must have the windows open.” He declares that “the great amelioration of *Lachesis* is: warmth, and for the very reason that there is ‘icy coldness.’” My critic evidently does not understand the nature of *Lachesis*, or he would not make this declaration. He evidently does not know that the *Lachesis* patient is chilly in certain cases only, notably in heart affections. When the heart is affected the patient is cold, the limbs are icy and he wants them covered, but even then it is the exception that he wants the upper part of the body covered, even then he wants the open air, must have the windows open. In the congestive state of *Lachesis*, heat is unbearable; the headaches are <heat, >in the open air—must have the windows open; the flashes of heat along the spine are attended with aggravation from warmth; the congestive throat is <warmth, <hot drinks—in fact, you will find aggravation from heat whenever there is surface congestion. Clinical observations and private provings thoroughly substantiate the above. .

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#### APIS MEL., LYCOPODIUM AND MERCURIUS CYANIDE IN DIPHTHERIA.

At a meeting of the *New York Homœopathic Materia Medica Society* the following discussion was given to these important remedies:

DR. MARTIN DESCHERE—I have selected the above drugs for this evening’s discussion for the following reasons; *apis* and *merc. cyan.* are often given the one for the other as some of their indications are similar. *Lycopodium* I choose on account of some remarks by M. D. Youngman, M. D., of Atlantic City, N. J., in the May number of *Hahnemannian Monthly*, page 273. A short introduction expresses this gentleman’s surprise at a student who might be led by faulty teaching to select *lycopodium* in diphtheria, an event of which he has really seen one instance! He then argues, “*Lycopodium* is one of our

grandest polychrests when given for the condition of neurasthenia, lithiasis, and the indigestion, dyspepsia, sore throat and peculiar asthenia it produces, but it is utterly useless in diphtheria and its administration there without warrant, because it is not capable of producing any state similar to diphtheria. It lacks totally the power to disintegrate the blood mass or produce the putrid malignant state of diphtheria. A drug to be indicated homœopathically must present in its proving, the 'condition,' 'whole picture,' not by aggregation or number of symptoms alone, but in spirit, which constitutes the totality of the symptoms and etc."

Such a *priori* deductions, based on preconceived notions are diametrically opposed to the inductive method of homœopathy. Were we limited to select our remedies according to pathological possibilities or impossibilities, we should quickly strand upon the crudest empiricism. How many drugs have been pushed far enough in their provings on the healthy to produce a "putrid, malignant, state?" How many have been pushed at all to produce any definite form of constitutional or organic disease? And still we prescribe such drugs *successfully* again and again in the most desperate, dangerous, putrid, malignant conditions. Why? Because in the pathogenetic records of these substances we find unmistakable, genuine signs which we see produced in the patient before us, characteristics standing out in bold relief; these symptoms demand our attention.

The unconscious patient suffering under such a "putrid, malignant, state" speaks to us in the language of nature, for his tongue is bound and half protrudes from his open mouth, giving him the expression of an imbecile; breath very offensive: his nose is totally obstructed, but discharges a putrid, excoriating fluid, while respiration is difficult and rapid.

The glands around his neck and throat are swollen. There he lies in utter prostration and stupor. If he is roused out of this, his mind wanders, he is vehement, kicks, tosses in an unmanageable, peevish mood.

His urine may be suppressed and scanty, and if he wants to void it, he cannot until a little time has elapsed. If he tries to swallow drinks a veritable spasm constricts his throat, especially if the fluid is warm. Examining his throat and mouth internally, we find the velum and fauces covered with mem-

braneous deposit (bacteriological examination has proved this to be genuine diphtheria in several cases). The mucous membrane presents a brownish red color, the parts, especially the tonsils are swollen. This affection may or may not have started on the right side of the throat or in the nostrils. It is, however, generally worse on the right side.

Now Dr. Youngman may build the most fanciful hypothesis about the pathogeny of *lycopodium*, but if he ever gets a case of diphtheria presenting the above symptoms he will be happily surprised by the speedy recovery of his patient under the homœopathic action of the despised *lycopodium*.

Our literature brings numerous authenticated cases of diphtheria cured by *lycopodium*, after other remedies, selected less carefully, but rather under the supposition that one must be found which produces diphtheria (?), had utterly failed.

Let us forever remember that our remedies do not cure diseases, but that a substance *capable of producing conditions most similar to those peculiar to the patient has the power of so stimulating vital energy that disease is thrown off by the inert reactive forces of the living organism.*

*Apis mel.* and *mercurious cyanide* have some points in common and are not always correctly chosen. Their differences however are so distinct that a little attention will make a mistake impossible.

They both have great prostration noticeable from the outset, but this is more marked and rapidly increasing under the *cyanide of mercury*. Both remedies produce stupor, but that of *apis* soon passes into insensibility, often with muttering delirium, while *merc. cyan.* presents rather a deep soporous condition out of which the patient can be aroused by being spoken to. Both have *suppression of urine* as well as *albuminuria*. The color of the diphtheritic exudation may be gray in both remedies. Special indications for *apis* are; bright red color of the inflamed mucus membrane, the parts are puffy, and glossy, swelling is enormous, œdematous, inside and outside of throat. With this extended inflammation the pain is insignificant. However, the throat is sensitive to touch. The face appears bloated and has a weary look. With the *apis* fever there is *absence of thirst*. Tendency to paralysis of the extremities.

*Mercurius cyanide* gives most markedly putridity from the

start, *extremely rapid progress* of the inflammation, exudation and prostration. Diphtheria frequently begins in the nostrils and extends all over the fauces into the larynx, as well as through the mouth to the teeth. Fetor is excessive. Laryngeal symptoms become prominent, breathing, whistling, voice extinguished; *gangrene*, mucus membrane looks purplish, while sloughs are closely surrounded with a narrow red bright line. Parotid and submaxillary glands sympathize mostly and are swollen and hard. On account of many remarkably favorable results in the worst form of diphtheria this remedy has been frequently prescribed empirically when *apis* was indicated, exactly after the generalizing fashion of the old school, which first sounds the praises of a remedy as a specific and afterwards declares it worthless."

The next subject for discussion was, "The Similarity and Distinction Between *Arum Tri.* and *Nit. Acid.*, also *Phytolacca* and *Lachesis*," by Dr. A. McMichael, which was as follows; "The similarity between *arum tri* and *nitric acid* will be noticed in the following symptoms; both have excoriating discharges from the nose, putrid odor from the mouth, difficult swallowing and intermittent pulse. *Arum* has swelling of the left submaxillary gland, while *nitric acid* has swelling of fauces and glands of the neck.

The distinction between the two is marked. *Arum* showing itself prominently in the obstruction of the nose, compelling the patient to breathe through the mouth, at the same time working constantly at the nose, the urine being scanty; while *nitric acid* has a yellow tongue as a rule, white deposit in nares, great prostration, epistaxis, sticking pains in the throat and rejects all food.

The similarity between *phytolacca* and *lachesis* lies in the color of the fauces, both being purple, the pain which shoots into the ear, and both worse from hot drinks. *Phytol.* has swelling of tonsils and congestion of the fauces, while *lach.* has swelling of the glands of the neck and cellular tissue. The distinction between these two drugs is more marked than in *arum* or *nitric acid*.

*Phytolacca* is worse on the right side, pain in head, back and limbs with vertigo, scanty, dark red, urine, which is albuminous, and an extremely offensive breath; while *lach.* is worse

on the left side, extending to the right, external sensitiveness to the least touch, worse after sleep, cardiac debility, cold, clammy sweat. Swallowing liquids more difficult than solids and the constitutional symptoms greater than the local manifestations.

With these similarities and distinctions firmly fixed in our minds the difficulty of prescribing these remedies not only intelligently but accurately will be reduced to a minimum."

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### SOME CASES OF DIPHTHERIA.

E. E. CASE, M. D., HARTFORD, CONN.

It is to be understood that no local treatment was used in the management of the cases described in this paper. Trust the homœopathic remedy; and it will prove itself worthy of confidence by assisting nature to effect a speedy cure. Interfere with its action by alternation of remedies, local applications and "scientific" germicides; and failures will frequently follow, but Homœopathy will not be responsible for them.

1892.

#### CASE I.

Jan. 6. A man 34 years old. Machinist. A periodical drinker. Diphtheria since yesterday.

Both tonsils are now covered with membrane.

It appeared on the left side first. No individual characteristics are present otherwise.

Lachesis<sup>200</sup> every two hours

Jan. 7.

The left side of the throat is clear and there is less deposit on the right side.

No medicine.

Jan. 9.

The improvement has been continuous. The throat is now entirely clear. He is weak and is troubled by a profuse, sticky, disagreeable sweat.

Merc. sol.<sup>200</sup> four powders, two hours interval.

Jan. 12.

The sweat has ceased and weakness only remains.

China.<sup>200</sup> two days, four times a day.

He was quickly restored to health.

1892.

## CASE II.

- Feb. 8. A servant, widowed, 34 years of age.  
 Sore throat since the 6th with physical prostration.  
 Both tonsils have membrane upon them, most on the left, which was first affected.  
 Pain in the forehead.  
 Vertigo on rising from a recumbent position.  
 Sleeps only a few moments at a time.  
 Lachesis<sup>200</sup> every two hours.
- Feb. 9.  
 There is less deposit in the throat, which is more swollen.  
 She feels decidedly better, and rested well through the night.  
 Lachesis<sup>200</sup> every four hours.
- Feb. 10.  
 Throat clear; swelling abated.  
 Hungry.  
 No medicine.  
 She was able to resume a portion of her household duties on the 12th, though still weak.

1894.

## CASE III.

- Feb. 16. A dark-haired boy of 11 years.  
 Diphtheria since the 13th under allopathic treatment.  
*Status praesens*—camphorated oil externally, carbolic acid mixture, besides inhalation of carbolized steam. sulphur insufflation every two hours, also two varieties of drug compounds for internal use.  
 The boy was unable to sleep at all last night on account of the incessant and rigorous treatment.  
 His throat is swollen to near the diameter of the head.  
 There is a membrane upon both tonsils in spite of the germicides; most on the right side, which was first affected.  
 His stomach is completely upset by the drugs. All applications and disinfectants were turned out of the house.  
 Lycopodium<sup>200</sup> four powders, every two hours.



Feb. 17.

The swelling of the throat is subsiding.

The quantity of membrane has increased, especially upon the left side. He rested well last night and feels better.

*Lycopodium*<sup>em</sup> F., one powder.

Feb. 19.

He has improved steadily. The throat is now clear and of normal size.

No medicine.

A rapid recovery followed.

CASE IV.

1894. An auburn-haired girl, scrofulous, 9 years old.

July 12., 1 a. m.

Sore throat since the 10th. She lives in the country and was dosed with domestic remedies until the mother became frightened.

Symptoms:—High fever with thirst.

Nose completely obstructed.

Throat filled with membrane, on tonsils, uvula, soft palate and upper pharynx.

The soreness was first felt on the right side.

*Lycopodium*<sup>200</sup> four powders, every two hours.

July 13.

Great improvement in every way. The membrane began to be thrown off at noon yesterday.

No medicine.

July 14.

The throat is less swollen and nearly clear. She can get some air through the nares.

No medicine.

July 15.

Throat entirely clear. Breathes naturally.

No medicine.

Aug. 29.

She improved rapidly and seemed well until a week ago.

She then became listless.

Cold hands.

Dark circles under the eyes.

Lower lids swollen, in the morning especially.

Scanty, albuminous urine.

Drowsiness and frequent yawning.

Apis.<sup>cm</sup>F., one powder.

Health was restored without further treatment.

1892.

CASE V.

- Oct. 6. A light haired girl 10 years of age.  
 Chilly and feverish since yesterday.  
 Nares completely occluded.  
 Saliva profuse, ropy.  
 Tonsils enlarged, red, sore.  
 Yellowish, ropy mucous discharge from the nose.  
 Suspect diphtheria but no membrane in sight.  
 Kali. bich.<sup>200</sup> four powders every hour.
- Oct. 7.  
 Solid membrane appeared upon both tonsils last night  
 and has steadily increased in amount.  
 The nares are impervious, with the same yellow, ropy  
 discharge as yesterday.  
 Kali. bich.<sup>cm</sup> F., one powder.
- Oct. 10.  
 The membrane began to loosen within an hour after the  
 dose of Kali. bich. and improvement continued until  
 this morning.  
 Fresh membrane is now forming, upon the left tonsil  
 especially.  
 The nasal discharge is not now ropy.  
 Lachesis<sup>cm</sup>F., one powder.
- Oct. 11.  
 The deposit has increased, covering the uvula and ex-  
 tending upon the soft palate.  
 The nasal discharge is again ropy and yellow.  
*The use of Lachesis was evidently a mistake.*  
 Kali. bich.<sup>cm</sup> F., one powder.
- Oct. 14.  
 Improvement has been manifest until today.  
 A little fresh membrane is being deposited.  
 The ropy, mucous, discharge from the nose has reap-  
 peared.

<Kali. bich.<sup>cm</sup> F., one powder.

Oct. 17.

The throat is now clear and she breathes with closed mouth.

Convalescence ensued.

<1894.

CASE VI.

Oct. 7.

A black haired boy of 4 years.

Sore throat since last evening.

Right tonsil most enlarged and first sore.

Saliva profuse, flowing from the mouth during sleep.

Diphtheritic membrane in isolated patches on the tonsils, palate and walls of the pharynx.

That, in my experience, is one of the most treacherous forms of the disease.

<Merc. iod. fl.<sup>200</sup> four powders, one every hour.

Oct. 8.

Less of the deposit.

<No medicine.

Oct. 9.

No membrane except on left tonsil. Feels well.

<No medicine.

Oct. 10.

A messenger reported "throat is clear."

<No medicine.

Oct. 11., 6 p. m.

A cold rain storm prevailed yesterday and the patient sat up in bed with insufficient covering.

He became hoarse last evening.

He has complete aphonia since awaking in the early morning.

Respiration has become impeded in an increasing degree through the day.

Fresh membrane appears in the throat.

<Bromium<sup>em</sup> F., one powder.

Oct. 12.

At 9 o'clock last evening, three hours after the administration of the Bromine, he had an attack of coughing, in which he strangled and finally raised a piece of

membrane. This relieved his breathing and enabled him to speak aloud for a few hours.

No membrane is now visible.

Respiration is easier than yesterday, but a rattling in the trachea indicates that there is loose membrane below the larynx.

<No medicine.

Oct. 13.

After drinking some milk last night, he coughed and vomited, raising membrane. This enabled him to speak distinctly and breathe easily through the night.

9 p. m. Dyspnoea has increased since noon.

<Bromium <sup>cm</sup> F., one powder.

Oct. 14.

At 10 o'clock last night he coughed up more membrane, affording complete relief. No trouble now.

<No medicine.

Oct. 15.

Voice husky this morning. A small piece of fresh membrane appears upon the left tonsil.

<Merc. iod. fl. <sup>cm</sup> F., one powder.

Oct. 16.

At 6 p. m. the respiration become oppressed. The mother gave a powder of Bromium <sup>cm</sup>, which had been left for such an emergency. He soon raised some disintegrated membrane.

The throat is entirely clear.

Health was restored without further trouble.

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KANSAS.—The criminal code of Kansas enacts, "That it shall be unlawful for any person within the limits of the state of Kansas, who has not attended two full courses of instruction and graduated in some reputable school of medicine, either in the United States or some foreign country, or who cannot produce a certificate of qualification from some state or county medical society, and is not of good moral character, to practice medicine. \* \* \*"—*Minneapolis Homœopathic Magazine*.

## Institutes of Medicine.

Practically, the ORGANON has become a sealed book to most of those who have entered the ranks of the Medical Profession within the past ten years. This ignorance, or lack of appreciation, may be charged to the remissness on the part of their *Alma Mater* who substituted MODERN THEORIES for THAT WHICH CHANGED NOT BECAUSE IT IS FOUNDED UPON THE APPLICATION OF AN UNIVERSAL LAW. In this Department, the ORGANON, which was the foundation upon which Hahnemann, Boenninghausen, Jahr, Hering, Dunham and many others reared a SCIENCE OF MEDICINE that has never been equaled for the safe, sure and simple healing of the sick, will be taken as the guide, and the study of its principles will better fit the reader for the cure of the sick.

### TAKING THE CASE.

C. L. OLDS, M. D., H. M., PHILADELPHIA.

Few physicians pay proper attention to the taking of the case, although this is one of the most important features of their work. It is surprising that record taking should be so slighted, when it is well known that elaborate directions in regard to it are given in the Organon. It is not probable that Hahnemann devoted to the subject seven pages of the Organon, besides copious foot-notes, unless he thought that it was important to have a good record of the symptoms. In fact he says, that when the case is well taken, the work is two-thirds done. He realized the importance of having all of the symptoms at his command, knowing that no man could keep in mind a case in its entirety; and yet physicians all over America, professed Homœopaths too, are utterly disregarding the injunction to keep careful records of their cases. Those who disobey one injunction, whether from ignorance or carelessness, are likely to disobey more than one, and at last to become mongrels, routinists, allopathists. Slovenly prescribing and failure result from disobedience to law, from carelessness and slovenly habits.

Physicians sometimes say that they cannot afford the time to write down the symptoms of their patients, although they know that it is the right thing to do, and that they sometimes forget the symptoms of a patient before he comes back for another prescription. In the first place should not a physician be held culpable who could benefit his patient more, and

does not; who takes his patient's money without making the return for it which the patient has a right to expect from him? Is not that man stealing who takes from another without rendering in return that which was bargained for, in this case all the ability of the physician? Hahnemann says that the taking of the case is two-thirds of the work, therefore he who does not keep records of his cases is cheating his patients out of two-thirds of their dues. Hahnemann also says: "when we have to do with an art whose end is the saving of human life, any neglect to make ourselves masters of it, becomes a crime." But this need not be spoken of further, as it is utterly false that time is lost in writing down the symptoms. Time is never lost in being accurate and orderly. If a doctor has prescribed for a case a month before without recording the symptoms, how in the world is he going to keep in mind this former condition with twenty or thirty similar cases on hand? At the second interview he must again go over the entire case. Moreover, he cannot tell whether the symptoms are taking the right direction if he cannot recall the original symptoms, and these the patient is not likely to remember. Without a record of the symptoms he is also unable to tell when the symptoms upon which he first prescribed have returned, indicating a repetition of the remedy. The probability is that he has forgotten the remedy first prescribed and that he will mix up the case so that it will take months to unravel it. The thorough taking of the case saves time after the first interview, averts worry, and is an element of success, both therapeutically and financially. Moreover, patients appreciate the care with which the case is written down. Many times they will say: "Doctor, I am so glad that you write down all my symptoms; it gives me confidence in you and makes me feel that you take an interest in my case and want to help me."

In the Organon of Samuel Hahnemann, paragraphs 84 to 90, the directions for obtaining the symptoms of a patient are given. These directions should be carefully followed, both in clinical work and in private practice.

In the Clinics at the "*Philadelphia Post-Graduate School of Homœopathics*" it is the custom first of all to take the patient's name, age, address, nationality and occupation, also to note whether married, single, widow or widower. Then the patient

is allowed to relate his symptoms. When he has finished, if a companion be present, we gain whatever information we can through him, which usually suggests further symptoms to the patient, all of which are recorded by an assistant. After this has been accomplished, we go over the localities mentioned by the patient *in extenso*. For instance, the patient has mentioned headache; it is necessary to ascertain the exact locality of the pain; the direction the pain took, if not stationary; the kind of pain, as whether dull, throbbing or piercing; when it appears and when it disappears; whether continuous or intermittent; what condition or circumstance ameliorates or aggravates it, perhaps saying: What effect has motion? What heat or cold? What pressure? etc., asking no question that cannot be answered by yes or no. In this way we gain all of the particular symptoms, the modifiers as it were, of the symptoms that the patient spoke of in a general way only. Next the family history as well as the personal history of the patient is sought out. What are his habits, what is his environment; what drugs he has taken, what diseases he has had. In regard to this last, it may be noted that it never pays to say, "how about your having had Syphilis or Gonorrhœa?" If one of the miasms is thought to be present, it is best to say, "how long ago did you have the Clap?" or "when was it that you had that Syphilis?" assuming that you know that they have had it, otherwise you will get little out of them.

Never interrupt a patient when relating his symptoms.

In addition to gaining as much information as possible by the above methods, it is necessary to complete the picture of the case by going over systematically all the regions of the body, learning what other symptoms are present in each one. In this way the symptoms of the mind, the head, the scalp, the eyes, the ears, the face, the mouth, and so on, are taken in turn. It is well to follow some definite order in questioning, such as that given in the "GUIDING SYMPTOMS."

The general symptoms, those relating to the patient as a whole, must not be overlooked, as they are the most important of all; such as the time of aggravation or amelioration, of the day, the month and the year; the condition of the patient before, during and after stool, menses and urination; the effects of bathing, hot or cold; of the weather, clear or rainy;

before, during or after wet weather or a thunder-storm; of heat and cold in general; of food and drink, hot or cold; of consolation; of position, lying, standing and walking; of motion and quiet; of sleep; with condition before, during and after; of covers; of stooping; talking; being in company or alone; of light or darkness; of touch; pressure; of swallowing. We may note that any or all of these symptoms may be general, relating to the whole patient, or particular, relating only to some part. For instance, stooping may aggravate only the backache or headache, or, on the other hand, nearly all, or all of the symptoms may be worse from stooping—the patient *himself* is worse from stooping.

We should be particular not to ask direct questions, that is questions than can be answered by yes or no. We might say, have you a headache or have you a backache; as these are common symptoms and their denial or affirmation could make but slight difference, but even in these cases it is better to say, What can you tell about your head, or about your back.

The mental state is often a key to the whole remedy, and great care should be taken in getting the mental symptoms and disposition of the patient. Hahnemann placed great weight upon the mental symptoms.

As has been noted, time is an important factor, and the time of every circumstance, should be carefully noted.

It is often important to know whether eruptions are on hairy or uncovered parts; what eruptions or other outward manifestations of disease have been suppressed; if a chill has been suppressed, what its original symptoms were. The character and quantity of all discharges should be noted.

The directions of symptoms are important as they often lead to the choice of a remedy.

Note carefully the side of the body in which a symptom is located. It is not enough to say that there is sediment in the urine or that the urine is cloudy we should ascertain the character of the sediment, and whether it is adherent or non-adherent; also whether the urine is cloudy when first passed or after standing and cooling.

The desires and aversions of the patient are important factors in the image of the case.

In acute diseases, we do not include the chronic symptoms



unless they are present at the time of the acute miasmatic disease. In acute diseases it is especially necessary that we obtain all that can relate to the case from the attendants.

It is very important to note the aspect of the patient, whether light or dark; the color of the hair and eyes; color of the face; mode of breathing; flapping of nostrils; position; motions of head and eyes; sweat; build; gait.

The following case will illustrate the form in which the case should be put on paper:

Mrs. Mary A. Kline. Age 30.

1894. 1279 Lehigh avenue.

June 2.

Widow. Housework. Five children.

Light hair. Blue eyes. Fair skin.

Sick for three years.

Menses too late, too scanty, last two days.

Flow only in daytime, dark, clotted.

Pain in hypogastrium before, griping in character.

Leucorrhoea after, milky, thick.

Headache. Pain in temples, throbbing.

< motion.

< in close room.

< light.

< stooping.

Taste bitter in morning.

Desires sour and sweets.

Aversion to fats.

> walking slowly.

< in close room.

> in open air.

Weeps while relating her symptoms.

Disposition mild.

Puls. 10<sup>m</sup> F.

June 9.

Much improved.

S. L.

It will be noticed that the left hand column of the record is used exclusively for the dates and the prescriptions, which are placed there that they may be readily seen when it is nec-

essary to refer to them. In order to make the position of the prescription more emphatic, that it may be seen at a glance which are the dates and which the prescriptions, the prescription is underlined.

The next column to the right contains only the emphatic words or clauses. In the above record the emphatic words and clauses are "menses," "headache," "taste," "desires," "aversion," ">walking slowly," "<close room," ">open air," "weeps," "disposition." By this method certain prominent words are made to stand out so that in a record of many pages it is a very easy matter to find the head symptoms, menstrual symptoms, etc., whenever desired. The modifiers of the emphatic clauses are placed below and in the right hand column. Without this form it would be impossible to tell what symptoms referred to the whole patient and what to some particular part. For instance, in the above case, it would be uncertain whether the symptoms, "<motion," and "<stooping" referred to the whole patient, and were thus general, or to the head and thus particular. In the above form it is very obvious that the symptoms, "<motion" and "stooping" refer only to the head, and that the symptoms "walking slowly," and ">in open air," refer to the patient as a whole.

A patient in relating his symptoms will often speak of a region in a general way only, as, "I have the headache," "I have trouble with my monthly sickness," "I have sore throat." In taking such a case; it is well to write down the word "headache," leaving a space for modifiers, then "menses," leaving another space for modifiers, and so on. When the patient is questioned in regard to the particulars of the headache or menses, this space will be needed, and the fact of having first noted the leading word may call to mind some symptoms which would not otherwise have been recorded.

The importance of taking a careful record of all the symptoms; of using method in examining patients, cannot be urged too strongly upon all Homœopathic physicians. There are three things that every physician should have: Method, accuracy and knowledge. Nothing can be substituted for any one of these; with these only can wisdom come; and upon these success depends.

## Notes from Clinic of Philadelphia Post Graduate School of Homœopathics.

This is an eminently practical institution, designed exclusively for graduates in Medicine and all of its work is directed to a more perfect comprehension of the law of *Similia Similibus Curantur* than can be obtained in any undergraduate college. The work in this department alone will be of greater value to the homœopathic physician than the price of this journal.

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### OBSTETRICS.

SERVICE OF MAYBELLE M. PARK, M. D.

Mrs. C. B. Age 32. ———St.

1894.

Aug. 13.

Slight build. Dark hair and eyes. Sensitive, cries easily.

Pregnant for eight months.

Cough beginning as soon as she lies down at night.

Expectoration in the morning.

Frequent urging to urinate, passes little at a time.

<night, must get up often.

>open air.

<moving about.

<warm room, feels suffocated.

Fœtal movements very painful.

Alternate diarrhœa and constipation.

Tired in the morning.

<Puls. <sup>51m</sup>

Aug. 18.

Improved.

Bowels regular.

Cough better.

Fœtal movements less painful.

<S. L.

Aug. 25.

An easy confinement. Steady improvement.

Sept. 1.

Feeling well, had a large stool the first since confinement.

Appetite good.

Nipples a little sore but improving.

Temperature and pulse normal.

Sept. 23.

Slept with window open near bed.

Taken with chill at 1 a. m., followed by profuse sweat, alternating with chilly feelings on the least motion.

Severe headache, frontal and in the eyes, feel as if the top was coming off, noise in head like a blacksmith shop.

< motion.

> cold.

Pain in right breast shooting from nipple towards circumference.

Breast hot, sensitive to pressure.

A hard lump on the right side.

Redness extending from nipple to circumference

Lochia nearly ceased. Uterus gradually decreasing.

Temperature 104.4°, pulse 105.

Chilly if she moved in bed, wanted to be covered up warm. Feet and hands cold.

Face flushed.

Very thirsty for cold water.

Hepar. <sup>50m</sup>

Sept. 4.

Pulse 74, temperature 99°.

Head feels light, pain nearly gone.

Breast less tender, not so red or hard.

Tongue coated dirty white, bitter taste.

Sweat all night, but no chilliness since yesterday.

Feet still cold.

Slept well.

S. L.

Sept. 25.

No headache.

Slept well.

Some tenderness in nipple, but none in the breast.  
Hardness entirely gone.  
Appetite returning.  
Wants to get up.

S. L.

Being a recent graduate in Allopathy this case has been to me a striking example of the power of Homœopathy. When I returned to my patient on the 23rd of Sept. and found a temperature of 104.4° with chilliness and sweat, and a threatening abscess, my heart grew faint as I thought of a three or four weeks siege with poultices, scalpels and pus, but a careful study of the case and the administration of the indicated remedy gave the happy result.

This case first shows the value of Pulsatilla in indicated cases before confinement, especially where the foetal movements are so violent and painful as to cause great inconvenience and suffering to the pregnant woman. The single dose gave great relief through the last weeks of pregnancy. When the trouble arose with the breast, Pulsatilla was not repeated for it did not cover the acute symptoms, as it is aggravated by heat and better from motion.

The bright, radiating redness and great heat of the breast led me to think of Belladonna but the patient wanted the breast covered, she had a chill from the least motion, her feet were icy cold and the sweats profuse; moreover the time of the attack, the chill coming on at 1 o'clock in the morning, was another indication for Hepar, and the result in less than twenty-four hours confirmed the choice of the remedy.

## Editorials.

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***Until further notice, all communications, either personal or for the Journal, should be addressed 6351 Stewart Avenue, Station O, Chicago.***

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### LOCAL TREATMENT OF DISEASE—IF NOT, WHY NOT?

The subject under consideration is one of those mooted questions in which there is an honest difference of opinion dependent upon the theory of the nature of the disease held by the physician. If disease be the result of something added to the human economy, then any means may be employed that will tend to expel the same from the system; but if in disease we see only the physical manifestation of a disturbed life force, then the restoration of this disturbed influence to its normal state will restore the sick person to health. CAN WE GAIN ANYTHING BY LOCAL TREATMENT?

In discussion of this question we must first establish the cause for the local manifestation; and then seek to determine by what means it may best be restored to a normal condition. It would seem almost an axiomatic statement that *the cause of the thing or of event can never be at the same time the thing and event itself*; but the history of medicine, with the exception urged by Hahnemann and his followers shows this to be the source from which most of the erroneous teachings in medicine has arisen. All conditions altered by disease being regarded as the *disease, per se*, and at the same time the cause for the maintenance of the same; and to expect a cure by a removal of these imaginary and material causes; hence their use of cathartics in bilious fever; emetics in stomach and purgatives in abdominal derangements; diaphoretics in fever; germi-

cides in infectious diseases; applying of a ligature to a polypus; cutting out or artificially exciting suppuration by means of fermentation or counter-irritants in glandular swellings: removal, by knife; of tumors; amputation of a limb for necrosis not due to external injury, the use of astringent or stimulating applications to old indolent ulcers; cauterization of chancres; drying up of eruptions of the skin by ointments of different kinds, the driving away of pain from any part of the body by the application of liniments or the injection of morphine, ether or some other narcotic. In every case they think they have cured the disease by the removal of these local manifestations; but what is the result? Sooner or later in every case this method of treatment will either permit the original trouble to return or in its place some other complaint will arise causing greater suffering than the original malady, demonstrating the original cause of the disease to be more deeply-seated than its external manifestation. This frequent return of the original trouble being attributed by these teachers to a *constitutional tendency brought about by exposure to the same material influences that caused the previous complaint, instead of the legitimate effects of their own improper treatment.* "None are so blind as those who will not see." And rather than accept the simple logical theory of a dynamic or spiritual origin of disease, men are willing to spend their lives in an unsatisfactory groping after the *ignis fatuus* of materialistic speculation.

The causes for disease cannot be material since the slightest invasion of any foreign substance into any part of the material body excites a prompt effort on the part of nature to expel the same. Even the presence of a grain of sand under the surface of the skin or any portion of the respiratory tract will set up an irritation that will not subside until it has been expelled or encysted. A drop of water or even the presence of air in a vein will promote such a violent agitation as to sometimes result in death. Even when a particle of material sub-

stance by coming in contact with the skin or an abraded surface will propagate disease by infection, who can prove that any material portion of this substance has been absorbed into the system? The most prompt and thorough washing of the genitals will not protect the system from infection when exposed to the effects of syphilitic disease. The slightest breath of air emanating from the body of a person infected with "small-pox," "scarlet fever," "measles," etc. may suffice to create a similar disturbance in an apparently healthy child. What amount of material substance has been absorbed by this slight exposure? The scientist will claim the infection due to the presence of specific germs but all effort on their part to develop these so-called causes for diseases without a small particle of the material substance in which they are imbedded with which to begin the culture has thus far proven futile.

A letter, written in a sick room has often communicated a similar disease to a person handling the same, though it may have traversed thousands of miles of space. How often has an irritating word brought on a dangerous bilious fever; a superstitious prediction of death resulted in a termination of life, at the time announced; even the abrupt announcement of excessively joyful news has so paralyzed the heart's action as to produce death? But what need have we for further proof of the immaterial nature of disease? Is then the presence of pain, inflammation, excretions, polypi, tumors, eruptions, ulcers and all of the many manifestations of disease so frequently receiving local treatment of different kinds, the actual matter that produces and keeps up the real disease?

From the moment of impregnation a new being has been brought into existence. This organized body is presided over and every function controlled by a force separate and distinct from that of all other influences. It depends not alone upon the nutrition derived from the mother, but upon the inherent power of its own vital force to take up and appropriate that



which is necessary for its maintenance and development. This independent career is more manifest upon its advent into the world, but throughout life the state of vitality inherited from its progenitors modify every function of the body. A recognition of this fact helps us to determine the relative value or causes attributed to the production of disease and to look beyond the acute or exciting cause to that inherited perversion, which must be corrected before the functions of the body can be performed in a healthy manner.

If it be granted, as we believe it will, that no disease, (which does not result from the introduction of perfectly indigestible or otherwise injurious substances into the stomach or into the other openings or cavities of the body or from foreign bodies penetrating the skin, etc.) that no disease, in a word, is caused by any material substance, but always a peculiar dynamic derangement of the forces controlling the functions of the body, then any method of local treatment directed toward the removal in any conceivable manner of that imaginary material substance can be productive, not only of no good, but of positive injury; because by so doing we are depriving ourselves of some of the most important indications for treatment. We are removing the external evidence of the disease before the internal disturbances has been restored, thus many times thwarting the intelligent efforts of nature to throw off that which is depressing her functional activity, at the same time by the suppression of the external symptoms we are bringing about a disturbance ten fold worse than the original trouble.

Every careful observer has frequently noted the suffering and anxiety in all diseases characterized by an eruptive stage preceding the appearance of the eruption upon either the external or internal surface of the body. How fraught with anxiety and care were all such cases in which the eruption was tardy in appearance or had been suppressed through any cause whatever and usually how uneventful and satisfactory was the progress

of the case after nature has succeeded in forcing to the surface the effects of the internal disturbance.

We have thus far sought to show the fallacy in the prevailing theory of the nature of disease, to point out the evils resulting from the same. "Cruel, indeed, is he who would tear down that which has been established without at least attempting to rear in its place a truer and better structure than the first."

We would not be content with simply convincing you of the evils arising from the local treatment of disease, but would lead you to investigate that safer, surer and better way for the healing of the sick known only to those who are willing to sit at the feet of the Master and be taught by him.

In the fifth edition of the Organon, supplemented by his Medicine of Experience, the medical profession have been given a theory of a nature of disease and a rational method of treatment for the cure of the same that cannot be equaled for simplicity of theory, accuracy of scientific statements and logically drawn conclusions. With such simple, practical instruction, no physician can plead ignorance of his teaching, as a justification for the following of any other method of treatment than that laid down in this work of the Master.

Hahnemann says in § 9 of the Organon:

"In the healthy condition of man, the spiritual vital force (autocracy), the dynamis that animates the material body (organism), rules with unbounded sway, and retains all the parts of the organism in admirable, harmonious, vital operation, as regards both sensations and functions, so that our indwelling, reason-gifted mind can freely employ this living, healthy instrument for the higher purposes of our existence."

It is apparent to all that in the absence of this vital force the material organism is capable of no sensation, no function, no self-preservation; and when a person falls ill, it is only this self-acting (automatic) vital force, everywhere present in his

organism, that is primarily deranged by the dynamic influence upon it of a morbid agent antagonistic to life; it is only the vital force, deranged to such an abnormal state, that can furnish the organism with its disagreeable sensations, and incline it to the irregular processes which we call disease; for as a power invisible in itself, and only cognizable by its effects on the organism, its morbid derangement only makes itself known in the sensations and functions of those parts of the organism exposed.

Now, diseases are nothing more than alterations in the state of the healthy individual expressed by morbid symptoms, and this alternation is due to the influence of the dynamis or spirit-like power of some morbid agent, it seems logical to affirm this agency employed for the restoration of health acts through a similar medium; i. e. through the spirit-like power possessed by medicine.

This spirit-like power to alter man's state of health (and hence to cure diseases) which lies hidden in the inner nature of medicines can never be discovered by us by a mere effort of reason; it is only by experience of the phenomena it displays when acting in the state of health of man that we can become clearly cognizant of it.

From this indubitable truth, that besides the *totality of symptoms* nothing can by any means be discovered in diseases wherewith they could express their need of aid, it follows undeniably that the sum of all the symptoms in each individual case of disease must be the sole indication, the sole guide to direct us in the choice of a remedy.

We need not discuss the only correct method for securing the "totality of the symptoms," for that is a fruitful topic for an entire evening, but when the totality of the symptoms that specially mark and distinguish the case of disease, or, in other words, when the picture of the disease, whatever be its kind, is once accurately sketched, the most difficult part of

the task is accomplished. The physician has then the picture of the disease, especially if it be a chronic one, always before him to guide him in his treatment; he can investigate it in all its parts and pick out the characteristic symptoms, in order to oppose to these, that is to say, to the whole malady itself, a very similar artificial morbific force, in the shape of a homœopathically chosen medicinal substance, selected from the list of symptoms of all the medicines whose pure effects have been ascertained. And when, during the treatment, he wishes to ascertain what has been the effect of the medicine, *and what change has taken place* in the patient's state, at this fresh examination of the patient he only needs to strike out of the list of the symptoms noted down at the first visit those that have become ameliorated, to mark what still remain, and add any new symptoms that may have supervened.

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#### MULTUM IN PARVO.

J. A. WHITMAN, BEAUFORT, S. C.

“When the indicated remedy fails, it is not indicated.”  
—Fisher.

That is Fisher all over. A remark of his at a meeting of the Chicago Hahnemann Society Sept. 3, 1894, as reported in the *MEDICAL ADVANCE*. It speaks volumes for Homœopathy.

It is the key to our success or failure in the treatment of disease. We give what we *think* is the indicated remedy. We get no response from it, then blame our *Materia Medica*, instead of admitting the symptom picture was not correct. Shall have to look it over again, and if true to our principles do so and find the mistake. But this all means work and he who would treat Homœopathy pure has got to work if he expects to succeed.

I seldom take up one of my medical works but I get some new thought, and I have a book indexed where I put down any strange or odd symptom or condition, and it is surprising to see the amount of valuable matter I accumulate in this way; and I would advise every young physician when he starts out in practice to do it, for in a few years he will have a reper-

tory that cannot be bought. When he finds an article too long to copy, note what and where to be found.

“When the indicated remedy fails it is not indicated.” A grand motto to place on the walls of our offices. It might spur us on to better success in our treatment. Stick to the old truths; I find the old books and old remedies are more to be depended upon than so much of this new fangled stuff. No harm to try them, but do not use them to the neglect of the old tried ones, until you find *them* fail to do the work.

And “when the indicated remedy fails it was not indicated,” and don't forget it and put the blame somewhere else.

One thought on infant bowel troubles that brought the above expression out. Their little stomachs are made “a *slop bowl*” for everything edible or non-edible and their mothers wonder what made baby sick. Look to their hygiene and *see* the reason why.

When I read Fisher's remarks as above, I could not help commenting on them, they are so much to the point, and if they are worth the setting up, use them, if not you know where to put them.

(It is just such comments as these that prove the most valued contributions of any medical journal. Give us more of them.—ED.)

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**The new society of Homœopaths** present their Preamble, Declaration of Principles and general plan of organization in this number of the **MEDICAL ADVANCE**. The attention of our readers is called to this introduction for the reason that it is a society destined to make its influence felt in the general awakening to the necessity of a more intimate knowledge of the actual workings of the law of *similia* uncombined with the evolutions of modern science, (?) and the results of their deliberations will naturally seek the columns of the **MEDICAL ADVANCE** because this journal believes the principles of *similia similibus curantur* to furnish the *surest* and *safest* guide for the healing of the sick, and consequently its pages will always be open to the exposition of the truth. The question may be raised whether they were justified in withdrawing their support from the parent society, the International Hahnemannia Asso-

ciation. This depends entirely upon the future acts. The AMERICAN INSTITUTE is in a very receptive frame of mind and more desirous of knowing of the *better* way than of any other knowledge. If the members will gather fresh inspiration from the meetings of their new society and will then come out among the people and tell others how they got it, the world will have been made better for their having been in it. The experiences of a generation ago should not deter them from accepting this responsibility when they see it. We would that every community might have an exclusive society of this kind to which all of the privileges except that of membership were free.

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**Will Be in Their New Home by Nov. 15**—The readers of the MEDICAL ADVANCE who have profited by the exceedingly valuable contributions of members of the Post Graduate School of Philadelphia will rejoice at the information that the Board of Directors of the School have purchased an elegant four-story building, very centrally located at 613-15 Spring Garden street; and will have it fitted up by the middle of this month with accommodations sufficient for 100 students. There will be a large clinical lecture room upon the first floor, and a general lecture room upon the second floor. The size of the class last year, together with their crowded clinics, made the move imperative, and they are to be congratulated upon securing so desirable a site so near their old location. For the benefit it would bring to the cause of Homoeopathy and the suffering public we might wish a speedy crowding of their present accommodations compelling them to tear down and build better.

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#### INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

The President takes pleasure in reminding those members who were present, and informing those who were absent; deterred by professional duty or possibly by the love of travel; an unusual opportunity to explore the mountains of Colorado, the social institutions of Utah or the geysers of the Yellowstone Park, of the highly interesting character of the proceedings of the International Hahnemannian Association in June last at Niagara. The association sustained its prestige in all its Bureaux by the presentation of papers philosophical and

practical, clinical reports, discussions and illustrative experiences not hitherto excelled.

As the conservator and practical teacher of pure homoeopathy, its friends and members will maintain its honor and extend its influence, and increase its membership. Those who may not yet be fully qualified for membership, have as Associate members the opportunity to witness the verification of the Therapeutic Science taught by Hahnemann.

Application blanks for membership and associate membership may be obtained of the Chairman of the Board of Censors, Dr. A. R. Morgan, Waterbury, Conn.

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#### PERSONALS.

Dr. E. E. Reminger's new address is 353 South Oakley avenue, Chicago.

Dr. N. L. Wakeman has moved from Shelby, O., to Batuc, Sonora, Mexico.

The MEDICAL ADVANCE follows Dr. J. J. Thompson to his new home, 681 Fullerton avenue.

Dr. W. A. Dewey, author of "Essentials of Materia Medica," is now located at 52 W. 25th street, N. Y.

Dr. H. B. Carpenter, of Chelsea, Mass., has returned to Philadelphia, and is now taking the course in the Post-Graduate school.

The physicians report that at present there is an unusual prevalence of typhoid fever and of the other bowel ailments in Chicago.

Dr. Geo. W. Roberts, of the *North American Journal of Homœopathy*, can now be found at "The Strathmore," corner 52d street and Broadway, N. Y.

The marriage has just been announced of Miss Cora May Kauffman and Dr. Henry S. Lewellyn, which took place at LaGrange, Oct. 17. They will make their home in LaGrange.

Can you not persuade some friend to join the ranks of readers of the MEDICAL ADVANCE? We will agree to send the journal to both addresses for the year 1895 for \$5 and in addition will give the October, November and December numbers of the present year. Let us hear from you.

Livermore Falls, Maine, is to be honored with the presence of Dr. C. H. Oakes; and will be correspondingly missed by his old friends in Clinton, Mass. We trust the move will be an advantageous one for the Doctor.

A son of Dr. P. C. Majumdar, of Calcutta, India, is the latest addition to the list of students in the HERING. The young man will remain in this country until he will have completed his medical education. Many readers of the ADVANCE will remember the presence of his father at the *Congress of 1893*.

The friends of Prof. E. W. Sawyer, of the *Hering*, suspected something serious would happen as the result of his long absence from the city during the summer months and consequently were not surprised at the receipt of the following:—Married—Eugene W. Sawyer to Ellen L. Pendleton on Tuesday, Sept. 4, at "The Weirs," Pendleton Beach, N. H. "At Home" 4355 Oakenwald avenue, Chicago, after Nov. 1. May joy and peace go with them.

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#### \*MEDICINE.

J. M. SELFRIDGE, OAKLAND, CAL.

It would be interesting, did time permit, to commence, if we could, at the initial point of medical practice and trace the various improvements that have occurred from the time medicine was first administered down to our own time. This, however, would be both prolix and difficult, for the advent of practical medicine is so obscured by the dim light of the distant past and so deeply covered by the dust of ages that it would be almost, if not quite, impossible to go back and unfold the leaves of Time sufficiently to throw very much light on the *origin* of our subject. The necessity for medicine presupposes the presence of disease and, without doubt, disease is the result of violated physiological law. We are told that man was made in the image of his creator and, therefore, mentally and physically perfect. However true this may be, the history of the race shows that he was created with capabilities that soon got him into trouble, and his offspring, in a very few years, needed doctors, and they have had need of them more

\*(Read before the Organon and Materia Medica Club of the Bay Cities, Oct. 5, 1894.)



or less ever since, and I have no doubt, will continue to need them, not only down *to* but clear *through* that blissful time when the nature of men and animals, it is said, will be so changed that the lion and the lamb will become good friends, and the lion will be so modified in his tastes that he will prefer to eat straw than lamb chops.

Although the necessity for doctors was, doubtless, coeval with the human race, yet the earliest records we have are so mixed with astrological nonsense and Druidical incantations that we are compelled to set them aside, for they are of little value. From the best lights we have, we learn with strong probability that the Egyptians were the first to give the world a knowledge of medicine. We now know that the Egyptians were practicing medicine and writing treatises on medical subjects more than twenty centuries before the Christian era. Eleven hundred years before the winged messengers of the *Most High* announced, with glad hosannas, the birth of a World's Redeemer to the shepherds of the plains of Bethlehem, the first medical college was erected in Egypt, and dedicated to the education of men in the art of healing. Too little is known, however, of their methods to enable us to form any opinion of the value of their teaching or the success of their practice. From Egypt a knowledge of medicine was wafted to Aesculapius and Hippocrates in Greece; thence to Celsus and Galen in Rome, the latter of whom established a theory and practice of medicine that is well formulated in the Latin words "*Contraria, contrariis, curantur.*" His system partook so strongly of his own energetic nature that it has held more or less sway down through the ages, and is not even now entirely dispelled by the light of the nineteenth century. Harvey, Sydenham, Bonet, Morgagni, Boerhave, Haller, and a host of others, have borne testimony to the strength and genius of Galen, and like him, their course has been written in the blood of their victims. Medicine has never kept pace with the advancement in the Arts and Sciences and other branches of human knowledge. If proof of this were necessary, a retrospective glance at the perfection of architectural beauty in Ancient Greece and the attainments in letters of both Greece and Rome would be ample testimony. But we need not go back to those ages of civiliza-

tion long since dead, for it is a matter of history that in the eighteenth century *medicine* was in its *darkest* hour.

If we examine the medical literature of that period, we find from twenty to thirty remedies compounded in the same prescription. Verily, it might, with propriety, be called the age of drugging. Not satisfied with the profuse administration of drugs internally, all sorts of external applications were used, until it would seem to be the height of their ambition to devise something never before heard of, and in some instances the most abominable and repulsive applications were used which the human intellect could invent. Think, for example, of a delicate young woman, suffering with peritonitis, being subjected to the application of the warm entrails of a sheep, disemboweled in her own bedroom for that purpose. Think of another young woman, suffering with a contraction of the hamstring muscles, being subjected for over forty days to the application of a "*cataplasma de stercore humano.*" Disgusting though these examples are, they are but feeble expressions of the conditions of medicine, when in the latter part of the eighteenth century, the light of scientific truth first flashed like a meteor across the horizon of the therapeutic world. It was in 1790 that Hahnemann took cinchona and watched its effects. To his analytical mind, it was more than the simple effects of a medicine. Like the falling of an apple to the eye of a Newton, it opened, to the mind of Hahnemann, a new field of thought—a new laboratory was constructed, in which he labored until he gave to the world the law of *similars*, which is the *law of God*. The observations of Hahnemann have since been verified by hundreds, yes thousands, of able, honest, industrious men and women; and yet, in the light of this nineteenth century, with the experiences of past decades spread out before them, with an abundance of opportunities to verify or disprove, if they can, the statements of Hahnemann, there are hundreds of physicians who, without examination, pronounce Homœopathy a delusion and a snare. If these vilifiers were all in the ranks of the Allopathic school, we might pass them by with a smile at their ignorance. But, when we find those who are counted as Homeopaths call in question, both by example and by precept, the truths as announced by Hahnemann, as we have heard done by those who are professed teachers of Homœopathy, is

it not time for honest Homoeopaths to call a halt and inquire of these *croakers* as to what "Pathy" they belong, whether Eclectic, Allopathic or a compound of the three? The truth or falsity of Homoeopathy is susceptible of demonstration; hence, it seems to me eminently proper that those who assume the name for the money there is in it, should in some way be made to feel that common honesty required them to examine carefully and conscientiously the principles as laid down in Hahnemann's "Chronic Diseases" and the Organon of Homoeopathy, and, if they find them a delusion and a snare, which their own practice and teachings would lead us to believe they think, let them so announce themselves, so that *we* may know—so that the *world* may know they are not *practical hypocrites*. Homoeopathy has suffered many wrongs, but none of its wounds are so deep as those inflicted by professed friends. In other words, the physician who claims to be an Homoeopath, and still resorts to Allopathic methods in the treatment of disease, is *not* what he professes to be. "He is wounding Homoeopathy in the house of its friends." If he knows no better, he is to be pitied but *not* excused, for he *ought* to know better—he *can* know better if he will but apply himself to study. Homoeopathic physicians ought to be so proud of the title, and so satisfied with their own *armamentarium*, that they would not care to seek after the gods of the Philistines, for it is well known that they are better equipped and better able to cure disease with remedies which are not only safer and surer, but entirely different from those of the old school.

Not many weeks ago I was informed by an intelligent lady from the East that she had understood there was not a pure Homoeopathic physician west of the Rocky Mountains. Need it be asked why this is so? Clearly, the physicians who violate the principles and practice of pure Homoeopathy so generally are responsible for giving so *humiliating* an impression to the public. Is it any wonder that the Allopaths speak disrespectfully of Homoeopathy, when they find its representatives giving crude calomel, *et cetera*, in the form of tablets? To be a good Homoeopathic physician does not necessarily require him to be a high potency man. On the contrary, his practice may be strictly in accordance with the law of similars, even though he administer the mother tincture.

And vice versa, a physician may use only the high or even the highest potencies, and not be a practitioner of Homoeopathy, for the simple reason, if he does not select his remedy in accordance with the law of similars. Again, a physician, to be a progressive Homoeopath, should *never* alternate his remedies. The reason is very apparent—he never can know which remedy cures, and, therefore, *never learns* anything. But, he who prescribes in accordance with the law of similars, and gives only the single remedy, will, sooner or later, go higher and higher in the scale of potencies. This, at least, is my *personal* experience. At one time I was the *crudest* of the *crude*, and alternated remedies without rhyme or reason, but gradually, by a process of evolution, it may be, I am now a firm believer in the efficacy of the high and even of the *highest* potencies. There is probably not a Homoeopathic physician living who will deny that *low* potencies do sometimes make *cures*, while there are hundreds, and perhaps thousands, who conscientiously believe that there is *no* medicine in high potencies, and, therefore, no therapeutic power. Olmstead, in his work on Natural Philosophy, says a particle of matter cannot be so finely pulverized that it may not be again divided. High potency men go beyond this. They do not claim that there is *any material* substance in the highest potencies;—nothing, in fact, but medicinal force *dynamized*. This idea is ridiculed by the materialists; in fact, I am not aware that they admit there is such a thing in existence as dynamic force. There is only one situation in which I can place these objectors, and that is in company with those ancient astronomers who believed that the earth was flat and rested upon the back of a huge turtle.

My dear objector, did you ever look through a telescope at Saturn and his beautiful rings or Jupiter with his five moons? Did you ever stop to think of how many thousands of billions of tons of rock and other material are contained in one of these huge planets? Upon what do they rest? If upon nothing, what holds them suspended in mid-air? The force of gravity, say you? Be it so. But what *is* the force of gravity? You do not know? Neither do I. But, from what I have seen and know, it is my firm belief that it is one of the dynamic laws of the creator of this great universe. Dynamic force pervades *all* things. In other words, dynamic force, in one way

or another, *creates, upholds and controls*, not only our own bodies, but every *particle* of matter, whether animate or inanimate, in this broad domain of infinite distances. This force, in the planetary system, reaches millions of miles from one planet to another—influences, and, to a certain extent, controls their movements. This being true, is there anything unreasonable in the doctrine that the force which pervades all medicines, as well as other substances, can be detached from its material mother and *attached* to another material? As, for example, alcohol, water or sugar of milk. To my mind, there is nothing unreasonable in what we know to be a fact, and that it is a fact, there are hundreds who can bear testimony. The education of any person who doubts it has been sadly neglected, or prejudice has been allowed to blind the understanding. By patient investigation and the conscientious application of principles, all honest inquirers need not be long in doubt. There is probably nothing in the entire range of the Homoeopathic system that has met with such bitter opposition as the use of high potencies and what is claimed for them. If ever mud was thrown at any object, if anything was ever ridiculed, if anything was ever placed among the most unscientific nonsense—the absurdest of all absurdities—the high potency idea is that thing. And among all the opponents, ridiculers, mud throwers and dogmatic disbelievers in them, I, myself, have been the chief. But, Mr. President, as the light of divine truth caused the scales to fall from the eyes of St. Paul of old, so also has the light of pure Homoeopathy penetrated my hitherto obdurate mind and caused the scales of dogmatic prejudice to fall from the eyes of my darkened understanding. It has given me the courage to investigate, to experiment, to prove all things and hold fast to that which is good. From massive doses of calomel, jalap, rhubarb and quinine, I have ascended step by step, from the mother tincture to the 3d, the 6th, the 30th, the 200th, the 1000, the c mth the m mth and the d m mth. I have proved them all and have gotten good results from the low as well as the high. But candor compels me to bear this testimony. For promptness of action, for well defined, clean-cut lines and brilliant results, the well selected remedy in the *highest* potency is the most satisfactory. A few examples of their action and I will close this paper.

A gentleman, aged 64, called at my house on Sunday, July 22, 1894, when the following history was obtained: When young his hair was red (it is now white); complexion florid, medium height, stout, thin, white skin, bleeds easily, inherits cancer (his mother and sister died of it). Has a hard seed wart on one of his fingers, and a dry crust firmly attached on the bridge of his nose, which he fears is a cancer; was scaly for a year, during which time he has been applying zinc ointment, which drives it partly away, but it soon returns. His head gets dizzy if he leans back or stoops forward. Is disposed to fall forward. It comes on suddenly; feels it when he coughs or lies down, and is worse if he rises suddenly from the recumbent posture. Greasy, high seasoned food and salads disagree. He uses tobacco; is fond of coffee and drinks some whisky. Has itching haemorrhoids, itch worse at night. When he undresses his skin, in general, itches, especially under the arms, where he breaks out like hives. Had hives badly years ago. His hands and arms go to sleep when he lies on them at night. His feet cramp at times. Is easily worried about his business, and has had erysipelas twice. Here was evidence of a sycotic miasm. Whether personally contracted or inherited, I was unable to ascertain. The case being somewhat complicated, I concluded to work it out with Boeninghausen's Pocket Book and Yingley's check-list. When the checks were counted, Sulphur stood 60, Rhus. 52, Sepia 50, Calc. C. 49, and Thuja 36. Although not a very close fit constitutionally, still, as Sulphur headed the list, on July 24, I gave him one dose of the sulphur  $\text{em}$ , with blanks to follow. These were renewed twice, but not another dose of medicine was given. As he is a busy man, his wife reported on Sept. 8, that the supposed cancer had disappeared, and the wart also, and in other respects he is better than for a long time.

*Another Case:* A lad 14 years old came to my office complaining of his left foot and especially of his toes. They looked as if scalded and especially between them. In addition to this, to say that they smelled badly does not express it—they positively stunk. These, with his other symptoms, correspond so closely to sulphur that, as an experiment, I gave him, while in the office, one powder on his tongue of the  $\text{em}$

potency, with blanks to follow, and requested him to report in a week, which he did, saying his foot had stopped stinking and was almost well. Blanks were continued with instructions to report if not entirely cured. He is now all right.

Pulsatilla, as you know, is said to act best in "persons of indecisive, slow, phlegmatic temperament; sandy hair, blue eyes, pale face, easily moved to laughter or tears, affectionate, mild, gentle, timid disposition." As an illustration of the opposite condition, I will report the following case:

Mrs. H——, dark, coarse hair, dark brown eyes, coarse skin with black pores, large frame, strong features and resolute appearance, came into my office over two months ago and begged me to give her something to cure a terrible sick-headache to which she had been a martyr almost every week from her girlhood. Without going into details, I will state the character of the pain was this: The pain recurs in paroxysms, increases to an intense point of severity, then decreases to a complete cessation. She always enjoys herself best in the open air. As pulsatilla seemed to be indicated, and wishing to experiment with high potencies, I gave one powder on the tongue of the <sup>cm</sup> with blanks to follow. A week after that her husband came in, saying "That medicine acted like a charm on my wife, as the pain left her before she got out of the building." He wanted some of the same as she had a mild return. One dose of the <sup>cm</sup> potency was given him with blanks to follow. It relieved the pain promptly, and there has been no recurrence of it for two months, although she had been to the theater which heretofore had *always* provoked an attack of headache.

About two weeks ago, I was summoned to the bedside of a patient who had suffered all night with cutting pains, recurring in paroxysms, which she referred to the region of the sigmoid flexure of the descending colon. As she had some knowledge of the action of medicines she had taken colocynth all night, but without relief. She could not see why she was no better as colocynth had these paroxysmal cutting pains among its symptoms. But my patient had looked but at one side of the picture. She had other symptoms prominent among which was this: She had frequent desire to stool but when she went to the closet she could accomplish nothing. *Nux vomica*<sup>cc</sup>

cured her very promptly. The Allopaths or their imitators would, doubtless, have given one of the coal-tar products or a hypo-dermic injection of morphine, thus disordering the system and preparing the way for more medicine.

Not long ago, I was called to a lad, aged 14, who was taken in the night with a chill, followed by fever, soreness in the left chest, cough, with rust colored sputa and restlessness. He could lie in one position but a short time when he had to change to get relief. An examination discovered moist rales over the lower lobe, prolonged expiratory bronchial murmur, followed with a peculiar re-active puff which is so characteristic of commencing hepatization. The case was, of course, Pneumonia. The peculiar restlessness, taken in connection with the other symptoms, led me to the choice of the remedy. I gave *Rhus. tox.*<sup>cc</sup> in water, a teaspoonful every two hours; not because *Rhus.* is said to be the *epidemic remedy*, but because it was indicated by the symptoms. On the evening of the third day his pulse was 126, respirations thirty-six, and the temperature 104.2°, with some delirium. He appeared to be growing worse, but I had faith in the choice of the remedy and did not change it. The result proved that my confidence was not misplaced. Before morning the delirium ceased, the fever began to subside, and my patient fell asleep. When I made my visit in the morning he was in every way better. His pulse was 80, and his temperature subnormal, being 96°. The hepatization was rapidly clearing and the rust colored sputa had changed to muco-purulent matter. The remedy was continued at longer intervals, and on the seventh day I discharged the patient cured. There is one point to which I wish to call your attention *especially*. There was no extended applications of any kind or description. A flannel shirt was the only addition to his ordinary night dress. This then, was a clean-cut Homoeopathic cure, in a shorter time by weeks than anything of which the best Allopathic practice can boast, and without any risk to the patient.

The following case has interested me greatly for the reason, among other things, that it crosses the track of the Gynecological surgeon, and shows what may be done in desperate cases, with the knife. This to my mind, was one of those constitu-



tional cases upon which to have operated would have led to fresh disaster.

About six months ago, Mrs. S., aged about 30, married eight years, but no children; tall, with brown hair, gray eyes, and fair skin that freckles, was sent to me by a mutual friend. Two years before she had been under the care of one of the foremost Allopathic Gynecologists of San Francisco, who was treating her for leucorrhoea and "disease of the right fallopian tube," when he discovered "a tumor about as large as a pea" in the right broad ligament, and advised an operation. When she came to me it was about the size and shape of a small pear. That is to say, it was about two and one-half inches in its long diameter by one and one-half inches at its broadest point, with no adhesions. There was also a tumor the size of a small marble on the front surface of the womb about half an inch above the anterior fornix. The womb was about the normal size, possibly enlarged a little but harder than in health. The external cervix was denuded of its mucous membrane, was red, and the slightest touch caused the granulations to bleed. The endo-metrium was in a state of chronic inflammation, which caused a very profuse, acrid, tenaceous leucorrhoea, having an unpleasant odor, to pour from the interior of the womb. The womb and appendages were so tender that she could not bear the embraces of her husband without great suffering. The menses were somewhat irregular but not profuse. When she was in her seventeenth year she had several hemorrhages from her lungs, and her mother and sister have since died of consumption. An examination discovered the presence of latent tubercles at the right apex of the right lung. To have operated on a case with such a decided tuberculous cachexia, without first placing the system in as favorable a condition as possible, would, to my mind, have been a surgical murder. Consequently, after some study, I gave her Tuberculinum D<sup>mm</sup> one dose on the tongue with blanks to follow. She has taken four such doses at intervals of about a month.

I have found what I presume has been the experience of other Homoeopaths, that patients afflicted with uterine troubles, always expect some kind of local treatment. In fact, it is almost impossible to hold them unless something in that



line is done. Hence, with this in view, and with the hope of assisting in the depletion of the engorged tissues, I applied tampons of absorbent cotton, moistened with glycerine, to which was added enough carbolic acid to prevent decomposition. These were placed in position twice a week, except during the menstrual effort, and douches of hot water ordered daily in the interim. I am fully aware that the result obtained will be called in question because these appliances have been used. In other words, due credit will not be given the remedy administered, and perhaps with some show of justice, for, in Hering's Guiding Symptoms we find among the cured symptoms—"Induration and ulceration of the cervix uteri, copious discharge of fetid, greenish, acrid matter from the vagina." Carbolic acid, however, does not cover the case, and, therefore, would require some stretch of the imagination to be considered the simulum in this case. Of one thing I am very sure, there is probably no Gynecologist living who would have considered the use of tampons sufficient in this and similar cases, without first having curetted the womb, and then performed coeliotomy to get rid of the tumor. Such treatment would, in my opinion, have developed the latent tubercles now in her lungs.

Without further delay, I give you the result. I have been unable to detect any growth of the tumor since the eighth week of the treatment. The catarrho-septic condition of the womb is entirely removed. The cervical mucous membrane is completely restored, and the parts, instead of looking red and granulated are normal in color and healthful in appearance. The leucorrhoea and tenderness of the womb and ovaries have entirely disappeared, and she is now able to receive the embraces of her husband without the slightest discomfort. For the last two months she "has been feeling better than at any time since her marriage," now over eight years. All this encourages us to feel that the case is completely cured. Of course, the tumor is still there, but if it never enlarges and the system continues to tolerate it, is she not cured? Time alone will tell.

The cure of disease with high potencies is a problem that is difficult for the human mind to grasp. Men have been so accustomed to dwell upon things material that to think of anything other than material substances being able to bring

strength out of weakness, and health out of disease, is to them an unreasonable proposition. In considering this question, however, we must not lose sight of the fact that the most powerful forces in Nature are, so far as we are able to demonstrate, without material form. Just how or why these forces act as they do, or *how* one force supplants another in the cure of disease, is difficult to comprehend, but no more so than how the force we call gravity holds planets, which are millions of miles from each other, in their orbits, while at the same time it causes them to move with the utmost precision from the beginning to the end of time. I confess it is a difficult thing for a person who has spent years in the study of material things to leave his life-long idols and soar away from the finite to the infinite.

With truth, it has been said that the question of high potencies has driven many a person away from Hcmoeopathy. But, if we can cure with high potencies what cannot be cured with the low, are we to cease curing our patients because there are those who cannot comprehend the *modus operandi*? They tell us these potencies are not what is claimed for them. I have heard it stated with apparent candor that the <sup>cm</sup> of Swan or Finke were no higher than the ordinary 6th or 9th potency. It has also been said that there was nothing in them, that they were nothing more than bottle washings. If this be so, how is it that harm not infrequently results if potencies above the 50<sup>m</sup> are repeated oftener than once in two, four or six weeks, when lower potencies can be repeated hourly, or weekly, as the case may require, with impunity. Results are what we are after. Hence, it matters not how these potencies are made, whether by fluxion process of Fincke or the emptying methods of others. The marvelous cures which are daily being made with them is a sufficient answer to all objectors.

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The Auxiliary Sanitary Association of the Illinois State Board of Health will hold a session at Springfield, in the Capitol building, on Nov. 13 and 14. A most attractive program has been arranged and all who can should attend. The Chicago & Alton railroad is the direct line to Springfield. It has a fine train that leaves Chicago at 11:30 p. m., arriving at Springfield in time for breakfast next morning. For berths, etc., apply to City Ticket Office, 195 Clark St., or at Union Depot, Madison and Canal streets.

## Society Reports.

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### CENTRAL NEW YORK SOCIETY.

#### DECEMBER MEETING.

ROCHESTER, N. Y., Dec. 15, 1892.

The regular meeting of the Central New York Homœopathic Medical Society was called to order by the President, R. C. Grant, M. D., at 11:30 a. m.

Members present, Drs. Graham, Seward, Hoard, Grant, Stow, Biegler, Schmitt, Hermance and Leggett.

Visitors Present, Drs. Johnson, Hermance, Ross, Bamber, Young, Brownell, Robertson, Lott, Nurse Flannery and Ass't.

Reading of the minutes by the Secretary.

Moved, seconded and carried that the minutes as read be approved.

Report of Chairman of Board of Censors of the application of three new members of this Society.

Applications of Drs. E. V. Ross, A. C. Hermance, and Walter W. Johnson were then read.

**THE PRESIDENT**—The applications will take their usual course of six months before the final ballot. It is a matter for congratulation in this Society, that at two consecutive meetings we should have been able to add three such members. It is a pretty good growth for any society. We know that the ones added from this end of the line are most excellent practitioners in every respect, and should judge from what we have seen, that the same can be said of those who applied at the September meeting in Syracuse. We may be proud of such additions, and hope there will be more to come.

**DR. SEWARD** feels that it is equally true of the applications made at the last meeting, and that they are equally good homœopaths.

**DR. WALTER W. JOHNSON** was appointed and read sections 99 to 103 inclusive of the Organon.

These sections treat of the examination of a case in acute dis-

eases showing that the difference of expression in this sickness and in health, is more marked, and more easily defined than in sickness less recently manifested; that in cases of epidemic or sporadic diseases it is unnecessary to know that anything similar was ever before manifested; that any hypothesis, however ingenious, is useless; that the facts as expressed and observed in a number of cases are the only possible foundation for diagnosis of the remedy, treatment of the patient or a true picture of the disease; that except such epidemics as always retain their identity as measles, smallpox, etc., each reigning epidemic is peculiar to itself, and differs greatly from all others that may have preceded it; that although the physician may not perceive the true image of the disease until he has prescribed for several cases, noting all the symptoms of each case does not so much lengthen the picture as it intensifies it, and makes it more graphic; that as there is less occasion for inquiry into particulars in acute cases where the peculiarities for the most part stand out spontaneously, so there is *more* necessity for exceeding accuracy in chronic cases.

**THE PRESIDENT:**—These sections of the Organon are now open for discussion. Dr. Stow is requested to open the discussion.

Dr. Stow thinks that there is something beautifully clear and very pleasant in the language used. He finds also that in taking symptoms of the sick, he must first corroborate those symptoms in the *Materia Medica*, confirm them so to speak, before he can hope to accomplish a cure. Dr. Lippe used to speak of "a three legged stool" in connection with the treatment of acute cases i. e. if there be three prominent symptoms of a remedy present, we usually found them to be a key-note to a good prescription. In the minutes read of the meeting in Syracuse there was a case of emergency mentioned, as cured by Dr. Biegler with *Chamomilla*. This reminded him of a case of his own; a case of paroxysmal colic in a strong, hearty laborer. The patient was found lying upon the floor with a pillow under his head, comparatively comfortable. Soon the pains came on again. Sending for hot water, boiling hot; anything before it could be brought, the patient began to swear, wondering "why the—they did not hurry with the hot water." *Chamomilla* proved curative in this case, also

putting him to sleep before he received the second dose. This is one proof that in acute cases the leading and peculiar symptoms stand out prominently, and as a rule may be easily prescribed for, but even this apparent ease requires a thorough knowledge of Homœopathy. Routine prescribing is decidedly opposed to the principles of Homœopathy. In an epidemic of scarlet fever, to meet a physician who tells you that he has found very little trouble, although very busy, because all the cases were Belladonna patients, when there was one upon the hill near him, treated with Apis. successfully, and one close by in another direction treated as well with Rhus., surprises, and causes you to wonder how he succeeds. In § 96 & 98 are mentioned a class of patients that require great judgment and tact to find what they need. They are sensitive, impatient, and it is almost impossible to see through their exaggerations, to distinguish the real from the imaginary.

Last week in a case of la grippe, such a patient was found. The prescription had apparently worked well, he was at his work, yet finally he found that during the mental exertion on looking over accounts he could work but a few minutes, when the pains in the head would begin with a sudden access of weakness, loss of memory, etc. This called for a prescription of Arsenicum, that helped. After a while he went to a wedding, ate too much cake, etc., and came back to the office with such great weakness; he must "get out of it." He could not and "would not stand it" any longer. Gave him two powders. Was that "all he was to have?" It was "sufficient until seen later in the afternoon." He went off and never came back. It was still a question whether he became tired and went to another doctor, or improved under the prescription. This class of patients think you are too slow, are doing nothing, cannot wait, etc.

DR. GRAHAM would like to know if Dr. Stow takes into consideration the temperament, psoric tendencies, etc., of his patients.

DR. STOW—Not in acute cases if they respond quickly to the indicated remedy. If they do not, then inquiry is made more deeply into constitutional tendencies.

DR. HERMANCE would like to know if one of the special indications for Chamomilla was anger.

DR. STOW has in many acute cases cured the patient upon that indication. Describes the appearance of a child with a Chamomilla colic, and likens the temper to that found in an adult under like conditions, saying the resemblance of the two cases had probably given him the indication, rather than the books.

DR. BROWNELL quotes Dr. Dunham as giving the indication of "intolerance of pain."

DR. JOHNSON has had many cases of typhlitis and perityphlitis, also cases of incipient typhlitis. In a case of such an attack in himself, in which he prescribed and cured—an unusual circumstance—he found in that experience—always the best teacher—that the symptom was not "intolerance" but "anger." He suddenly made some impatient expression that caused his wife, who was working as rapidly as possible, to exclaim at him, it was so unusual. He was angry that she did not bring the hot water and flannels quickly enough. He suddenly thought why this is Chamomilla. Taking a dose of Chamomilla <sup>cm</sup> he was asleep before his wife could return with the flannels, and slept from 7 a. m. until 1 p. m.

DR. HOARD quotes Lippe as reading "anger with rage." Thinks they usually say they "can't stand it."

DR. SCHMITT has also a case of personal experience showing that "anger" is a strong symptom. He had a violent toothache one night, which he had been treating through the day with a remedy every twenty minutes. (?) He could not sleep, and finally sprang out of bed upon his feet saying, "D— I wont stand it." A dose of Chamomilla gave him comfort, and he went to sleep for the night.

DR. HERMANCE had a case of involuntary proving of Chamomilla that verified the symptom of anger. A woman had received Chamomilla. After the second dose a dull pain in the abdomen was developed, that increased until she became so angry, said, she "would not stand it." Drank some hot water with relief, and went to sleep.

DR. GRAHAM—Why call it an aggravation?

DR. HERMANCE—Because the symptoms developed were new, while the mental symptoms prescribed for were the same.

DR. ROSS—This seems to illustrate the necessity for recognition of mental symptoms.

Motion to adjourn until after lunch.

Carried.

Meeting called to order at 3:30 p. m.

The Chairman of the board of Censors, reports still another application for membership in this Society, and read the application of William G. Brownell, of Rochester, N. Y.

Paper from Mr. Martin on,

#### HOW TO MAKE A GOOD HOMŒOPATH.

First, get the student's mind clear upon the great fact, that he is not to treat disease as a material entity. If you accomplish this great lesson with your student, and he readily recognizes the fact, then you have a good soil upon which to sow the seeds of Homœopathy; but, if your pupil cannot, or will not, surmount this difficulty, you can never accomplish the task of making a good homœopath of him. Just here, you had better be honest with him, and frankly say, that he is not adapted for this school of medicine.

If we were all careful to adopt this method as preceptors and teachers, we could weed out the garden of homœopathy. For the lack of this one great principle, behold, our garden is full of weeds. I refer particularly to the so-called homœopath. He, who grasps this first great principle, always finds it easy to practice homœopathy, and finds it a pleasure to study his cases. It is for want of this precious fact, that we have so many pretenders in our school.

The next great factor, with which to make our practice quick, and available, every student should learn to be a competent stenographer; if he is master of this accomplishment, then he is fully prepared to do justice to himself, and his patient. In so doing we overcome that great bug-bear, that to practice homœopathy requires too much time to take the case. In being conversant with the art of stenography, he takes his cases down with ease and rapidity, and can dispose of a large number of patients in a short time. Last, but not least, he has a good record of his cases for future reference and study.

The question has been often asked me, how can you ques-



tion in this way when you have an office full of patients, or, when you have to attend forty or fifty cases a day? This is a remedy for all such labor. In his attendance upon lectures, he is able to record everything readily, that is valuable. He will also find it of incalculable benefit when attending conventions, society meetings and throughout all his life work.

Now, I consider the student fully prepared to advance to the lecture-room, and receive instruction, as he is now master of the situation, being able to record every thing of importance from the lectures received. In his study of the *Materia Medica*, which is the deep foundation stone of homœopathy, let him memorize all that he can of the peculiar characteristic drug symptoms of each remedy, but not become a book-worm, as in such a case he would become a poor prescriber.

As he is now master of the art of stenography, he can take down rapidly all that the lecturer delivers before him in the comparison of drugs, which will always be at hand for ready reference. Impress on his mind thoroughly the great necessity of the masterful study of *Materia Medica*. Have him become thoroughly conversant with all our best repertories; impress this lesson deep upon his mind. I lately, have had, graduates of our school, who have been in practice from seven to fifteen years, confess to me that they did not know how to use our repertories, nor see how others could use them, and have asked me how I used them. Who is at fault for such instruction?

Next, instruct him how to take the case according to the *Organon*. I have had those, who have been in practice several years, say to me when I was called in consultation with them, that this was the first time they had ever heard a full Hahnemannian examination. Is it any wonder that we have so many poor homœopaths? Now, instruct him how to select the remedy from our repertories and *Materia Medica*, how to make the application, and when to make the repetition. Do not as yet try to instruct him in the use of high potencies, for the use of them is a clear matter of experience. If you do, teach him it is a higher power.

One of the greatest boons that any physician ever possessed, is a Medical Index like Barr's. In all of his readings, let him enter upon the index all valuable matter for future reference

under its proper heading. Take *Sanicula*. I know that this remedy is not incorporated in our *Materia Medica* in its full provings. I enter this remedy under *san.*, and give the reference where I shall find it as,—*Sanicula*, full provings of; (*Medical Advance* for March, 1892; P—61.) etc., so with all other valuable matter in my readings, and I find that they are worth a mint to me when I wish to call them to mind.

Last, but greatest of all, instill deep in his mind the study of the *Organon*, the Bible of Homœopathy, not semi-occasionally, but to read a portion every day. Do not let him possess the *Organon*, and lay it upon the shelf, as many do. Some have the *Organon* on their shelves for appearance, but never read its pages. There is a large number of professed homœopaths, who do not possess a copy of the *Organon*, neither have they ever read one, or heard it lectured on in college. If we are to have good homœopaths in the future, let us be up and awake to these facts.

This in my opinion, is the way to make a good homœopath. I am confident that though differing from me in many respects you will not criticize but give a candid opinion.

LESLIE MARTIN, the president, then opened this paper for discussion, drawing attention to the wide sphere for debate and the desirability of the Society availing themselves of the same.

DR. SEWARD would say of Dr. Martin, that he is to be praised for the strides that he has made in Homœopathy. He was an allopathic physician practicing by the side of old Dr. Schenck, whose practice he was able to compare with his own, and by his own unaided efforts he dropped the old practice and became a homœopath. It is greatly to his credit.

DR. CARR—Behold another, right before us, in the person of Dr. Schmitt.

DR. SCHMITT—"I was not alone. I had with me Dr. Biegler."

DR. BIEGLER thinks the paper to which we have just listened is very satisfactory. Thinks our students should be first trained, before they are sent to college. Even under our care, our special attention, they often become confused and led astray, so that it needs years of experience to bring them back again into the fold, and sometime they never return. He has but one criticism to make, and that refers to that part of the

essay which mentions the prescription for thirty or forty patients a day. It is not only impossible but unnecessary that any one should make that number of prescriptions a day. It is much better that he should take only such a number as he can work out satisfactorily to himself and the patients. It is to be regretted that it continues to be the aim of practitioners to prescribe for a great number of patients a day. It is not possible to run at every ring of the bell, *as if one were a fireman*. He would better work carefully at and for his patients, to whom he gives sufficient attention to obtain the best results, and have those results stand to his credit.

DR. CARR considers this a most excellent paper, full of excellent suggestions. Can readily see how a knowledge of stenography might facilitate the work of both student and physician.

DR. BAMBER thinks that much time is consumed in taking the case, especially if the patient is inclined to wander in the telling. He thinks if we were to learn to formulate our questions more concisely we should expedite matters. It might not be wrong to add a suggestion that has often attracted his attention, i. e. that homœopathic therapeutics is in itself a specialty. Side by side, with and extended into the specialties of surgery, ophthalmology, pædology, etc., stands the specialty of homœopathic therapeutics. In fact, the latter is, much more of a specialty than any other known, and might much more truly be looked upon in that light. Certain men are adapted to excel in Surgery, Ophthalmology, etc., so also, certain men excel in Homœopathic Therapeutics.

DR. BIEGLER—I would like to say in relation to questioning the patient, that questions should not be too readily resorted to—the examination of a patient requires great tact. When a patient is sitting before you it is almost possible to see what he needs. We sometimes find patients like this, they will say nothing; will tell you nothing of their ailments. When such patients come to me, they say nothing, I say nothing. We simply sit and look at each other, rather amusedly. Finally they must say something, and you can draw them out with a better picture of their sickness than you can obtain in any other way. I do not think it safe to draw out a patient by questions, as it is so easy to ask such as are leading. Many times when turning from my patient to my medicine case, my

patient will say something leading and important, that he thinks to be of very slight consequence. Have always found myself able to write my cases sufficiently rapid, without the use of stenography.

DR. BAMBER wished merely to make the point that a more concise formula of questions would lead to a higher intellectuality in the profession. If a physician could so expedite matters he increases his power of accomplishing more work and it would seem a higher class of work.

DR. BIEGLER.—It is not well for the reason that many patients answer untruthfully, and mislead you as entirely as perhaps unintentionally.

DR. JOHNSON.—This is a very important point. There are many patients who answer untruthfully. It is necessary to learn not to ask leading questions. In the matter of <and> there are some questions that certain patients will answer affirmatively and untruthfully—*i. e.*: are you better (or worse) in the morning? It would be better to ask if there was any time of the day in which the patient feels worse.

DR. GRANT.—After all said and done we come right back to the directions given by Hahnemann in the Organon. We find these rules all there, and if we follow them closely we shall be unlikely to stumble.

DR. BROWNELL would like to take exception to the opening sentence of the paper. He thinks Dr. Martin intended to say that the student must be taught that he “is not to treat disease as a material ‘entity.’”

Accepted.

DR. GRANT believes it to be impossible that all people should become good homœopaths, as it would be impossible for all to become good shoemakers, good surgeons, etc. In that sense we may say Homœopathy is a specialty.

DR. BIEGLER once dropped a student because he was so vain of his ability with the violin, that he found him posing with the violin before his mirror. He concluded that such a student would never make a physician, and dismissed him.

DR. HERMANCE wishes to speak a word, not so much in relation to Dr. Martin's paper, as to Dr. Bamber's suggestion in matter of Homœopathic Therapeutics being a specialty. It is an impossibility to make of it a specialty, because it is impos-

sible to separate it from any one of the other specialties; it extends into, and far into every other specialty in medicine; Surgery, Ophthalmology, Gynecology, and so on; it is an essential part of them, a greater essential than even yet the specialist recognizes.

DR. BAMBER.—All specialties are so interwoven, and all extend into Homoeopathic Therapeutics, yet it is impossible to say that there are no specialties.

(Yes, but all other specialities are more easily separated in so far as they concern each other, than they can be separated from Homoeopathic Therapeutics. Would it not be better to reason from generals to particulars, with the position of Homoeopathic Therapeutics to specialties.—Secy.)

DR. GRANT had received a letter from Dr. Dever as one of the essayists of the day, in which the doctor feared he should be unable to be at our meeting, and said that he had not sent his paper, as it contained some propositions, which he desired to be present to defend.

Under the head of miscellaneous business there was a call for an account of the hospital funds from the entertainment committee.

DR. GRANT.—For the enlightenment of the uninitiated it will be well to say that we have been remodeling a building upon our hospital grounds for the use and accommodation of the nurses and their Training school, and that it will give much more room, with additional convenience in many ways. In order to raise sufficient funds we have just given an amateur dramatic entertainment from which we have received up to the present \$450.00, clear of all expenses. As there are several sources yet to hear from the amount will probably exceed that sum. The receipts of the house were \$716.00, from which the expenses deducted, there remains \$450.00.

The Secretary reports a letter from Dr. Belding which is gratefully acknowledged by this Society. The Secretary reports application for scholarship.

#### SECRETARY'S REPORT.

The Secretary would like to report a visit to the Post Graduate School of Homœopathics in Philadelphia. A few days of stay in that city was largely occupied by observation of its

practical working, and its perceptible effect upon the students. The opportunities there afforded for practical application and illustration of the truths of the homœopathic law, seems to be, so far, unequaled, and there are many welcome signs of the appropriation and assimilation of those truths by the class, that by the way, is a very bright one.

In a Clinic averaging 800 prescriptions per month, it is possible to obtain a wide and varied experience. The didactic lectures present the principles of the homœopathic law, and the philosophy in a clear and practical manner, that the clinician proceeds to illustrate at every possible point in the cases before him. It is at once inconceivable that any other clinician than one thoroughly conversant with those principles, and capable of seizing the prominent points for illustration, would be an effective teacher. It is well to know that the staff are excellent in this respect. The teaching of the *Materia Medica* and how to study it, how to find the depth, breadth and sphere of action in the remedies lectured upon, how to learn the peculiarities of action in each individual remedy, how to see that remedy in the patient needing it, is but an every day and all day effort of the school, and the success of the methods are best illustrated by the results found in the graduated practitioners. Young, strong, what may they not accomplish for the cause?

The impression made upon the new comer by the work going on before him, is shown by the exclamation made by one after an experience of two or three days, who said, ‘Well this is the best Clinic I ever attended. The patients report improvement and cure. In other clinics that I have attended, the patients have been apt to report, ‘no better sor.’”

The various clinicians are undoubtedly successful in the illustration of the facts on homœopathic treatment as the following case will show. A small patient from whom a prescription of Sulphur had been made the week before, at first glance, seemed to have received no benefit. It was a case of pustular Eczema upon the face and body, with a new crop constantly appearing as the older crop healed. The history of the week showed that there had been a development of one new pustule. A demand to see, and a removal of clothing from the arm displayed a fully developed pustule upon the elbow

having already lost the inflamed appearance beneath the irregularly formed crust, and begun to heal. The demand of what do you see, was replied to by the exclamation; ‘the last symptom to appear is the first to disappear, reverse order of its coming.’”

In the early work of a student in the clinic, it is believed that he learns more through his observation of the work of the clinician, yet in the students clinic, and in the out clinics he is encouraged to do his own work, and allowed to follow his own cases without interference. He is shown practically why, under a prescription for a chronic condition, the acute developments during the process of cure are left without interference, shown why a prescription under such conditions would interfere, and now it differs from the same appearances that are the result of an acute attack.

These and many other things, secured the interested attention of your Secretary, and was a convincing proof that these methods, perfected as fully as possible, are to be the only ones by which the physician can obtain quickly, a practical knowledge of the application of the science of the homoeopathic law.”

DR. STOW moves a vote of thanks to the Secretary, first for visiting, and secondly for reporting, so succinctly, the practical workings of the school in which all have so great an interest.

Seconded and carried.

DR. STOW.—Mr. President, right here I would like to acknowledge a letter from you upon this subject, and would like to suggest that the Secretary be empowered to write each individual member of this Society for a maximum subscription to this cause. We should have sufficient membership for such a contribution to fall lightly upon each one.

DR. GRANT.—The plan has been followed out in most cases, as the same plan was discussed at the September meeting.

DR. STOW.—Would make a vote of thanks for the generous entertainment of the visiting physicians, by the physicians of Rochester. Seconded and carried.

Motion to adjourn to Syracuse the third Thursday of March, 1893. Carried.

Essayists for March:—Drs. Dever, Schumacher, Biegler, Hoard. S. L. GUILD-LEGGETT, Secy.

**INTERNATIONAL HOMŒOPATHIC CONGRESS  
OF 1896.**

The Committee appointed by the British Homœopathic Congress of 1891 to organize the Fifth Quinquennial International Homœopathic Congress presents the following recommendations:—

1. That the Congress shall assemble in London, at such time and during such number of days as may hereafter be determined.

2. That this meeting take the place of the annual British Congress, and that its officers be elected at the Congress of the preceding year; the International Congress being free to elect Honorary Vice-Presidents from those foreign guests and others whom it may desire to honour.

3. That the expenses of the meeting be defrayed by a subscription from the homœopathic practitioners of Great Britain, the approximate amount to be expected from each to be named as the time draws near.

4. That the cost of printing the Transactions be met by a subscription from all who desire to possess a copy of the volume.

5. That the Congress shall be open to all qualified to practice medicine in their own country.

6. That all who attend shall present their names and addresses, and a statement of their qualifications, and, if unknown to the officers of the Congress, shall be introduced by some one known to them, or shall bring letters credential from some Homœopathic Society or other recognized representative of the system.

(a). That members of the Congress, as above-characterized, shall be at liberty to introduce visitors to the meetings at their discretion.

7. That the Committee be authorized to enter into communication with physicians at home and abroad to obtain—

(a). A report from each country supplementary to those presented at previous Quinquennial Congresses, recounting everything of interest in connection with Homœopathy which has occurred within its sphere since its last report was presented.

(b). Essays upon the various branches of Homœopathic



theory and practice, for discussion at the meeting and publication in the Transactions.

8. That all essays must be sent in by Jan. 1, 1896, and shall then be submitted to a Committee of Censors for approval as suitable for their purpose.

9. That the approved essays shall be printed beforehand, and distributed to such members of the Congress as may apply for them, instead of being read at the meetings.

10. That for discussion the essays shall be presented singly or in groups, according to their subject matter, a brief analysis of each being given from the chair.

11. That a member of the Congress (or two, where two classes of opinion exist on the subject, as in the question of the dose), be appointed some time before the meeting to open the debate, ten minutes being allowed for such purpose; and that then the essay, or group of essays, be at once opened for discussion, five minutes being the time allotted for each speaker.

12. That the Chairman shall have liberty, if he sees that an essay is being debated at such length as to threaten to exclude later subjects of importance, to close its discussion.

13. That the authors of the essays, if present, shall have the right of saying the last word before the subject is dismissed, ten minutes being granted them for this purpose.

14. That the following circular letter be printed, and sent to all editors of journals, secretaries of societies, and deans of colleges throughout the Homœopathic world, soliciting their interest and co-operation.

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## AMERICAN INSTITUTE OF HOMŒOPATHY.

### BULLETIN No. 2.

The several members of the executive committee for 1895 having signified their approval, the next session will be held in the First Baptist Meeting House of Newport, R. I., commencing Thursday, June 30, at 3:00 p. m. subject to a special contingency hereinafter to be indicated. On Friday evening, date subject to same contingency, a promenade concert and reception to the residents of Newport will be given at the Ocean House from 8:00 to 11:00 o'clock. The music will be furnished by D. W. Reeves' famous American Band. Attendants

upon the Institute will find satisfactory accommodations in some one of the following hostleries:

The new Cliffs hotel; Louis P. Roberts, of the Mitchell House, Thomasville, Ga., proprietor, rates \$5.00 per day; special for Institute session, \$4.50 per day. This is the only hotel overlooking the ocean; it also commands the bathing beach. It is the resort of the *creme de la creme* of Newport tourists. Though somewhat retired, the electric cars which pass within a few steps of its portals, place its guests in a few minutes at the doors of the First Church and in close proximity to all other important points. It can furnish one hundred persons with elegant accommodations. It will open June 14.

The Ocean House on Bellevue avenue, with its 275 rooms or more was conducted last year by Mr. Warren F. Leland, who will have charge of it next year and when it opens I have not the slightest idea but unquestionably some decent gentleman will hold its management. This uncertainty is somewhat bothersome to me, but need not trouble others. The headquarters of the Institute will be at this hotel. Regular rate \$5.00. The Hotel Aquidneck, Thomas J. O'Neil, proprietor, has one hundred rooms and can readily accommodate 150 persons. It is the home of the governor and legislature the last week of May in each year. It is quiet, cosy, well shaded, and perhaps seven minutes walk from the meeting house. It is very centrally located and its table is good. Regular rate \$5.00, which may be shaded, say from \$3.00 to \$5.00 according to circumstances.

The Perry House, on Washington Square, is less than five minutes walk from the First Baptist Church, which is in a sense in the rear of the State House. This is open the entire year under the management of Wm. S. O'Brian and can receive without difficulty one hundred members. Its bill of fare is ample and satisfactory. The hotel is headquarters for commercial travelers, which fact is ample endorsement. Rate \$3.00 per day.

During the month of March, 1895, a list of suitable boarding houses will be compiled and applicants for rooms therein will be provided for in the order of the receipt of their requests, which may be sent at any time from now until June 8, and should specify the size and character of the party, and the expected price. All communications should be addressed to the Secy. of the Local Committee of Arrangements.

GEO. B. PECK, M. D., Providence, R. I.

T H E

# Medical Advance

A HOMŒOPATHIC MAGAZINE.

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Vol. XXXII      CHICAGO, DECEMBER, 1894.      No. 6

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## Materia Medica and Therapeutics.

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The lectures on Materia Medica by PROP. J. T. KENT, of the POST GRADUATE SCHOOL OF HOMŒOPATHICS, have proven of such practical value that they will continue to be a leading feature of this Department. Original provings and verifications will appear from time to time as they may be secured. To these will be added other papers of value from prominent teachers of Materia Medica, making THE MEDICAL ADVANCE one of the most valuable mediums through which our Materia Medica may be studied.

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### THE DEVELOPMENT OF OUR MATERIA MEDICA.

AD. LIPPE, M. D., PHILADELPHIA.

Under "Development" we understand the mode of making our original Materia Medica better adapted for clinical uses. In Hahnemann's Organon we find the following remarks, Paragraph 146: The third point in the duty of a physician is to employ those medicines whose pure effects have been proved upon a healthy person in *the manner best suited* to the cure of natural diseases homœopathically; and in Paragraph 153: In searching after a homœopathic specific remedy—we ought to be particularly and almost exclusively attentive to the symptoms that are *striking, singular, extraordinary and peculiar* (characteristic); *for it is to the latter, that similar symptoms from among those created by the medicine, ought to correspond.* The most suitable manner of employing proved medicines to the cure of natural diseases is therefore the reliance on striking, singular, extraordinary and peculiar "characteristic" symptoms both of the disease and of the remedy. To employ them in the manner *best suited to the cure* of natural diseases, homœopathically, implies the necessity of knowing how to read the

**Materia Medica** and how to make it best adapted for clinical purposes.

An acceptance of this third point as the duty of a physician necessarily implies the acceptance of the previous two points, viz: 1. The exploration of the disease. 2. The exploration of the effects of the medicines. As we understand these first two points, so will we understand the third one, and just in the same degree as we may have a different conception of disease and drug provings will we differ as to the manner of applying medicines best suited to the cure of natural diseases, homœopathically. If we accept Hahnemann's definition of disease, the exploration of it, i. e. the objective and subjective symptoms of the sick as a definition of disease, if we accept his manner of exploring the effects of the medicines, i. e. the collection of its sick making power on the healthy, we have only then to ascertain the similarity of the characteristic symptoms of the sick with the characteristic symptoms of the medicine in order to be able to employ medicines *in the manner best suited* for the cure of natural diseases.

The sick making power of medicines, by proving them on the healthy, constitutes the foundation of our *Materia Medica*; in it we find a collection of these various symptoms. Our *Materia Medica* as first so obtained could from the beginning not contain all the symptoms we meet with in our daily practice; medicines proved on the healthy could and ever will cause only symptoms *similar* to those we find the sick *afflicted* with; medicines cause an *artificial* disease, but not a *natural* one; the artificial disease from which the prover suffers terminates by itself without any other aid than the *vis naturæ* and if the natural diseases were terminated in the same manner there would be no necessity of medicines at any time to again restore the disturbed condition of the organism to its natural condition. How then have we developed our *Materia Medica* to be able to cure any disease, and in what manner must we continue to develop it continually to be progressively able to cure the sick? The best manner to deal with these questions is by illustrations. Say we have before us a person suffering with pneumonia, a well understood form of disease. We may find the lung in a state of engorgement, or find red hepatization, or grey hepatization, neither of these stages of

the disease nor our knowledge of the changed and altered condition of the lungs can to us be a guide for the finding of the homœopathically curative remedy. In our *Materia Medica* we find symptoms very similar to those complained of by the sick, we find that various medicines have caused the peculiar pains extending in various directions, (so well described by Dr. Gregg) and aggravated or ameliorated by various positions and at different times of the day; we find medicines to have caused cough with various kinds of expectorations; but our early provings give us no clue as to the similarity of artificially produced diseases (provings) with the crepitant rale in the first stage of the disease or the dullness on percussion in the second stage during the process of the red and subsequent grey hepatization. The physical signs and symptoms of the malady so eminently pointing to a proper diagnosis of the disease were of no use to us in finding the homœopathically curative medicine. We found in our *Materia Medica* many remedies having similar symptoms, causing similar pains, similar cough and sputum, and on account of this similarity we were to suppose them to be capable of curing the sick suffering from pneumonia. As this paper is not intended to be an enhaustive therapeutical essay, only an illustration, a few of the most frequently indicated remedies will be mentioned. We find *Bryonia*, *Phosphorus*, *Sulphur*, etc. causing symptoms similar to those we find in *Pneumonia*. Guided by the characteristic symptoms of these remedies we administered these. We know that all the pains of *Bryonia* were aggravated by motion. By the clinical experiment we learned that not only the pains in the muscles and joints but also the stitches in the chest if worse from motion were cured by *Bryonia*, especially when the pains were ameliorated when laying on the painful side. For *Hahnemann's Materia Medica Pura*, vol. II, we find the first record of symptoms obtained by the provers of *Bryonia* corresponding with symptoms complained of by persons suffering from *Pneumonia* with symptoms 430 to 455.

*Phosphorus* has caused some well defined pains similar to those of persons suffering from *Pneumonia* with *Hahnemann's Chronic Diseases*, vol. V, symptoms 1,279 to 1,295. The cough symptoms caused by *Phosphorus*, (vide symptoms 1,215

to 1,226,) and the expectorations with the cough would point to its curative powers in Pneumonia with red hepatization.

Sulphur has caused its own peculiar chest symptoms. If we take the symptoms as we find them in Hahnemann's *Chronic Diseases*, volume V, 1,139, expectoration of greenish flakes, tasting sweet; 1,156, when coughing, sensation as if the lungs touched the back; 1,160, rales and rattling in the chest relieved by expectoration; 1,169, dispnoæ suddenly at night in bed, when turning over to the left side, relieved by spitting up; 1,206, stitches in the chest through to the back; 2,001, stitches in the left side of the chest, when breathing for some days; 1,206, a stitch extending from the right breast to the shoulder blade. Sulphur has caused cases of Pneumonia frequently (not always), when the physical signs clearly denoted a hepatized condition of the lungs, and we as homœopaths were enabled to cure this condition of this disease because the extraordinary and peculiar (characteristic) symptoms of the patient and the remedy were similar. We were thereby enabled to develop our knowledge of the healing property of the drug, but from these observations we would not logically draw the deduction that the same physical signs in another case of Pneumonia denoting hepatization would warrant the application of the same remedy; because the similarity between the disease even in that stage and the drug symptoms never existed. Other symptoms, than the physical signs, first led us to select the remedy for the homœopathic cure of the disease; led us to develop our knowledge of the healing power of the drug; and again, our clinical experience taught us that in many cases of Pneumonia when hepatization had set in, Sulphur had cured the cases, but in other cases otherwise similar, remedies cured the sick, as for instance, *Lycopodium*, *Lachesis*, *Kali Carb.*, *Borax*, *Lachnanthes*, *Mercurius*, *Tartar emet.*, *Apis* and many more less often. We are thereby forcibly reminded not to be misled into the belief that these or any other physical signs denoting a certain changed, altered, diseased condition of an organ or of tissue could ever be a true guide for the healer. Our knowledge of drug action was enabling us to cure this and other changed and altered conditions of organs or tissues, and the same guide was there yet with an increasing corroboration of the truthfulness, the almost mathematical

certainty of healing. If we found under the similar remedy, and by farther observing the conditions under which this or the other drug removed this or the other nosological condition, we developed our knowledge of *Materia Medica*. To administer a remedy to the sick because another sick person having the same or very similar physical signs had been cured by it, would be unscientific, illogical, unhomœopathic and very hazardous; to base our therapeutics upon such physiological observations would be a return to generalization, we would not then take into consideration these striking, singular, extraordinary and peculiar symptoms, which Hahnemann tells us we should be almost exclusively attentive to. These very same striking, singular and extraordinary symptoms of which the patient suffered and which formed some of the characteristic symptoms of the case, not necessarily belonging to the form of the disease of which the patient suffers, and not known to belong to any proved remedy or only very slightly resembling the symptoms observed by provers, but disappearing under the healing influence of the otherwise homœopathic remedy should be noted down and may be found to belong to and form reliable indications for the use of that remedy, and thereby we again develop our knowledge of our *Materia Medica*. When we find, for instance, under *Stramonium* "Sensation as if the mouth were to be sore" and by the clinical experiment it is demonstrated that *Stramonium* otherwise indicated also healed a very sore mouth, we can accept this clinical experience and thereby develop our knowledge of the actions of *Stramonium* on the mouth.

We might carry this illustration much farther. There is no remedy known which ever produced "Asiatic Cholera." There are many remedies known which have produced symptoms similar to those of Cholera, and we have to thank the founder of our School for having pointed out the characteristic symptoms for the administration of *Camphor* and *Veratrum* in that form of disease because of the strikingly similar symptoms these medicines had produced on the well person. All the knowledge which the physicians then had of the nature of the disease, of its causes, of its origin, did not point out a single curative remedy. The knowledge which the physicians have this day of the disease is just as deficient as ever for clinical pur-

poses. In this, as in all other diseases, the Homœopathic School have obtained an almost perfect knowledge of the healing powers of an enlarged number of remedies, just by good observation of symptoms which disappeared after the administration of a remedy otherwise indicated, but not known to belong to it, until finally we now know positively when to give Camphor, Veratrum, Sulphur, Cuprum, Arsenicum, Phosphorus, Secale corn; Ipecac or *Latropha cureas*, etc. However much we might know of the pathology of the Asiatic Cholera, that knowledge would not point out either of the above remedies, that knowledge would not develop our *Materia Medica* or augment our ability to cure the sick again.

Sciatica, a disease belonging to an entirely different class of diseases above mentioned, has never, can never be caused by any medicine. The provings on the healthy, as well as the clinical experiment have taught us that symptoms similar to Sciatica have been caused and cured by Curare, Iris, Kali bichr., Lachesis, Lycopodium, Phytolacca, Plantago, min., and Tellur. How then are we to come near a positive certainty which of these remedies we have to administer for this disease in a given case. By adding to our great storehouse of knowledge, our *Materia Medica*, such symptoms as were cured by a remedy when other symptoms, had by their similarity caused us to administer a remedy not known to have caused these incidentally removed symptoms. Lachesis shows but a very few symptoms in the original provings (published in an admirably compiled monograph by Dr. C. Hering in 1837), similar to those experienced by persons suffering from Sciatica. We find Symptom 2,265: Frequent tearing in the thigh down to the knee. 2,279: Sore pain in the thighs, worse when touched or when walking. By the clinical experiment we have learned that Lachesis will promptly cure Sciatica when the pains extend from the right, down the Sciatic nerve, are not present as long as the patient lies still, but are very much worse, almost unbearable, when the patient rises or tries to walk. By adding these symptoms, cured and not on record as produced by the medicine, which cured the sick. We do develop our *Materia Medica*, as we defined it, our ability of making our original *Materia Medica* better adapted for clinical uses.



*Editor Medical Advance:*

Among a collection of letters and Mss. handed me to read by Mrs. Constantine Lippe, I find this valuable paper, "The Development of our Materia Medica," by Dr. Ad. Lippe, Philadelphia.

I have no way of knowing whether this article was ever published. However, that may be, it seems to me that it is worth publishing now.

Sincerely yours,

E. E. REININGER.

Chicago, Ill., Nov. 15, 1894.

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NUX MOSCHATA.\*

J. T. KENT.

The preparation used is the dry powdered root.

This is not a very great remedy; it has not a very wide range of usefulness, but it is often overlooked when needed. We get into the habit of relying entirely on the polychrests.

The old women used to give to hysterics, nutmegs, and wonderful to tell its provings justify its use. It must have had some palliative relation to the hysteria. The root is much stronger than the nut, in the same proportions, and contains the real medicinal qualities.

The patient appears to be dazed; there is a complete loss of memory; she is automatic in her actions; a sort of an automaton. This is a wonderful state of the mind. She goes about the house performing her duties, but if interrupted, forgets what she has been doing, forgets that she was all day in conversation with her son; has no recollection of past events. This is a singular state of the mind sometimes found in hysterical women. Sometimes it is impossible to find out what state of the mind is present she is so forgetful. She lies with the eyes closed and yet knows everything that is going on, but remembers nothing. She speaks with intelligence about the things of the moment, but knows nothing of the past. She prophesies, predicts with a sort of clairvoyance. The mental state is the keynote. Sometimes she is <in the morning, sometimes in the evening, or on walking. She performs all her duties and yet seems to be in a dream,—she seems not to know her friends.

\*Notes from lectures at Philadelphia Post Graduate School of Homœopathics.

The Nux Mos. patient is always ready to go to sleep; it is with great difficulty that she can keep awake. She falls asleep on all occasions, in season and out of season. The eyes look heavy; she cannot keep awake; falls into a profound slumber, sometimes into coma.

Useful in the coma of typhoid and intermittent fever. When aroused she remembers nothing; looks dazed; looks about and wants to know who the people are around and what they are doing. It is a state in which patients answer questions slowly after a long interval, and then look confused again. They give an answer that has no relation to the question asked, or, answer correctly. We find such a state in typhoid, in hysteria, after shock, after fear, blighted affections, or the loss of a friend. It is more suitable after shock ending in this kind of trouble than in typhoid. It is also useful in typhoid, but where there is great weakness, sliding down to the foot of the bed, and nervous trembling, Phos. Ac. is a better remedy. Nux Mos. does not relate so completely to the general image of a typhoid as does Phos. Ac.

The sleepiness and the dazed state are two things combined, and when combined are difficult to cover by a remedy. This state is somewhat like Opium.

There is a dry mouth, the tongue cleaves to the roof of the mouth in all complaints. There is great sleepiness and automatic conduct, especially in nervous women.

The hemorrhages stand out in bold relief; hemorrhages from the nose, uterus and bowels. There is vomiting of blood.

The patient is sensitive to wind, to a draft, to damp air. She has a headache <walking against the wind; hoarseness from walking against the wind; she is so sensitive to cold weather that after walking against the wind she comes home dazed and sleepy; her mouth is dry but there is no thirst, she doesn't desire water (sometimes thirst is present.) The patient may hold water in the mouth without desire to swallow it. Nux Mos. holds ice, water and succulent fruits in the mouth to relieve the sensation of dryness. Often there is a sensation of dryness when the mouth is full of saliva.

In the extremities there is numbness, tingling, pricking, paralytic weakness; there is threatened paralysis; momentary hysterical paralysis; coming for a short time and then going

away. Aphonia with a dry mouth, in hysterical patients; when walking out of doors. This Aphonia passes away on going into the house.

The whole back is sensitive to pressure; the vertebræ are sensitive.

This remedy has prolonged and inveterate constipation; prolonged urging to stool followed by a soft stool. (Cf. Alum., Psor., China.) The stool is difficult but soft. He wonders why he has to urge for a soft stool.

In woman there are many troubles; menorrhagia lasting ten or fifteen days; the blood is clotted; the menses are too often, last too long, are irregular. The abdomen is full of colic; cramping pains extending to the broad ligaments and down the limbs; most distressing dysmenorrhœa from exposure to cold, riding in the wind or living in damp houses. With this there is a dry mouth and thirstlessness; she wakes at night with a dry mouth; it seems as if the tongue cleaved to the roof of the mouth.

This remedy is especially suitable for lean women, those who have lost flesh. The breasts are flat. I remember a case of a woman thirty-five years old whose breasts which were once well rounded became perfectly flat. Nux Mos. restored the breasts.

This is a little remedy, but when wanted nothing will take its place.

C. L. O.

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### ACONITE.\*

C. L. OLDS, M. D., H. M.

*Aconitum Napellus*, or Monkshood, or Wolfsbane, is a very short-acting remedy. The name Aconite means "without earth, or without dust," and was given because the plant grows in rocky places. It was called *Wolfsbane* because used to poison animals, such as the wolf; and *Monkshood* because of the shape of its flower.

Aconite is not often indicated in this climate; it is more suitable in northern climates, where it is colder.

This is a very short-acting remedy—not like Bry. or Sulph. Its action lasts only twenty-four or forty-eight hours. It

\*Notes from lecture at Philadelphia Post-Graduate School of Homœopathics.

comes on with a rush, like a tempest, a cyclone. The patient is well today, and wakes up tonight with boiling in the head. The head seems as if on fire, <slightest touch. We see great fear, anxiety, tossing, intense thirst. The fear is so great that he even predicts the time when he will die. He points to the clock and says: "At 1 o'clock tonight I am going to die."

We may compare the *pace* of Acon. with that of Bry. and of Sulph. Acon. lasts but a short time. Either it kills or the patient revives and no change is found in the tissues to show the intense action—unless some psoric manifestations come out afterward. Bry. lasts longer; it corresponds to fevers such as typhoid. It may be two or three weeks coming on, in the prodromal period. It lasts perhaps from four to six weeks if the action is uninterrupted. Sulph. is still deeper acting, longer acting; it acts for months, perhaps for a year or more.

The short-acting remedies are suitable only in diseases that are short. The long-acting not only correspond to deep-seated affections but may also be indicated in acute conditions.

Acon. is suitable in those persons who are red-faced, plethoric, robust—rarely in scrawny people, though it may be exceptionally, if you have the great anguish, fear, tossing, restlessness.

When you have given Acon. in some acute affection and it has acted for from twenty-four to forty-eight hours, and pus begins to form, then Acon. is no longer indicated. For example, in eye troubles: a person has been out riding in dry, cold, winds, and is taken with inflammation of the conjunctiva, great dryness and burning; the eye feels as if it would be pushed out. If Acon. does not cure and pus begins to form, Acon. is no longer indicated.

Taking up the mental symptoms, we find anguish, fear, tossing, mania; such great pain that it drives her wild—she wants to get up and jump out of the window. As soon as she begins to think upon one subject, another intrudes itself; then a third. There are manifestations like Ignatia; laughing and then crying. There are ailments from fright. As a result of fright the menses stop. Acon. is the remedy. As a result of fright the lochia are suppressed. Give Acon. Many

complaints that come on from fright, although the fright may no longer be present. When "the fear of the fright remains," Opium is to be thought of.

A pregnant woman fears that she will die in confinement—is sure that she will die. She fears to go out on the street—is afraid of teams, afraid she will jostle people. The fear and prediction of death may be the only symptom in a pregnant woman, and it will be removed by Acon. The symptom "fear of death" is found in many remedies; the Acon. fear is especially a fear with *prediction*; prediction even of the very hour of death. In many complaints the patient will be found watching the clock, with the most intense anxiety and fear depicted on the face, and saying, "at such an hour I shall die!"

In diseases of children, the child is afraid of the dark, does not want to go to bed because it is afraid. Acon. will nearly always remove that condition. It is one of the greatest remedies in the acute affections of children.

The pains of Acon. are all < the slightest touch.

The headaches are terrible. The eyes feel as if they would bulge out from the forehead. Sensation in the head as if boiling water was there—as if water was swashing about there. Throbbing of the carotids. Headache < noise, motion, light, touch.

The sphere of Acon. is especially in diseases of cold weather. A mother takes her child out riding, cold air blows in upon the child. It looks deathly sick and has convulsions. You see anguish, anxiety on the child's face. Acon. will stop these convulsions in a short time.

A case seen only yesterday illustrates the use of Acon. A man the day before had sat in a draught. He had pains in the arms and shoulders; was < motion, and yet restless and tossing about; had anxiety and intense thirst. After a dose of Acon. he is today able to be about and feeling well.

As a result of being out in the cold winds coryzas come on, with constant dripping from the nose. Acon. will cure them, or when a coryza is checked by riding in a cold wind. Acon. will bring back that coryza. Among the nose symptoms we find also bleeding of bright-red blood, cherry-colored. With this nose-bleed are the characteristic symptoms of fear, anguish,

sure she is going to die, predicts the time of death. A short time, sometimes fifteen minutes, will relieve the patient.

The eyes have sensations as if there were sand in them burning, lachrymation. The tears seem to excoriate, and yet from the conjunctiva itself there is no discharge.

On the face, fear and anguish are depicted. The face is red. Perhaps one cheek is red and the other pale, like Cham. On rising from bed that red face will turn deathly pale, and the patient will fall over if he attempts to walk. There may be vertigo on rising; vertigo on walking in the hot sun; vertigo from suppressed menses after getting the feet wet (cf. Puls.) A peculiar symptom is that the face feels as if it were growing large—larger and larger. As the result of exposure we may have intense pains, shooting up into the head, <the slightest touch all with the same anxiety and fear of death.

Acon. is useful in sunstroke with the characteristic head symptoms: throbbing of the carotids, intense pain, feeling as if the head were full of hot water; feeling of a hot band around the head. Bell. and Glon. are the remedies most frequently indicated in sunstroke.

Throughout the patient, especially on the surfaces, there are tinglings, crawlings, creepings—sensation of fornication, of numbness, as if ants were crawling or creeping; this goes down the tongue, down to the stomach.

Teething children put up a cold glass to their gums.

Everything except water tastes bitter. Water can be taken in any quantity—large quantities of cold water.

There is intense vomiting from eating cold things, such as ice cream. If the mother has been eating cold things and the baby has diarrhœa, give Acon. (Arg. n. when the mother eats sweets, and the child has a grass-green stool.)

In the stomach is a sensation as if a stone were lying there, after eating cold things. Bry., Nux, Arn., Abies Can. have this sensation. Diarrhœa from eating cold things, not only Acon. but Ars.

The stool is grass-green, like chopped spinach; slimy or bloody. Dysentery comes on in the autumn, when there are warm days and cold nights. Very small stool, bright red stool; great tenesmus, so that he can hardly leave the com-

mode; is sure he will die; intense pains. The cases are very severe, and apt to die without Acon.

The Acon. diarrhœa is a diarrhœa with fear, with anguish. Diarrhœa from *fear* is Gels. When a minister is about to preach a sermon and has diarrhœa, Gels. will stop it.

Urinary organs; sometimes there is suppression. If the child does not pass water after birth, Acon. will bring it on. If a child wakes in the night and screams, and puts the hands to the genitals, Acon. will relieve it. If after confinement the woman does not urinate, think of Ars. or Caust.

Urination in Acon. is usually scanty. There may be blood passed with the urine, as in affections of the bladder; urine passes only drop by drop, and is bloody, as in Canth., but the two have not the same mental symptoms. The urine has the same fiery, scalding, burning, painful urging as in Canth.

Female sexual organs: Acon. is useful when there is inflammation of the parts, of the ovaries, uterus, broad ligaments, congestion of blood to the parts, intense pain causing the patient to bend double; tossing, restlessness, great thirst, predicts the time of death. Acon. has the great thirst and restlessness of Rhus., yet Acon. is not >motion as Rhus. is.

Acon. "restores the menses of plethoric woman when suppressed from any cause," but especially when it is from fear, or from cold, dry winds.

Labor may go on all right for a time—seems to be progressing nicely. All at once the pains cease; she has anxiety, fear, is sure she cannot come out of that labor without dying. Acon. will bring her out of that state.

Acon. is one of the great remedies in croup. The child is taken out in a cold wind today, and tonight wakes up with a hoarse, barking cough. It awakes before midnight, at 11 p. m., throws its head back, grasps its throat. If Acon. does not cure think of Spongia. In Acon. you have the dry skin, thirst and fever. In Spongia a cold sweat; respirations sawing, rasping; with each expiration is a sound like a saw going through a pine board. The aggravation of Spong. may be either before or after midnight. It will cure a case having apparently Acon. symptoms, if Acon. is not deep enough to cure. A Hepar. croup comes on after midnight, with a rattling cough. The patient is chilly, the cough brought on by the least draught, by

putting the feet out of bed. This is unlike Acon., which may want to kick the covers off.

In pneumonia which has come on from exposure to dry, cold winds; congestion of either side, preferably the left; tumultuous throbbing of the heart, throbbing of the carotids; expectoration of a small quantity of cherry-red blood.

The Cough of Acon. is always dry, except when there is blood-spitting. Cough is >lying on back, <lying on either side.

In hemorrhages from the lungs, of bright-red blood; with anxiety, fear, restlessness, tossing about. Acon. is the remedy.

The extremities and back have tearing, rending and cutting pains, <slightest touch. Along the spine is the tingling, crawling numbness. The fingers are numb, the toes numb.

Acon. is full of acute rheumatic pains. Inflammatory rheumatism that comes on suddenly from going into cold, damp places, ice houses, cellars. The part affected may be either intensely red or pale, and the mental symptoms will be present.

The fever of Acon. is a dry fever, the surfaces hot and dry. We find the lips dry, the tongue dry and swollen. All the mucous membranes are dry and parched. The hands are hot and the feet cold. The heat seems to go from the head down, and the cold from the feet up. Aloe has just the opposite—hot feet and cold hands. If there is sweat it is during sleep only. When awake the dryness is intense. When they go to sleep, sweat comes on which generally relieves.

On the skin is a bright-red rash, rough. It is never indicated in scarlet fever. It has not the pace of scarlet fever, which takes some time to come on. Acon. comes on with a rush. Bell. has a smooth rash, and corresponds to the nature of scarlet fever.

Through all the complaints of Acon.—and it may affect any organ or tissue of the body—you will find the mental symptoms, the anxiety, the restlessness, the tossing about, the great thirst.

It is never indicated in typhoid, or any of the zymotic fevers. They do not have the pace of Acon. In child-bed fever think rather of Sulph. or Pyrogen.

Sulph. is the chronic of Acon. When a patient is on Sulph. and takes cold, Acon. is often indicated. Give it comparatively



low, about the 30th or 200th. Afterward you will probably not need to repeat the Sulph. unless its action is worn out.

When Acon. has been abused, its antidote is Sulph.

M. J. O.

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“SABADILLA VS. LACHESIS.”

PAUL PILL, M. D., CHICAGO.

In the *ADVANCE* for November, 1894, under the above title, Dr. Olds, in reply to “My Critic” says on page 241: “My Critic evidently does not understand the nature of Lachesis, or he would not make this declaration: ‘The great amelioration of Lachesis is: warmth, and for the very reason that there is ‘icy coldness.’ He evidently does not know that the Lachesis patient is chilly in certain cases only, notably in heart affections.”

Since we thus stand charged with ignorance or lack of ability to understand the nature of Lachesis, we beg space in the *ADVANCE* to record some things we have learned about this subtle remedy. Among the febril symptoms we copy from our note book the following: “Lachesis, in Fevers, has:

Coldness in general.

Fever in general in the evening, or with aggravation in the evening.

Fever in general at night; quartan; tertian.

Fever with shuddering heat.

Fever with heat, then perspiration; fever with shiverings alternately with heat.

Fever composed of shiverings, then heat, then perspiration.

Fever with heat in general.

With heat which manifests itself in the evening.

Fever, with heat at night.

With perspiration in general.

With clammy perspiration.

With cold perspiration.

With unsusceptibility to perspiration.

With offensive perspiration.

With profuse perspiration.

With sanguineous perspiration.

With perspiration which manifests itself easily during the day or in the morning.

Fever with feeble pulse; with pulse frequent, intermittent, irregular, trembling.

Fever with shivering after a meal, in the afternoon; and fever with shivering, coldness and shuddering, which appear when uncovered."

From the accessory symptoms we copy the following:

'Fevers with agitation and inquietude during the fever and during the shiverings.

Anguish, anxiety, inquietude during the fever.

Absence of appetite during the fever.

Pain in the back during the fever.

Body swollen in fever.

Headache before the fever and during the heat.

Chattering of the teeth during the shiverings.

Pains in the chest during the shiverings.

Colic during the shiverings.

Convulsions during the shiverings.

Cries before the fever.

Cries during the heat.

Debility, lassitude and fatigue during the fever and during the shiverings.

Frequent evacuations during the heat.

Heat of the hands during the fever.

Palpitation of the heart during the fever.

Hiccough during the fever.

Pain in the limbs during the fever, and during the shiverings; pain in the loins; pain in the loins during the shiverings, and during the heat.

Dryness of the mouth during the heat.

Fever with nervousness.

Tenderness of the neck to touch.

Loss of sensation during a fever.

Stretching during the fever.

Thirst during the fever.

Dryness of the throat during the heat.

Tossing during the heat; tossing during the shiverings

Trismus, lockjaw, during the shiverings.

Yellow urine.

Vomiting during the fever; yawning."

Now, if, as Dr. Olds says: "the Lachesis patient is chilly in certain cases only, notably in heart affections," the frequency of the chilliness occurring in the foregoing symptoms would seem to indicate that Lachesis is a great heart remedy and that every patient "has within himself the serpent," as Dr. Kent asserts. Does Dr. Olds mean to say that "*icy coldness of the skin of the limbs, or only of the feet, with great desire to be near a fire,*" comes from some heart affection? In the clinical case referred to in our first article on page 26, July ADVANCE, the patient had extreme coldness of the skin, with shiverings and shudderings on exposure, from the pelvic region down, and the center of the affection was in the left ovary and not the heart—there was absolutely no heart affection—and after *eight* old school doctors had worked faithfully for more than a week to relieve this suffering lady, it was stopped with a single dose of Lachesis<sup>46m</sup> and promptly relieved, and when the pain threatened to return some days later, one dose of Mehorrdinum Swan. permanently cured, showing that the pain was in all probability gonorrhœal, and not a heart affection. We therefore believe that the attempt to confine Lachesis in its chilliness to *heart affections only* is too broad a declaration. However, if Dr. Olds can give us something on the nature and genius of this wonderful remedy, we will sit at his feet by the hour to listen and learn. To draw out something on this line was our main motive in mentioning the matter minutely.

In regard to the direction of Sabadilla, Jahr. says: ("Several symptoms appear *first on the right, and then on the left side.* Dr. H. C. Allen says; "Most symptoms, especially throat, go from right to left." We prefer to stand by Jahr. and Allen.

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#### LACHESIS IN EUTHANASIA.

CHAS. B. GILBERT, M. D., WASHINGTON, D. C.

In the ADVANCE for November, page 238, Dr. Kent is reported thus: "In true cardiac cases with vital failure, Lach. will hasten away the patient."

I wish to indorse that, and add my warning. It is said that in cardiac cases when you have <after sleep, from anything

tight about the neck and from weight of clothing you can't give Lachesis; but you will not give it more than once. Why not? I do not know, but I believe that it is because the symptoms are peculiar to the *disease* instead of the patient; perhaps that is wrong—theories often are, facts never; if you must try it give the dose in the morning and be ready with your antidote.

Arsenic will play you the same trick.

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### THERAPEUTICS VS. THE KNIFE IN APPENDICITIS.\*

A. L. FISHER, M. D., ELKHART, IND.

The particularly fashionable operation in surgery nowadays seems to be for the removal of the *appendix vermiformis*. Not only our medical journals but the daily papers are rich in the literature of the operation, giving surgeons a vast amount of free advertising not proscribed by the code of ethics, while the modest therapeutists who treat to successful termination hundreds of cases of appendicitis, are all unknown to fame, and content with their moderate fees and the gratitude of the few of their clients who are aware of the dangerous nature of their affection.

During twenty-four years of practice, there have fallen to the lot of the writer many well-marked cases of this affection, beside many more which, had they been left to nature or mismanaged, would have passed into a dangerous form, and not one of all these cases has terminated fatally, nor has an operation of any magnitude been performed on one of them.

What conclusion may be drawn from this testimony? Surely not that surgical interference is never necessary; but just as surely we may conclude that the great majority of cases of appendicitis are perfectly amenable to medication, assisted, when necessary, by the circumscribed local application of dry heat. And, by the way, let me call your attention to a most excellent way to apply the dry heat, not only in the trouble under consideration, but other complaints where local application of heat is desired. This little Japanese firebox or *Kairo*, which I show you, is the instrument used. It is handy,

\*Read before the N. I. and S. M. Homœopathic Society.

light, safe and effective, and does not require a licensed engineer to run it. They are inexpensive and so is the fuel burned in them.

In one case, that of an old man who had been sadly neglected during more than a week of his sickness, and whose surroundings and care were as bad as could well be, the inflammation had gone on to suppuration before I was called, and under poultices showed fluctuation halfway between McBurney's point and the ileum. Here the knife was introduced, making a free incision, from which a great amount of foul pus flowed. Under Hepar. Sul. he made a good recovery and died ten years later of pneumonia, having never again experienced any trouble from the region of the appendix. This was the only case occurring in my practice that went on to suppuration, at least it was the only one that has ever shown any pus. Of course nature was kind to him before I was called, in forming a pocket by inflammatory adhesions, thereby confining the pus to a limited area; and the knife was also, in a measure, a savior, in giving an external outlet to it, but the Hepar. Sul. was needed to aid nature to set up healthy action to heal the abscess.

The principal remedies employed by me in the early stage of appendicitis are Belladonna and Natrum Sulph. used singly. The well-known characteristic symptoms of Bell. must be present. Pains are sharp, lancinating; come suddenly and leave just as suddenly and are aggravated by every jar of the person. Apparently, as these symptoms are so nearly universally present in this malady, Bell. would be indicated in nearly every case at an early stage, and this has been my experience. However, its action is not deep enough, or it does not correspond sufficiently close with the morbid changes taking place there to carry a majority of cases to a successful termination, but has to be followed by some other remedy to complete the cure, and Natrum Sulph. is generally the remedy—of course only when indicated by its individual symptoms. In an old school medical journal published in Austria in 1842, the following concerning Natrum Sulph. is given: "The morbid alterations caused by this remedy begin to be observable near the end of the ileum, and in the lower part of the colon. In the latter the follicles appear swollen, with a bright red mar-

gin of capillaries. \* \* \* The lower part of the ileum shows a saturated, bright-red coloring, mostly equal, only toward otherwise diseased parts of the intestine it gives place to a dark layer." Does not this show an affinity of the drug for the locality and the affection? The pains of Natrum Sulph. are not so sudden, not so lancinating as in Bell. but are duller, or pinching in character. Add, now, vomiting of bilious matter and rumbling of gas in the abdomen, especially in the right side, and you have a condition that with me calls for Natrum Sulph. and so far it has not called in vain, for most marked relief has followed its administration. In a few cases, Aconite has been fairly well indicated by the nervous symptoms—fear of a fatal termination, great thirst and restlessness, with vomiting after drinking—but its effects are not so pleasing as those we get from Belladonna. By this is meant that while it quiets the nervous symptoms and lowers the fever somewhat, it falls short of the point aimed at—in other words it is not so near the simillimum. Perhaps in the future, when more people have read the scarecrow literature of the daily papers, and are able to diagnose their own cases, Aconite may have to be used oftener to quiet nervous symptoms. Quite naturally it will be asked: if inflammation of the appendix be often caused by foreign substances lodging in it, what becomes of the foreign body when, under medication, the inflammation subsides without suppuration?

Does it work back into the cæcum by some sort of reverse peristalsis, or do the parts become accustomed to the presence of the foreigner and allow it to remain in a sort of "innocuous desuetude," ready to flare up at the least provocation? Who knows? And again, it is practically impossible to diagnosticate with certainty between the several *foci* of inflammation in this region: typhlitis, perityphlitis and inflammation of the appendix, so that while the pain, fever and swelling all subside rapidly or slowly, and recovery is perfect, we must ever remain in doubt as to the true focus of inflammation. If early operative measures are instituted by the surgeon he will doubtless find out just what's the matter, but at what a risk to the patient, and often, alas! he will find only a comparatively innocent cellulitis that could have been successfully treated without recourse to the knife. In conclusion, my advice is: study your

cases carefully, prescribe carefully, watch carefully, and if the case in spite of your best endeavors goes on to suppuration divide the responsibility with the best council at your command, and do not delay operation too long, for while nature is often kind and limits for a time the space occupied by pus, too often she is careless of results and general septic peritonitis results, with a probable fatal termination.

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### A CASE.

A. W. VINCENT, M. D., GRESHAM, ORE.

Columbia is sick. Age 118 years.

Family history good.

Always strong and healthy as a child. Thirty years ago a severe eruption was *suppressed* by hypodermic injections of lead, and other scientific measures, including stimulants and narcotics, the full reaction from which has been manifest only for the last two or three years. In 1892 she took a powerful emetic but became rapidly worse.

There is general stagnation of the circulation with local congestions.

Disproportion in the relations of the white and yellow discs.

Loss of blood (especially yellow discs) from all outlets. Faulty assimilation; nutrition so low that at times she had to be supported by the Dr. Souphouse method of rectal alimentation.

Muscles improperly nourished, while there is undue accumulation of fat in various other tissues. Even the great governing centres of the brain are clogged in their operation by the presence of fat.

Fatty degenerations.

Vaso-motor disturbances; at times total relaxation of the muscular walls (with other muscles) with occasional violent spasmodic action.

A recent severe and general attack, (no doubt the result of taking *Pullman's Pleasant Purgative Pellets*) was *suppressed* by the old hypodermic of lead.

Delirious mental condition; wild, *terrific* rantings. *Spasmodic labor pains*. "The whole nation groaneth and travaileth in pain to be delivered from the bondage of corruption."

Cancerous growths and excrescences (the saloon and brothel) and blotches upon the face of society have been treated by such local remedies as License, Lotions and Prohibitory Plasters, only to drive the corruption deeper into the system.

There are many remedies offered, but be not deceived by a little sugar coating on those same old pills.

Under such allopathic treatment as she has had is not the prognosis grave?

Your germicides will not do, although the disease is evidently parasitic. You must remove the conditions which favor the development of parasites.

The proper remedy done up in white paper and *repeated* at least every four years will save her.

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#### THE MENTAL SYMPTOMS.\*

G. P. HOWARD, M. D.

On presenting to you a paper on "The Mental Symptoms," I desire to simply report a case, to me of great interest and value.

Man, aged 70, dark hair and eyes. Dane. Family history free from any taint of mental disease so far as I could learn. Highly religious in thought and practice. To do any act contrary to his convictions of right was a great sin. He came to America in 1880 and purchased a farm "on time" which was contrary to his views of right dealing, for he believed that he should "owe no man anything." During the summer of 1881 he became troubled in mind, his sleep was disturbed by dreams of coming disaster, he would see the dead bodies of his loved ones lying about him. These bad dreams were not every night, but about every month or six weeks. A time of moroseness and sadness would come upon him, lasting for two or three days, during which time this troubled sleep was marked. At these times, there was a suggestion of suicide. There was no other deviation from health which might be deemed as a cause. For eight years, this continued, the spells becoming more frequent and the suicidal thoughts more of a compelling nature. At times he would have his wife lock him in the room, on some pretext, for

\*Paper read before the Topeka Homœopathic Society, Nov. 8, 1894.



fear he would give way to the impulse and take his life. At one time, while handling a rope, the impulse came upon him so strongly to hang himself, that he selected a suitable place, and only escaped by rushing into the house to his room and locking the door. His wife related this instance to me, accounting for the act by charging it to the toothache.

The man never mentioned the matter to any person, until in May, 1888, when he confided the matter to me "in order that some one could be able to remove any suspicion from others, should he be unable to resist the terrible impulse."

I suggested that something might be done, and recounted to him cures.

In ten days he reported again. During this time I studied hard and had convinced myself that there was help in some Homœopathic remedy, if it could be found, and if it could not be found the man would soon be in the asylum.

Only three remedies seemed to demand consideration: Aurum., Ars. alb. and Nux Vomica. The man was robust, strong, and no one would say he was sick. I finally settled upon Ars. alb. as the remedy. I gave six powders of the<sup>12x</sup> one to be taken every third day. I was somewhat skeptical about results, for I had only a few remedies above the<sup>6x</sup> and many in tinct. In this case, however, I had read up that old book called the "Organon," and another on "Chronic Diseases," which gave me no hope except "on high."

The first dose was taken May 28, 1888.

I saw the man often until in Sept. 1889, and although for eight years he had never passed a month without a spell, he was now free from them, not even a light one. In selecting the remedy I gave much weight to the dreams of approaching calamity, and seeing his dear ones about him dead.

I learned from this case: 1. To have greater faith in my remedies and the law of cure, something I sadly needed.

2. It caused me to place greater weight upon Sec. 230. Org. \* \* "The selection is likewise facilitated by the mental affection in its character as *chief* symptom of the case pointing to the remedy with unmistakable clearness." Also Sec. 221: "The state of a patient's mind and temperament is often of most decisive importance in the Homœopathic selection of a remedy, since it is a distinct and peculiar symptom"

that should least of all escape the accurate observation of the physician."

3. It suggests to me that a great majority of the insane are curable by the appropriate remedy.

My experience leads me to believe that remedies act more quickly in these classes of diseases than any other chronic form.

4. This case says plainly: "never say can't, but study and follow the leaders."

In my work in chronic diseases I find it has been necessary to use the higher potencies, and *not repeat them*.

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MINNESOTA.—A state board of medical examiners, consisting of nine members, is appointed by the governor. Two members of this board must be homoeopaths. The board meets four times a year. All applicants for license to practice in the state must be able to pass a satisfactory examination before this board. He must present evidence of having attended three courses of lectures of at least six months each in a reputable medical institution. A fee of \$10.00 is required. The person receiving a license must file the same with the clerk of the court of the county wherein he resides.—*Minneapolis Homœopathic Magazine.*

## Ophthalmology.

### ACUTE KERATITIS DIFFUSA—CURED

FRED K. W. PAYNE, M. D., BOSTON.

On Nov. 8, 1893, Hilda W., four years of age, was brought to my office, by her mother, who said that Dr. —, a prominent oculist of this city, had given a most discouraging prognosis concerning the little girl's case, and had expressed his opinion conclusively, that the condition was an incurable one, and would result in marked impairment, if not total loss of vision.

When brought to me, the disease had lasted six weeks; both corneas were densely opaque, with small, anastomosing vessels, extending from the sclera upon and over the corneal area. The inflammation had first attacked the left eye, followed in ten days, thereafter, by an invasion of the right. Photophobia became progressively marked, more so to artificial light, and attacks of pain and blepharo-spasm resulted from exposure to it, so that the light must be either wholly excluded at times, or always greatly modified, which was done by subduing the light in the room, and by means of a dark, vision-like shade, protecting the eyes from above and at the sides, while the eyes in front were covered by a dark shade of smoked, protection spectacles. The little girl had marked *craving for sweets, and her teeth looked black at the base, and crumbled easily.* The constitutional state showed no other peculiarity, nor could I elucidate, by questioning, any other evidence of either subjective or objective symptoms. The appearance of the corneas resembled that of a window pane that had been breathed upon, all evidence of a pupil having been effaced by the opacity. The process of invasion in diffused keratitis usually begins, as it did in this case, with a congestive appearance at the margins of the corneas, accompanied by a light, greenish, opacity, which gradually extends concentrically and more deeply into and upon the corneal tissue, caus-

ing a denser opacity at the center than at the peripheral margins. The great danger and standing menace to such cases is the proneness to iritic or choroidal complications, even iridocyclitis sometimes resulting. The inflammation of the iris frequently partakes of the plastic form, when dense adhesions or opacities in the vitreous humor may result, or the pupils become occluded, in conjunction with dense opacities in the cornea, thus totally destroying all chances for a restoration of vision. Both eyes are invariably affected, but never both at once; the attack following in the second eye, after the inflammation has made considerable advance in the first. The disease is more likely to affect girls about the time of dentition, or puberty. It is caused by marked interruption in the nutritive distributing ability, and is apt to depend upon inherited Syphilis. The symptoms in this case were so few, and generally common to almost any inflammation of the eyes, and so little evidence of a "keynote" existed, that there seemed a probable difficulty in making a choice of a remedy, even although Homœopathy presents such a world of exactness and resources, and were it not for the three symptoms viz: darkness and crumbling of the teeth, marked craving for sweets, (which proved really the "keynote" to the case), and an aggravation from artificial light, it is doubtful if the similimum could have been chosen so promptly. As it was the child took but one remedy, and that was repeated perhaps three or four times in the several months of treatment. During this time, I insisted that the child should be taken out every pleasant day, and permitted good, fresh air at all times. *Lyc. em* was the remedy given, and the cure progressed without a halt, the dense opacity steadily and orderly dissolving, as it were, until clearness of vision came out of the mist, and the cure was complete. The allopathic doctor well guessed that he could not cure the case, for the "inert *Lycopodium*" lies well outside the pale of his knowledge and his vaunted repertory of remedies, and he would probably have floundered on until his prognosis was verified had he been permitted the opportunity. The little girl's picture, presented since the cure, shows as bright a pair of eyes as one could wish.

## Notes from Clinic of Philadelphia Post Graduate School of Homœopathics.

This is an eminently practical institution, designed exclusively for graduates in Medicine and all of its work is directed to a more perfect comprehension of the law of *Similia Similibus Curantur* than can be obtained in any undergraduate college. The work in this department alone will be of greater value to the homœopathic physician than the price of this journal.

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### SERVICES OF ELEANORE G. LENNOX, M. D.

1894.  
Feb. 28. Walter H—. Age three weeks, 1836 Y— St.  
Lids swollen, inflamed, puffy.  
Canthi excoriated.  
Discharge, thick, yellow.  
Blood streaked from right eye.  
    <right eye.  
Screams from the moment water touches him until the bath is finished.
- Sulph.<sup>cm</sup>
- March 7.  
Improvement each day.  
Pimples are coming out on the body.
- March 20.  
Eyes still improving.  
Eruption appearing upon head.
- April 17.  
Scurfy eruption on cheeks.  
Cries a good deal.  
Stools green.  
Hiccough during sleep.  
Hungry; wants to nurse too often.
- May 1.  
All right, excepting the eruption, which is improving.
- May 28.  
All right in every way.
- Notice in this case that as the eyes began to improve the

eruption appeared upon the skin. It is this coming to the surface that shows the curative action of the remedy. Potentized remedies have the power of suppressing symptoms quite as effectually as crude drugs or local treatment. It is only when the disease follows the course prescribed by the law of cure that we have a right to say "those symptoms were not suppressed when they disappeared."

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SERVICE OF F. E. GLADWIN, M. D., H. M.

1891.

Jan. 25.

Henry F—, (colored), age eight days, 227 S— St.

"Has had weak, watery eyes ever since born."

Three days ago eyes began to swell.

Lids so much swollen that it is impossible to see the balls when lids are lifted.

Red on outside along the edges.

Conjunctiva red-like raw meat.

Discharge, thick, yellow, gushes out when lids are lifted.

Sleeps all the time.

Cries only when eyes are washed.

Henry was the second illegitimate child; the older brother had lost his eyesight, during a similar attack, soon after birth, and at the age of two years had died paralyzed.

Merc. 6<sup>m</sup>

June 29.

Improvement has been steady.

Swelling less.

Discharge less.

The mother says he has opened his eye.

July 11.

Almost no discharge.

Both eyes are open, but each cornea presents a hazy appearance.

July 23.

No discharge.

Both eyes bright and clear; no trace of photophobia.

At this point the child passed into the hands of another

physician for the treatment of symptoms which appeared upon the lower part of the body. Six months afterward the grandmother told me that he was "a big, fat baby, and his eyes hadn't been weak since."

1894.

June 15.

Marguerite H—, age three days.

Inflammation of lids; both eyes;

began in right eye.

Child is good under all circumstances, excepting when resting upon a boil on the occiput.

Discharge, thick, greenish yellow, bland muco-purulent.

Remembering that the mother had been in labor four and a half days with no dilation of the os and that an hour after Puls. was administered the os had dilated to the size of a dollar and Marguerite was born in a few hours. I gave the remedy to the baby.

Puls. <sup>5m</sup>

June 16.

Eyes much worse; puffed out like hickory nuts.

Agglutinated.

Lids swollen, cannot lift them enough to see the balls.

Conjunctiva very red.

Discharge thick, greenish orange, profuse, purulent. pours out whenever lids are raised.

Boil about the size of a two-cent piece on occiput opened this morning.

Discharge, greenish orange; from the stains on the pillow, could not tell by the color which was from the eye and which from the boil.

June 18.

Discharge still profuse, but not quite so thick.

When child cried it looked as though honey of a greenish tinge was flowing over the face.

June 19.

Discharge still less and lighter in color.

Lids less swollen, can now raise them enough to see the balls.

Cornea of right eye hazy.

June 20.

Swelling much less.

The mother said baby had opened her eyes when the room was darkened.

July 4.

Baby keeps her eyes open now when awake if the room is not too light.

Aug. 1.

Baby steadily improved until she could stand the bright sunlight as well as any child.

The right eye which became sore first got well last. The eyes are perfectly clear and the mother says she can't make her friends believe they have been sore.

In treating children having the sore eyes of early infancy there is the utmost difficulty in taking the case, for baby has a very limited way of telling his sensations. Nevertheless the paucity of symptoms is no excuse for resorting to other than the Homœopathic remedy for such cases. The Homœopath knows by the action of his remedy whether the symptoms are being suppressed or not, and he knows that suppressed symptoms mean increased future suffering for the patient; therefore he has no excuse for suppressing symptoms in a curable case. The Homœopath must differentiate until he finds the correct remedy, and then give it a chance.

The first and second cases look at first glance to be identical; both had the thick, yellow, purulent, excoriating discharge, all of which belong to both Sulph. and Merc., but the first baby objected to a bath, while the second baby didn't mind a bath, but rebelled when the eyelids were touched; the second baby also had judging from the symptoms of its mother, a Syphilitic inheritance. Thus the first asked for Sulph. while the second asked for Merc.

The third child had a good disposition and objected to nothing excepting lying on a boil. The discharge was bland, muco-purulent, greenish-yellow, and the child's mother was a



Pulsatilla patient. No local applications were used in these cases, but the remedy alone was relied upon in each case. The first remedy showed its action from within outward, the second from above downward, the third in the reversed order of its coming; and all took the backward tract.

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SERVICE OF ROSALIE STANKOWITCH, M. D., H. M.

1894.

Feb. 2.

A. G., age two years, colored.  
Eyes inflamed for three weeks.  
Right eye first.  
Swelling great.  
Cannot open eyes.  
Sensitive to light and touch.  
Could bear no examination.  
Agglutinated in morning.  
Discharge thick, yellowish-green,  
excoriating.  
Late learning to talk.  
Stomach high.  
Cervical glands swollen.  
Knot behind right ear.  
Lumps on chin, hands and head, which fester.  
Sweats about head and neck;  
pillow wet on awaking.  
Thirst.  
No appetite.  
Very fond of eggs.  
Breath offensive.  
Stools: odor of rotten eggs.  
Fond of playing with water.  
Aversion to bathing.  
Takes cold easily, in head.  
Restless in sleep.  
Kicks covers off.  
Starts in sleep and cries.  
Cross, fretful.  
>out of doors.

Feverish at night.

Calc. C. <sup>15m</sup>

Feb. 5.

Great improvement in eyes.

Swelling less.

Can open eyes.

S. L.

Feb. 9.

Improvement continues.

Discharge from eyes.

<for two days.

Eyes not agglutinated in morning.

Eyes not sensitive to light and touch.

S. L.

Feb. 16.

Eyes entirely well, no discharge.

Child is improved generally, and continues well.

This boy had been under Old School treatment for two weeks prior to my first visit and his eyes were growing worse. The mother was putting "drops" into the eyes every few hours, which I discontinued, giving the child only the single dose of Calc. C. <sup>15m</sup>. This is not given as an unusual case, but as one more illustration of the fact that no matter how severe the local affection, no local treatment is ever required. The indicated remedy has complete control of the case in ophthalmias and other local affections, and benefits the whole patient in addition to curing the local condition. There is no excuse for the use of local applications by physicians who call themselves Homœopaths.

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SERVICE OF F. E. GLADWIN, M. D., H. M.

1893.

Sept. 2.

James M., age 57.

Fell upon sidewalk last evening, striking left elbow,  
which was bruised and cut.

Jerkings in the muscles.

Drowsy.

Nose sore to touch. Erysipelas.

Sept. 4.

Arm and hand inflamed and swollen from elbow down, hard and red.

Swollen red surface covered with vesicles.

Burning heat.

Fever with restlessness, <at night.

Pains everywhere.

<night.

Chilliness.

Rhus. <sup>em</sup>

Sept. 14.

Improvement, so that he was able to visit the dispensary today.

Constipation for three days.

Much straining at stool.

Stools seem to draw back, impossible to expel it.

Much flatus.

Chill during the night.

Appetite poor.

Arm much less inflamed and swollen.

Fluctuation from elbow down, about two-thirds length of forearm.

Discharge from the cut at elbow, also from an opening about two inches below elbow.

Thin, watery, offensive, profuse,

Almost a constant dripping.

Only slight motion of elbow joint possible.

Had erysipelas many years ago.

Sil. <sup>em</sup>

Sept. 16.

Arm improved, swelling much less.

Jumps, itches, aches a little.

Bowels moved yesterday freely and comfortably.

Sept. 19.

Discharge from arm much less.

Thicker and more healthy in appearance

Pretty well every other way.

Sept. 21.

Arm swollen above elbow.

Red, hard, shining.  
Throbbing, sticking pain,  
began with burning.

Discharge less and more watery.  
Appetite gone.  
Fever yesterday; wanted to lie down at 1 p. m.  
Improved today.

Sep. 23.

Fever yesterday morning at 3 a. m.  
Nausea.  
Jumps in sleep, which awakens him.  
Is better today.  
Can move elbow joint more.  
Forearm slowly improving, though there is a new  
opening near the old one.  
About normal in size.  
Discharge more watery.

Sept. 26.

Discharge less,  
excoriating.  
Constipation; goes several days without stool.  
Sleepless until 2 or 3 in the morning.  
Constipation; goes several days without stool.  
Sleepless until two or three in the morning.

Sept. 28.

Elbow red and shining.

Oct. 5.

Soreness and aching, under arm and in arm, extend-  
ing upward to side of face.  
Shooting pains.  
Arm, above elbow, swollen and inflamed.  
red, hard, shining.  
Flushes of heat every other day with coldness about  
11 p. m.; lasts until morning.  
Discharge much less.  
Forearm looks nearly well; can almost straighten arm  
now.  
Sharp, tearing pains in elbow joints on straightening  
arm.

Oct 10.

Heavy feeling in forehead.  
Stabbing pains occasionally in arm.  
Weak spells.

Oct. 12.

Swelling extending upward.  
Fluctuation just above elbow (about an inch) over a space of about two and one-half inches in diameter as though a large pus pocket were under the skin.

Sulph.<sup>cm</sup>

Oct. 14.

Feels better.  
Swelling leaving the upper arm and appearing again in lower arm.  
Fluctuation above elbow less.

Oct. 21.

Pain in stomach about 10 or 11 a. m.  
>belching.  
Belching brings up a mouthful of sour food.

Oct. 24.

Heavy pain in stomach with desire to belch.  
belching>.  
<by walking.  
Eructations tasting of food he has eaten.

Nov. 2.

Swelling and fluctuation above elbow steadily disappearing, almost gone.  
The cut at elbow which healed under Sil. has opened today and is discharging again.

Nov 16.

Arm steadily improved.  
Swelling gone from upper arm.  
Fluctuation above elbow disappeared with no discharge.  
Forearm nearly healed.  
An old cough has returned.

Nov. 21.

An old rheumatism of legs returned.

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Sep. 23.

Sept. 24.

Sept. 25.

Oct. 5.

## Surgery.

### OBSTETRIC ASEPSIS.\*

(A digest of the paper of A. W. Thome, M. D.)

I desire to advocate the value of hot water as an aseptic agent, and to insist on thorough cleanliness in every particular, in the lying-in room, as embodying the essentials of success. I believe that, in this way we can render these patients safe and aseptic, without resorting to the use of chemicals, at least as far as intra-vaginal and intra-uterine douches are concerned. I think that, by the use of hot, unmedicated water and absolute cleanliness, as good a record can be made, as by the use of strong chemicals. Healthy, living tissues have in themselves a power of resistance to germs, which is weakened by the indiscriminate use of chemicals. Labor is a physiological process. Nature prepares the parturient canal by anointing it with a protective mucous so antiseptic douchings are unnecessary, and even sometimes dangerous, which idea is supported by the opinions of Drs. Welch and Vance, Garrigues, Prof. Petie, of France, and noted German investigators. Many deaths are caused by the use of chemicals in solution, for douches. The place for antiseptics, if any, is about the external genitals, on hands of the obstetricist, and attendants and on the instruments. When the cavity of the womb is necessarily invaded, irrigate with hot water alone, or with good whisky, calendula or hamamelis.

Give the expectant mother the lightest, airiest and best room in the house, remote from bathroom or stationary washbowls. Clean the room thoroughly; the bed scrupulously clean, permanent and temporary. Give patient copious enema of warm water, followed by a sponge bath, giving especial attention to the external genitals. Discharges, soiled clothes, etc. are to be removed immediately from the room. Hold the contracted womb for at least ten minutes after the third stage of labor. Cleanse external parts carefully and remove temporary bed

\*Chicago Homœopathic Society, Nov. 7, 1894.

Nov. 28.

Slight aching or itching in bend of elbow.

Strength is returning to arm, has nearly full use of it again; he says it is as good as any arm now.

Dec. 14.

Old cramps have returned in calf or toes.

This case is reported not because it is a good cure, but because of the clumsy mistake in the treatment.

The man had been under constitutional treatment for some months before the injury. He had been an old army nurse, and had himself experienced, as he said, "every disease flesh is heir to," though I could never get a confession of Syphilis or Sycosis. Sulphur had done him much good as a chronic remedy and I did not like to interfere with it. Rhus. was given only when the symptoms became so grave that it looked as though it would be impossible for him to endure them without help.

He use to frequently say: "Are you going to cut my arm off, doctor? Because I have seen many an arm, not so bad as this, cut off, but I had rather die than have you do it." He would also say: "don't try to deceive me, Doctor, I know this is erysipelas. I have nursed many a poor fellow with it, and I have seen them die when they were not so sick as I am."

Rhus. helped him over the worst of the attack. When it came to a standstill the symptoms looked so much like Silicea that I did not question if Sulph. also had them. I forgot that when an acute subsides the chronic is often needed to finish the case, so gave Sil. What was the result? The constipation was immediately relieved and the arm began to improve rapidly; but in a few days the patient began to be worse, fever appeared, the arm trouble began to move steadily upward, though it was apparently getting below the elbow; and the new inflammations were not so extensive or severe as the first; pains shooting upward, and head symptoms appeared, none of which belonged to the chronic symptoms of the patient. The patient's sickness was being suppressed instead of cured. Sulphur, the chronic, was given, the acute symptoms reversed their order and disappeared; the chronic symptoms reversed their order and disappeared; the chronic symptoms again took possession and again started on their backward track.



## Surgery.

### OBSTETRIC ASEPSIS.\*

(A digest of the paper of A. W. Thome, M. D.)

I desire to advocate the value of hot water as an aseptic agent, and to insist on thorough cleanliness in every particular, in the lying-in room, as embodying the essentials of success. I believe that, in this way we can render these patients safe and aseptic, without resorting to the use of chemicals, at least as far as intra-vaginal and intra-uterine douches are concerned. I think that, by the use of hot, unmedicated water and absolute cleanliness, as good a record can be made, as by the use of strong chemicals. Healthy, living tissues have in themselves a power of resistance to germs, which is weakened by the indiscriminate use of chemicals. Labor is a physiological process. Nature prepares the parturient canal by anointing it with a protective mucous so antiseptic douchings are unnecessary, and even sometimes dangerous, which idea is supported by the opinions of Drs. Welch and Vance, Garrigues, Prof. Petie, of France, and noted German investigators. Many deaths are caused by the use of chemicals in solution, for douches. The place for antiseptics, if any, is about the external genitals, on hands of the obstetrice, and attendants and on the instruments. When the cavity of the womb is necessarily invaded, irrigate with hot water alone, or with good whisky, calendula or hamamelis.

Give the expectant mother the lightest, airiest and best room in the house, remote from bathroom or stationary washbowls. Clean the room thoroughly; the bed scrupulously clean, permanent and temporary. Give patient copious enema of warm water, followed by a sponge bath, giving especial attention to the external genitals. Discharges, soiled clothes, etc. are to be removed immediately from the room. Hold the contracted womb for at least ten minutes after the third stage of labor. Cleanse external parts carefully and remove temporary bed

\*Chicago Homœopathic Society, Nov. 7, 1894.

and apply over the genitals a pad of sterilized cotton. I do not believe in the use of primary douches in normal cases.

#### OBSTETRIC MELANGE.

(A digest of the paper of Sheldon Leavitt, M. D. Read by R. N. Foster, M. D.)

*Surgical Obstetricy*—“I believe that the line along which all obstetricians will find the best results to both mother and child, is the surgical, and recent progress has been made in that direction. Although perhaps a physiological process, when surgically supervised, better results are had than from the expectant plan of treatment. The time has come when, in order to practice midwifery with the best success and satisfaction one must be a good surgeon.

*Ante-partum Examinations*—The renal functions demand attention during the latter part of gestation and frequent examinations of the urine should be made after the seventh month. Both external and internal examination of the patient should carefully be made.

*Abortion*—Curetting is the safest and best plan of treatment for the average case of abortion, but the work should be well done; a good curette, anaesthesia, asepsis and a fair degree of skill are necessary.

*Use of Obstetric Forceps*—The pelvic mode of application is adapted to the head when it lies at or above the superior strait, also when rotation has thrown the long diameter of the head into the antero-posterior diameter of the pelvis; the cephalic mode is adapted to all other cases.

*Protection of the Perineum*—Too little attention is now paid to the matter of proper perineal protection. The curve of the parturient canal throws the force at the outlet primarily upon the perineum, thus augmenting the danger of laceration, by imposing upon the perineum more than its relative share of the strain. There are three principles involved in all efficient modes of protection for the soft structures of the pelvic floor.

First—Enforcement of firm flexion of the head in vertex presentation, and just as firm extension of the head in face presentation.

Second—Resistance of the too rapid exit of the head.

Third—Crowding of the head well up into the pubic arch.

*Dorsal Decubitus, with Elevation of the Hips for Version,*

*Etc.*—I have recently called attention to a modification of the Trendelenberg position for the performance of intra-uterine manipulation. The difficulties associated with operative procedures of this nature are greatly diminished thereby, and I would recommend it to your tentative adoption."

## DISCUSSION.

DR. C. A. WEIRICK—Several questions were suggested by the first paper. What is meant by "cleanliness?" Does the essayist mean surgical cleanliness, or such cleanliness as may be obtained by simply washing with hot water? He insists that labor is a physiological process, which is true theoretically, but practically, at this age of the world, I think the greater percentage of the cases are *not* physiological. I should like to enquire if hot water, which was earnestly advised, is a germicide, and, if used alone, will prevent sepsis if the patient has been exposed to septic germs. The statement that hot water alone is used after curetting, without antiseptic precautions, I think is not true of all operators. Statement was made that special precautions were used in the 1000 cases reported; it would be interesting to know the nature of those precautions. Calendula and whiskey were mentioned for irrigating the uterus. Is calendula an antiseptic? And why was the whiskey used? If they are antiseptics or germicides we can readily understand why they should be used, but why preferred to some of the other and better tried measures, I do not understand. Another question—what is the best antiseptic? I simply ask these questions in order to break the ice and to get the discussion started.

DR. L. D. ROGERS—"I was very much pleased with Dr. Thome's paper, both because it was practical and because it will stand the crucial test of scientific investigation.

Is hot water an antiseptic in these cases? Puerperal fever is due to two germs, the *Staphylococcus Pyogenes Aureus*, and the *Streptococcus Pyogenes*. The latter is more often found in puerperal fever, is closely related to, if not identical with the germ of erysipelas, and, I believe, invariably been found in all cases of puerperal metritis where a post-mortem has been held. Its thermal death point is from 104° to 125.6°, so that ordinary hot water is a perfect germicide for this germ. Even if the temperature of the water used should be a little below the

thermal death point, the germ would be rendered inert. The Staphylococcus, which is less often found, has a thermal death point from 132.8° to 143.6°.

Then, too, hot water has another advantage from a scientific standpoint; it contracts the blood vessels and washes out the detritus which forms such fertile soil for the development of these germs.

As to whiskey, it is a germicide, powerful in direct proportion to the percentage of alcohol contained in it. As to Calendula, I cannot say; I have been for some time looking for light on this point.

As to Carbolic Acid, it takes an exposure for ten minutes in a five per cent solution to kill the Staphylococcus; for the same thing a solution of 1-1000 of corrosive sublimate. Now when we know that a solution of 1 to 10,000 of corrosive sublimate will cause tissue necrosis, we need not go any further to find the cause of so many deaths reported after the use of this agent.

I agree with Drs. Leavitt and Thome that obstetrical cases should be treated as surgical cases; when we learn what true surgical cleanliness is, we shall have less trouble with our obstetric cases."

DR. H. P. SKILES—In regard to the matter of hot water douches, I would say that I have made a few experiments to see how much heat the patient can stand; in these experiments I have used the thermal electrode, which protects the perineum from the heat, while the hot water is passing through the electrode and back. Beginning with 115°, which will be very nicely borne with the electrode placed against the cervix, the heat is gradually increased to the point of endurance, which is about 135°; beyond that limit the patient cannot stand it. It works very nicely with pain at the menstrual period, and their pain is sometimes so great that they will not notice the heat of the electrode until it passes 135°, the usual limit. I desire to call attention to another point—one which was not brought out, i. e., how to take the woman through the puerperal state with the least damage to her. In carefully studying the cases which come to us now, we may often trace the trouble back to a confinement from two to ten years ago. The accoucheur too often thinks of a woman in confinement as a wo

man with only a uterus and a perineum, forgetting that there are other parts liable to injury. We all know that when the head remains in the inferior straight for any length of time, the veins under the perineum are completely compressed, causing coagulation in the veins, and where the head presses for several hours on the parts this condition may be so great that nature cannot overcome it and the physician may not be aware of it until paralysis or insanity calls his attention to it. Then too, the bladder demands attention, and many of us know much injury has been done to it on account of neglect at the time of confinement."

DR. HAMBURGER—"I believe that hot water should be used with great care. It is all right to use it right after confinement for purposes of cleanliness, but it should be carefully used. In most cases you have not the assistance of a trained nurse and the water apt to be used by persons unused to nursing is liable to do more harm than good, for such persons cannot appreciate the danger of using improper water. I don't believe in its use unless there is odor to overcome, when something should be added to the hot water to kill the odor. As to intra-uterine douches of hot water, I have never used them, excepting after curetting. When the condition requires hot water in the uterine cavity, the curette should be used first, the water afterward to clean the cavity. In my experience I have had better results when I used no hot water after the primary douche, unless there was odor to overcome, and especially where the nurse was untrained."

DR. SMITH—"As to hot water, I agree with the first gentleman up to give his experience. I tell you we are getting better every day—getting back to good, sound common-sense when we are told to use good, clean, pure hot water for vaginal douches. Probably everyone here knows sometime of listerine. Why, there was a time when there was scarcely a surgical amphitheatre in this country which did not have a steam apparatus throwing a continuous spray over every surface and tissue exposed. And most of you remember when Dr. Keith electrified the world by saying that it was not his experience that it did any good whatever. Lawson Tait said that perfect cleanliness, and nothing else, was needed. I have had two cases of puerperal fever, out of one thousand confinements. One of

them cost me many nights' sleep and much worry before she finally pulled through and it was the only case I ever tried to get into a perfect antiseptic condition. I had seen a little book on the subject, probably Garrigues, advising a douche just before the patient was sick; I did so and everything was as nice as could be, but the patient developed one of the most desperate cases I ever saw. Dr. Leavitt saw the case and prognosed death. I believe that pure, hot water beats anything in the world."

DR. T. C. DUNCAN—"I have been very much interested in both papers, especially the one taking us back to cleanliness, which 'is next to godliness,' as well as good surgery. I have heard nothing, nor do I know of anything in any of the textbooks, in relation to the condition and circulation of the lower part of the cord, in confinement cases. Those cases giving me the most trouble have been the ones showing spinal hyperaemia, convulsions, tedious labor, and a whole train of symptoms which follow them. A weakness of the back—can't walk far—produced by a constriction about the cord. In other cases I find the opposite condition, anaemia, irritation and hyper-sensitiveness of the parts. I give my attention to the cord for months before confinement, and try to get it into good condition. In a confinement, with a hyperaemic cord, I expect a tedious time; and if it is anaemic with hyperaesthesia, I also expect great trouble. The knowledge of these facts has been of great service to me."

DR. S. P. HEDGES—I, also, have been greatly interested in the reading of the papers. I suppose we are here to listen to some practical experience and to tell what we have learned in our attentions at the bed-side, in these cases. I am much pleased to note the return of the profession to simpler methods and measures especially hot water. I take pains to use great care and cleanliness in the preparation of patients; not *surgical* cleanliness, but with hot water and bathing, as best we can do with or without nurses—everything clean and neat, as it should be. I am in favor of hot water when it should be used after labor, but my practice has been something like this: When the labor has been natural, and the pains go along in the normal, progressive, physiological way, and the head passes in the natural way, without any particular amount of

laceration, the after-birth delivered, the uterus firmly contracted—and you can assure yourself that it is contracted—the clots thrown off, the parts bathed and the woman made warm and comfortable, I don't use any douche at all. If it is a perfectly physiological process, I don't believe in the use of hot water in the uterus or vagina. I take a look at all napkins, no matter how experienced the nurse, and, if lochia is perfectly natural and there is no particular disturbance of temperature, etc., I go through many cases without any douche at all. I am free to say, though, that I frequently order a douche after the third day, for comfort and cleanliness. If I have delivered with forceps, or there was any interference with the parts in order to get the placenta, or to induce contraction, I use hot water, but no chemicals unless called for. If there is a lacerated perineum, I use surgical cleanliness and in this connection I have used listerine, although I have given up Merc Bichloride. I have also used carbolic acid and permanganate of potash in solution, but the hot water I like the best of all. Now as to the perineum and the use of instruments, I would say that, during my early experience, more than twenty years ago, I had an idea that the perineum began to tear at the thin edge, but the worse cases that I have had did not begin to tear at the extreme edge, but farther back. So when the head comes down on the perineum, keep it well forward; I have found that I can protect the perineum by the assistance of one or two fingers in the rectum. The use of instruments is absolutely necessary when there is delay. I can look back twenty years, when I was educated to look upon forceps as a deadly instrument, and only to be used when in consultation with two or three other physicians, when each would try to shirk the duty and to throw it upon one of the others. I tell you, it is a mistake; forceps are a great blessing to womankind. When the head comes down, and stops, then it is time to interfere; don't let it stay there hour after hour. Look at your watch and know how long the head has stayed at any given point; you should know this. When the head stops and the woman is making fruitless efforts, it is not a physiological process, and it is your duty to put on the forceps and end the suffering.

One point has not been touched upon. The homœopathic physi-

cian has a great duty to perform. The patient has many pains; our remedies will correct and modify them and will be of great assistance in the matter. My experience has led me to carefully differentiate and choose the remedy according to the pains, their character, how they come and go, and how the patient bears them. With the remedy chosen under the homœopathic law you will rarely need more than one dose, and if it does not do the work, make a better selection."

DR. RICE—"I am from the country and there are a few babies born outside of Chicago. I am glad to notice that you are taking an interest in cleanliness, but when you get your big canal running through the country you will know more about cleanliness. I came by invitation, and hope to come again. I have a friend—a physician—at home, whom I tried to bring with me, but we'll both come next time, and we will be sure to make ourselves aseptic before we come. I am interested in surgical work, and the matter of cleanliness in connection with surgical obstetrics interests me greatly. Protect the perineum, by all means. I believe it is torn from above, unless it is a slight tear which needs no attention. I believe we get many tears from the elbows, as well as from the head. After the head has passed there is a closing in upon the parts, and, if the head is born rapidly there may be a laceration from the coming in of the elbows. In my first practice I was too careful and timid about making examinations; today I never take a confinement case without making a careful examination, and always look the case over to see what I have to deal with. Lacerations I repair immediately. Talking of douches, I agree with the last speaker, and never use them unless I have something to use them for. If there is an offensive odor, I give the hot water injections, as hot as can be borne—and the indicated homœopathic remedy. I have heard of people going to a feast, and then getting-up and leaving as soon as the feast was over, so I will ask you to excuse me if I take my leave shortly, as the train will not wait.

DR. W. J. HAWKES—"I shall feel as if I had not done my duty unless I say something in commendation of Dr. Thome's paper; it was up to modern times, chiefly on account of its asepsis—not antiseptis. Cleanliness is the whole thing in a nutshell—*cleanliness*. There is a point not touched upon as



regards the period and end of gestation, which is important. It seems to me that the Almighty never intended that his highest work of creation, while performing her noblest function—that of bringing a new soul into the world—should suffer so much. I believe that gestation and parturition, in the natural state of affairs, are physiological functions, and, were our women in a normal condition, we should have much less of the pains of labor, no use for forceps and the distress of the period of gestation would be greatly ameliorated, if not altogether removed. If we begin with the pregnant woman at the time when she becomes pregnant, and see them once a month, and meet such abnormal symptoms as this stage of life is apt to develop, we can get the physiological condition so nearly up to par that the pains will be reduced to a minimum. What we want is good therapeutics and good hygiene during gestation; correct living, proper exercise, and, last, but not least, the homœopathic remedy for the predisposing causes of the troubles which this period develops. At the bedside of the woman in labor, I do not believe in too much interference. In twenty-seven years of experience I have seen many cases of obstetrics, never lost a woman in labor and very few infants. Never used a douche unless there was a positive call for it. Keep the woman clean; if the labor is natural and all right, let her alone, and don't wait too long after labor before allowing her to sit up. Let her sit on the vessel on the second day and she may be able to relieve herself of clots.

As to forceps, they are a priceless boon to parturient women, when in competent hands, an unmitigated nuisance in bad hands. They are used when they should not be, and are not used when they should be. Their proper use requires knowledge, skill and courage. When it is necessary to use them, and I believe it is necessary when the labor seems to cease and the pains fail to accomplish what they should, we should use them as the best means at hand to help nature. When the head gets down in the vulva, and when another pain might be expected to deliver it, I take off the forceps and support the perineum. The plan of introducing the fingers into the rectum is a good one, and enables you to keep the head from coming down too fast. I was very much pleased to hear Dr. Hedges' remarks about the remedies; these pains, the majority

of them, are the result of disease away back, and our homœopathic remedies will ameliorate them to a great degree."

DR. A. W. HINMAN—"I shall take the other side. Dr. Hedges said there was a time when surgical cleanliness—antiseptic cleanliness—was in order, and I think that was a fact. It is all right when you have an aseptic patient, for many of them are aseptic; you do not need a primary douche in these cases—they will get along, anyway. I do not use the douche unless there is sepsis. While I believe in the anti-septic method and apply and teach it, I do not believe that all the germs come from without. When we know, from a bacteriological standpoint that gland-cells, tissue-cells and blood cells depend for their integrity upon micro-organic action which is a part of themselves, how can we say that everything which is of germ origin, comes from without? We may see the germs under the microscope, but that they all come from without I do not believe. The antiseptic method, whether the germs come from without or from within, is legitimate and brings the desired result. Where the condition is aseptic, we may have the benign fever spoken of, and which means nothing, but if the temperature rises and rises and keeps going up, there is an indication of sepsis and a demand for antiseptic treatment. I adopt antiseptis and have used it for nine years and have not had but one case which did not get along without any rise of temperature excepting a slight benign fever. With that experience, I contend that antiseptic obstetrics, with me, has produced good results, and I think it is in accord with the experience of a large proportion of the obstetricians of the land today.

As to the perineum, it is a part which, with me, has shown quite a liability to laceration. I had more or less trouble with it, until I adopted a plan not original with me. I had read somewhere of the wonderful effect of hog's lard. Now, I don't like to be driven to the use of the needle in every case, for there is nearly always some tear and the advice is to repair the laceration, however slight, so I began to use hog's lard, and have not had a single laceration since. Vaseline or cosmoline do not give such good results, but hog's lard will relax the muscular structure so it will yield and will allow the head to pass without damaging the parts. I, of course, sterilize the

lard and the cans, then wrap them in carbolic acid gauze with borated cotton over all. There has been much talk of hot water; is it *hot* or *warm*? If very hot, you temper it with cold water, and is it all sterilized? I believe you may sublimate it with good results, if it is not used too strong. I use 1-1000th for the hands, although it does make them a little rough, and 1-6000th for a douche."

DR. R. N. FOSTER—"Novelties which may be called advances in obstetrics, are not of every day occurrence; I think there may be such an advance in Dr. Leavitt's paper—in regard to curetting. I, however, would endorse it only up to a certain point. I would not say it should not be used in every case up to the seventh month, unless there is good evidence that there is something retained in the uterus. That is my present opinion. But where there is reason to believe there *is* something left, and the symptoms seem to point that way, it should be investigated. I get the idea from Dr. Leavitt's paper that, in many cases, he would curette at once, but I think he had in mind an abortion occurring about the eighth week of pregnancy; then there is no placenta which will come away clean. There is, instead, a placenta which lines the whole interior of the uterus, not well enough formed and too closely adherent to come away *en masse* and too well formed to come away in solution; so you have a bad condition. In cases where it is thrown off, it is by great effort of the uterus, and after considerable delay. At the first month the decidua and membranes of ovum are so delicate and tender that they will break down and come away with the flow, and rarely cause symptoms of sepsis, but, in the second, they will not do this, and there is a probability of Dr. Leavitt's suggestion being realized.

Sometimes an idea, after having been abandoned for years, will be resumed with scarcely any modification; this is the case with Dr. Leavitt's idea of the use of the forceps with reference to the foetal head, and not with reference to the pelvic curve; and I agree with him, if he will carry both straight and curved forceps. Curved forceps, used in the pelvis without reference to the curve of the pelvis, are liable to cause damage. They are intended to grasp the head when the long diameter lies in the long diameter of the outlet—that is what they are made for, and if you put them anywhere else they are liable to

injure the mother. A skillful man like Dr. Leavitt might avoid it, but I could not. If he will allow me a straight pair of forceps I will try to put them on in any manner he suggests, and I might apply them when the head is in the cavity, on the sides of the head, notwithstanding the fact that the head might lie obliquely. In olden times they thought that you could not put them on any way excepting on the sides of the foetal head, but they had only straight forceps at that time. I enjoyed Dr. Thome's paper and the discussion and I think that if we took a census it would be found that we agree as nearly as a lot of doctors can agree. Keep the patient clean; hot water is one of the best media. But when use hot water? In every case? I make it a rule to let well enough alone. I use the hot water after labor, when suspicious odors arise, but before labor never. I try to keep the patient clean—bed, napkins and everything clean and neat. It has been said that obstetrics is one-half science and the other half clean rags; so, if everything goes along all right, after due cleanliness has been observed, I have a quiet conscience; but, if things go wrong, one is apt to wonder if he has not left something undone. I have not the slightest faith in the connection between dirt and puerperal fever, because I have seen hundreds of dirty women delivered, in the dirtiest surroundings, with no puerperal fever. I was called one nice, cool, summer morning, by a man who took me to one of the dirtiest shanties within a mile of my residence. We went up some dirty stairs to see a dirty woman, lying on a dirty bed, and everything in the house was dirty. There was a pair of twins born with teeth, and they were dirty. I went home and picked twenty-two bedbugs off me and they were dirty. I never went there any more, but those twins and that mother lived and flourished as nicely and as physiologically sweet as anyone in Chicago; according to the doctrine of most of the septiphobians, they ought to have died."

DR. SNYDER—"The description of the last case seems to me to be convincing and bears on a point made by Dr. Thome, i.e.: a woman in confinement is protected by a natural, slimy secretion, which seems to protect from sepsis, unless you wash it away, or carry dirt in there in spite of the resistance offered and deposit it in that fertile culture soil for development. Keep yourself clean, and clean every instrument used, and

probably nothing unclean will come out; the natural course of everything is outward."

DR. THOME—"I am glad to enjoy this discussion; I believe in asepsis or antisepsis, as far as entering into the cavity is concerned, but I do not use any primary douch for the simple reason that, as the Doctor has just said, there is a natural secretion which protects the parts, and if we take that away, we are more liable to abraisin and sepsis. Asepsis must be rigidly adhered to, and we must not allow any septic material to get into that cavity. As to the whiskey, I use it as a stimulant, and to assist nature to throw off anything which may have entered. As to Calendula, I think it is an antiseptic; as good an authority as Comstock mentions it as third on the list, and particularly for its healing qualities. I have seen those cases, where dirty women came through all right, where I expected trouble, and they seemed to get along better than many who were kept entirely clean. It is as if a kind Providence looked especially after them. I have been much pleased with the discussion, but am sorry that more of the younger men of the profession were not represented."

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#### SURGICAL NOTES.

Dr. Bayard Holmes, the distinguished surgeon, has opened a private hospital at 29 Thirty-ninth street, Chicago, where all classes of surgical work will be received. Professionally Dr. Holmes is an eminent surgeon and successful teacher, and personally a broad-minded, lovable man who merits all of the good fortune that has fallen to his lot.

\* \* \*

In spite of some demonstrated drawbacks, the Murphy button seems to be gaining in surgical favor every day. This device has come to stay at least for some time.

\* \* \*

Dr. Byron Robinson, of Chicago, in some respects the foremost man in abdominal surgery in this country, thus sums up the post-operative sequelæ of one hundred laparatomies: Two ventral herniæ; ten or twelve fistulæ (not fecal); ten stitch abscesses; six deaths. Dr. Robinson says, further, that the quantity of area excreted is the safest standard for surgical

work, sugar and albumen not being reliable; that gonorrhœa is at the bottom of a majority of persistent tubal and ovarian diseases; that the Trendelenberg position is desirable whenever practicable, and that every case of abdominal section should lie in bed at least three weeks.

\* \* \*

Dr. Bayard Holmes recently performed appendectomy three times in one day, all his cases occurring in private practice, every one making an uninterrupted recovery. Dr. Holmes allows his laparotomy cases to ride out within ten days after operation if the cases have progressed satisfactorily.

\* \* \*

Prof. G. Frank Lydston, of Chicago, one of the foremost surgeons of today, recently remarked that consultations "Should be held by those who are sufficiently educated and experienced to know what to do for the patient and who are gentlemen enough to know how to treat each other." This observation ought to be taken to heart by the pitiable weaklings in both schools who know just enough medicine to be dangerous and just enough manners to quarrel.

\* \* \*

Every time the abdominal cavity is opened an artificial hernia is made. It is well to bear this in mind when closing the cavity.

\* \* \*

Silkworm gut is rapidly displacing silver wire as future material. The former is smooth, clean, strong enough for all practical purposes, and vastly cheaper than silver.

\* \* \*

Why is gonorrhœa classed as a surgical affection? Likewise Syphilis? Who knows?

\* \* \*

The little things in surgery bring reputation; the big things malpractice suits—sometimes.

\* \* \*

An interesting post-mortem was held recently by Dr. Bayard Holmes. The right ureter was found to be discharging its contents into the vermiform appendix, which in turn emptied

into the rectum. Pathology sometimes cuts some curious freaks, and Dr. Holmes's case is one of the most remarkable on record.

\* \* \*

A man of 60 years recently died after an operation for lithotomy, and two surgeons spent some days of precious time quarreling over the proper name of the germ that caused the death of the patient. Is it not possible that lithotomy—just plain, everyday lithotomy itself—sometimes kills? As much has been charged to a pin scratch.

\* \* \*

It is recalled in connection with the operation of lithotomy performed by Ephriam McDowell upon James K. Polk when the latter was a boy of twelve, that President Polk never had any children, and the operation is believed by many to have rendered its subject impotent. Of course McDowell performed the low operation, now happily superseded by the easier and more rational supra-pubic Cystotomy.

\* \* \*

Frederick Treves, the celebrated English Surgeon, has a very poor opinion of those operators "whose greatness is judged by the smallness of their incisions."

\* \* \*

Subcutaneous injection of seven per cent filtered Saline Solution, at a temperature of 115, has been demonstrated to be a most efficacious means of combating the ill effects of hemorrhage. It can be injected through a hypodermic needle and repeated frequently at various points.

\* \* \*

There are twenty-one rules for the treatment of shock, but the golden rule is—*prevent it*. An abundant supply of hot water bags is of the first importance.

\* \* \*

A Surgeon recently inserted a Murphy button in the intestine and announced his readiness to close the abdomen in seven minutes from the moment of first incision. This is what a witty observer once declared to be *rapid* operating.

## Society Reports.

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### THE TRANSACTIONS OF THE CENTRAL NEW YORK HOMŒOPATHIC MEDICAL SOCIETY.

Syracuse, March 16th, 1893.

Meeting called to order by the president, Dr. R. C. Grant, Rochester, N. Y., at 11:30 a. m.

Members present: Drs. Seward, Brewster, Schumacher, Grant, Gwynn, Nash, Carr, Leggett, Sayles, Martin, Clapp.

Visitors present:—Dr. Follet.

Minutes of December meeting were read and approved.

The Chairman of the Board of Censors, Dr. Stephen Seward, reported that the names of applicants for membership in this Society, received at the September meeting, have been reported upon favorably by the majority of members. He therefore presented the follow names as candidates for the votes of the Central New York Homœopathic Medical Society.

Clara Louise Tobey, M. D.

Emma Snyder Sayles, M. D.

Charles H. Bresee, M. D.

Ballots were prepared, and the candidates voted upon singly. The President then declared their election.

The Secretary then reads the application of Wm. M. Follet, M. D., of Seneca Fall, N. Y., for membership in this Society.

The President, Dr. Grant, gave a brief account of the work of Dr. Follet, as the doctor is a stranger to many of the members present, and of his endorsement by Dr. J. A. Biegler. In the account, the subject of potency was touched upon.

Dr. Carr promptly said he wished we might forever drop the discussion of potencies, as he believed a man might be a very good Homœopath, indeed, and use low potencies.

Dr. Grant considered that might be true, but thought we often used the term "high" potency to designate the advancement of a physician in his understanding of Homœopathic prescribing. Cited a case of the cure of a Chronic Cystitis of



long standing with the 15th potency. Said that many physicians admitted their fear and inability to use high potencies, as due to ignorance of their effect, or of the *Materia Medica*.

All admitted the necessity of the use of low potencies at times, and that there were cases in which they worked better than the high. Stating that the best practitioners would know how to use all potencies as the necessity arose.

Dr. Carr was requested to read the *Organon*: Beginning at section 104, he read to section 110 inclusive.

These sections treat of the necessity of writing down the smallest sign of abnormality in each patient, not only for future reference, but for the purpose of noting the progress of the disease. They also again endeavor to impress upon physicians the necessity of absolute knowledge of the sphere and modalities, or as it is expressed the "morbific effects" that each "instrument" is capable of producing upon the human organism.

Dr. Seward opened the discussion by saying, that the taking of the case is the most difficult portion of the work we are called upon to perform in the cure of our patients. It is the most troublesome, and needs to be the most carefully done. In the earlier days of his practice, he took the symptoms of a case as carefully as he could, carrying them mentally, and then comparing them with the books, (provings). Of course he failed many times, and after several failures in that kind of selection, he would find himself driven to write it all out, when after careful study he would find the similar, and cure the case. Another difficult thing for him to understand was the sphere of a remedy, the position the remedy occupies in relation to the sickness; the genius of the remedy. It has always been an astonishment to him the grasp Dr. Kent seemed to have in this particular direction. He seems to know so thoroughly to what position a drug should be assigned; what kind of sickness it will cure, etc.

**DR. GRANT**—Dr. Seward's statement in relation to Dr. Kent shows that in each age and generation we find one or more rising to the needs of a cause, and developing into great generals and leaders.

In section 104 we are told that when we have a complete statement of the case in writing, we have the key to the situ-

ation. I think we will most of us find that relatively we spend too little time upon the taking of the case, and too much time upon the study of a remedy of which we have an imperfect picture because of the first fault.

Dr. Martin would like to present a case in point to this Society for counsel. Its development, under the process of writing all the symptoms out carefully, shows complications that would give but poor results by any other method. It took more than two hours of close questioning to get this account, and then followed the anamnesis.

Dr. Grant accedes to his request.

Dr. Carr would first like to ask Dr. Seward if he thought he would have so missed a clear picture if he had written down all the symptoms of the cases quoted in the first instance? Does he think that picture so clearly obtained in any other way by any other method? Does he not think that in the end he would have saved time, and it may be suffering?

DR. SEWARD—Undoubtedly.

Dr. Martin's case was then presented.

Mr. H. D. L., an American, age 61, blue eyes, black hair; treatment always allopathic.

Ill since 1862. In army nine months. In army had typhoid, followed by rheumatism (so said physician). Rheumatism constant since. Treated to all the remedies known to Old school; has taken freely Quinine, and still takes  $\frac{1}{2}$  grain of morphine daily.

An Eclectic is giving him medicine to increase his appetite, and regulate his bowels.

Sickness was brought on by lying on cold, damp ground, and the rheumatism followed the fever immediately.

Fever was accompanied by bronchitis and spitting of blood.

Fever, during diarrhoea and delirium.

Rheumatism began in the calf of left leg, progressing upward, and over whole body.

Began while going up stairs; sudden sharp snap in calf of left leg.

Dropsical effusion in abdomen and legs; in 1888 thighs measured thirty-six inches, legs now large.

< after a cold.

Mental; forgetful; forgets what he wishes to say while speaking; discouraged; sad; irritable; dislikes to be alone.

<lying on left side or back. Lying on left side brings on dull pain in right side.

<lying on back because of pressure in chest and abdomen, as if man stood upon him, and then stepped off.

Sensation in right groin as if he had been kicked, and the sensation extends to right shoulder and side.

<weather changes.

Two years ago there came a red spot about two inches in diameter upon the top of the left foot; spot burns and itches.

<pulling off sock.

Of late itching upon Scrotum, <when undressing.

Sweat at night; itching all over; body cold yet sweating; this occurs weekly.

At times sensation as if something turned over in abdomen.

Sharp, shooting pains in different parts of body.

Roaring in head.

Drum of right ear gone, since fever.

Urine, stringy, greasy surface; at times red and stains the vessel.

At times hot pain quickly coming and going; <center of right buttock.

Never had gonorrhœa or syphilis.

At present the pains are greater in right side of the body, in both hips, left leg and both ankles.

Heart has troubled for years.

Heart, dull, heavy pains, <sitting.

Heart, dull, heavy pains, >standing.

At times felt as if cut in two through the midriff (diaphragm)

>by motion, and by standing.

At times nausea at stomach and sick all over.

Sweat in summer, comes suddenly, drops from face and is cold to the touch.

Shivers in the least cold air; cannot stand it.

>in warm air.

<in damp, rainy weather.

Sensation of rope drawn tightly around abdomen.

Cold sensations about hips, as if he sat on ice.

This sensation is constant.

At times, feet numb and sleepy; the sensation running up to body, and to one-half of the face on left side.

Twitching of left eyelid constant.

At times feels that he is lying on the back on ice.

Pains run upward over back to back of neck.

In the anamnesis of Dr. Martin seven remedies had covered twenty-seven of the symptoms, and Sulphur had covered twenty-eight. It seemed to be the consensus of opinion that the patient had been mercurialized, and that the doctor would have to elicit a few more symptoms to be able to prescribe successfully, or differentiate between the eight remedies that were most prominent after the study.

The President then called for the paper of Dr. Schumacher, as the doctor was unable to remain during the afternoon session.

Dr. Schumacher stating that his late illness had prevented his preparing much of a paper, gave a further study of the drug

#### CARDUUS MARIANUS.

“It has become a mania in the pharmaceutical profession to discover, manufacture and recommend new remedies, the curative nature of which little or nothing is known. After a short time—like clothes gone out of fashion—these are thrown into some dark cupboard and forgotten.

“It is worth ten prayers to plant a tree,” a wise man once said, “but to keep a tree is worth one hundred prayers.”

We should not only seek to add more remedies to our *Materia Medica*, but should also not neglect to verify and preserve all that is known of the remedies already discovered.

*Carduus Marianus*—upon which I before read a short paper to this Society—is one of those neglected remedies that needs recalling to homœopathic practitioners.

Dr. Rademacher, who first introduced this remedy to the medical profession, said “no other remedy will cure the different sympathetic affections originating in liver diseases quicker than *Carduus Marianus*.”

According to the provings and clinical observations, *Carduus Marianus* has no equal in liver complaints, and its sphere of action is chiefly in the portal circulation, and the many disturbances derived therefrom.

Whenever *Carduus Marianus* is indicated, a sensitiveness of

the epigastrium and right hypochondrium is never absent, and in a majority of cases there is more or less enlargement of the liver to be detected by palpitation and percussion.

Other remedies belonging to the same sphere such as Bry., Carb. V., Chel., Merc., Nat-m., Nux-v., Pod., Sulph., etc., differ from *Carduus* in the color changes of the stool and urine in the beginning of their action, while in the latter these changes are altogether absent, or occur later in moderate forms. Further, the *Carduus* patients are inclined to hemorrhages. This proves that its action is unlike that of other liver remedies, that its action is upon the portal vessels, while those act upon the parenchyma of the liver.

It is proven that hemorrhages of the stomach and bowels in cirrhosis of the liver are in consequence of the disturbance to the portal circulation, and that less deep disturbance of the portal circulation can cause a sympathetic hemorrhage of other organs. *Carduus Marianus* will cure them.

*Carduus Marianus* is as great a regulator of the portal circulation as *Digitalis* is of the heart's action.

In *Carduus* patients we frequently find urine, with a rose red sediment, occasionally light yellow, diarrhœic stools; sallow yellowish color of the skin; quickly alternating, increased and decreased swelling of the liver; stitching pains in the liver from pressure.

When we find symptoms and functional disturbances as related, *Carduus Marianus* is directly indicated. It will do great service in bilious fever; acute hepatitis; typhilitis; icterus, puerperal peritonitis; chronic stitches in right and left hypochondrium; hemorrhages; varicose ulcerations; pain about the cæcum; ascites; pain in stomach; gall-stone colic; and a chronic cough where no objective symptom of lungs or bronchii can be detected.

CARL SCHUMACHER, M. D.

Dr. Carr would like to say how much he has enjoyed Dr. Schumacher's paper, and considers it a very helpful one. The doctor has opened his mind to many possibilities of the drug, here-to-fore passed over.

Dr. Grant also wished to acknowledge his appreciation of the paper, and also to a previous paper upon the same subject. It has called his attention to a valuable addition to our *Materia Medica*, and he was grateful to the doctor for so presenting it.

Dr. Martin had also studied up the remedy after hearing Dr. Schumacher's former paper; had gotten it, and had found it of service many times upon its indications. .

The meeting adjourned till 2:00 p. m.

The afternoon session opened at 2:15 p. m.

Dr. Grant called upon Dr. Leggett for a paper upon "environment," and explained to the Society the fact that an article advancing this theory, had appeared in and been copied from, one of the leading journals of Homœopathic literature, and had seemingly been passed over without notice, and that Dr. Leggett had been inclined to criticize this Society because of this omission, and thought that such evident fallacies issued in our journals—these being accessible to all schools of medicine, and to the laity—without comment or criticism from its editors or contributors, brought discredit upon the Homœopathic profession, who justly pride themselves upon a more exact knowledge of the phenomena of sickness and drug action than any other school of medicine.

Dr. Leggett further explaining that the article mentioned was issued in the May number of the MEDICAL ADVANCE, 1892, under the title "Why do we Give the Similar remedy," as presenting the theory that the application of the remedy means but the adjustment of the organism to the "environment," presented the following paper:

"RATIONALE AND ENVIRONMENT" (?)

This is truly a day of progress. A day in which youth is no longer a hinderance to advancement(?). A day when youth already takes the floor with aptitude and grace, and hesitates not to seize and advance theories upon subjects that sages with years of wisdom and research would hesitate to declare. Listeners he finds among those to whom the subject is still unopened, and whose thought and acts have been outside its radius. The "rationale" and "*modus operandi*" of the forces of the universe are as nothing to him. He can give you complete explanation—with notes—of the methods of operation of all these forces and their manifested phenomena, better still, can advance new ones of greater profundity than their discoverer. He belongs to the progressiveists, and can not tie himself to the dry bones of facts, whose meagerness but illy

subserve the swelling fancies of his cumbered brain. A hundred years ago it took the collated evidence from experimental work of half a century for sufficiently accurate data upon which to formulate a theory; today a youth having seen barely quarter of a century will stand forth as teacher to his elders.

We might think this phenomena due to increased facilities for study, were it not for the remarkable fact that we find no evidence in the "rationale" offered, of a truth verified, of a fallacy exploded through the wisdom of the sages and philosophers gone before. That which is old is offered as new, that which was exploded by stubborn fact is offered as the acme of wisdom. The "rationale" of the life-force, in all its intricate workings is as easily explainable by this tyro in the philosophical world, as is the multiplication table to a child of ten. Those things that the Apostle said we should "see as through a glass, darkly," are to him as the brightness of daylight.

The Electrician might as well give a "rationale" and *modus operandi* of electricity in its solution of metals, or the physiologist the *modus operandi* of the life forces in their wonderful production of vegetable or animal life, as for man to give the *modus operandi* of the dynamic force of drugs as employed against the dynamic force of the disease or perverted vital force of the human organism.

That all theories will remain such, is true of all things pertaining to the unknowable. The speculation is always rife, and perhaps necessary, is true, but that exploded theories and old half truths should be foisted upon us as new light, is questionable.

We accept facts and phenomena because we must. They are the foundation of Homœopathic principle. We discuss the facts of "action and reaction," because they produce phenomena that can be observed with some exactitude, as physiologists are able to note the variation of action of the afferent and efferent nerve fibres in the animal kingdom, noting and tabulating the same.

That the human organism can be made sick through its "environment" has been a recognized fact for ages and is not dependent upon the discovery of Homœopathy.

That Hippocrates wrote carefully upon its influence in various places known in his day, is a matter of history.

That often a sickness dependent upon "environment," can be successfully treated without change of "environment," is also true, and equally well known to all practitioners.

That we have an "environment" of congenital syphilis, tuberculosis, diabetis, Bright's disease, etc., is not tenable in light of the discoveries of Hahnemann, and that we have dynamic influence disturbing and depressing the vital forces, or causing perverted action of the vital force, each in its own individual manner, is a stubborn fact.

That this disturbing dynamis cannot be perfectly met by other than a dynamic force equal in breadth, strength and activity is another fact proven by frequent experiment.

How can one call that dynamic influence captured in Mercury or Potash, an "environment," the deponent sayeth not, but it might as well be employed of inherent tuberculosis, "bred in the bone," that nothing can "adjust" but that dynamic influence able to renew the appetite of the vital force for the *elements necessary* to its healthful continuance.

To environ, is "to surround," "to enclose," "to hem in," "to invest," etc. Is the essential principle by which we are enabled to distinguish between such elements as Merc. and Ars. and these again from sugar, each presenting individual activities, and each individual element returning the same general characteristics under repeated experiments, according to the application made, "an environment"?

Is that an "environment" that can only be introduced into the organism through certain media, and which is able to set up in that organism uniform phenomena, repeated by presenting the same general likeness?

That the human organism is, in certain conditions, affected by "environments" is true, but it remained for Hahnemann to clearly set forth the facts of the dynamic influences of these "environments," and prove by actual experimentation, that there dwelt in each individual atom of the universe an individual force, expressing its peculiarities in various ways and degrees of activity.

So while "environment" belongs to the investiture of the universe, *dynamis* relates to the in-dwelling and creative forces of the universe, both macrocosmal and microcosmal, and is



of use to the Art of Healing through its manifestation in the latter.

Practitioners of the Old School have long made a study of "environment" but because of their inability to see and make use of the dynamic influences belonging to the environments, and dynamic disturbances of the vital force, they have failed to make good their claim to the Art Healing *cito toto et jucunde*. We grow through experience, and by its extent and assimilation must be measured. We are blameless for lack of experience, but not for too hasty conclusions drawn from that experience.

The question arising of the "adjustment" of the vital force, after which, no pain is felt, might result in the destruction of its vestiture, had the temperature of the water been increased, or the "environment" been fire instead of water. The point of the argument seems lost when applied to the Art of Healing as it is illustrative of what might happen in many light cases.

The question of non-"adjustment" after the removal of antagonistic "environment" is answered by the Old School in "Sequellae." The answer of Hahnemann is, that it is due to the disturbance of a latent, in-dwelling *dynamis*, resultant from either of the three chronic miasms, inherited or acquired.

That seed sown in strong ground will develop but a stunted vegetation is a fact concerning "environments," but the growth and development of a peculiar species of vegetation is due to the *dynamic* forces of the universe.

Christian science has endeavored to adjust the vital forces to their "environment" through an effort of the will, and when the moral environments have been the source of disturbance, have in a measure, through methods of introspection, succeeded in revealing a realm hitherto unknown to the patient, after which contentment with the things that are, has resulted, bringing infinite comfort, which they call health, lasting during that period of peace.

The question relating to so-called "isopathic" treatment caused by the conclusion that nothing "is more capable of producing the symptoms" than the nosode of the disease properly potentized, would be a capital argument for a chemist with a chemical retort for his experimentation instead of a sick human. However, repeated verifications with the best known,

and best proven of the nosodes, Psorinum, disprove its "capability" at once. In diseases known to have been due to inherited or acquired psora, there would be no further need for such old stand-bys as Calc., Sulph., Lyc., etc., whereas we know that indications for Psorinum in those diseases is far less frequent than is either of the above mentioned remedies, and a host of others, although a most necessary adjunct to our armamentarium.

Again by the argument one would suppose that the same agent always produced the same set of symptoms, which is only true of generals not of particulars. The latter having been obtained from a group of many provers, the variations being due to the difference of resistance made by the vital force of the individual, and in the direction of its homœopathicity to the subject, the strongest developing the fewest symptoms. (This being true only of the proper remedy for the prover.)

Voice given to such evident misconceptions of the homœopathic law is rather a cause for fanciful theorizing than a practical effort to enlighten what, to many, is still mysticism. It takes time and experience to look fairly into vital questions, therefore it is well to be sure you are right, and then go ahead."

S. L. GUILD-LEGGETT.

#### DISCUSSION.

Dr. Nash thought few homœopaths would have given the matter so presented a place of any value in their belief or knowledge of homœopathic drug action, yet believed Dr. Leggett was right in that such articles should not be allowed to creep into our literature for any to scoff at without at least comment from the editor.

Dr. Grant agreed with Dr. Nash in that the paper ably fulfilled the requirements, and seemed to cover the ground admirably.

Dr. Nash moved a vote of thanks be extended to Dr. Leggett for her able paper, and said paper should be published.

Carried.

DR. LEGGETT—Does Dr. Nash believe that Psorinum cures Psora, because it is a nosode of that disease?

DR. NASH—Most decidedly not.

The President then called upon Dr. Nash, who had been so long absent from our meetings, to give the Society now present some of the benefits of his experience.

Dr. Nash had not come prepared to speak to this Society, but had made a few notes during the absence of the members at lunch, upon a subject in which he was much interested.

Dr. Grant, as President, corrected an oversight upon his part, for which he begged to be pardoned, and offered the privileges of the floor to Dr. Follet, of Seneca Falls. He then desired Dr. Nash to continue.

Dr. Nash then quoted section 258 in the Organon, which says,

Section 258. "He must, likewise, be careful not to entertain a prejudice against those remedies from which we may have experienced some check, because he had made a bad selection, and he should never lose sight of this great truth, that of all known remedies there is but one that merits a preference before all others, viz., that whose symptoms bear the closest resemblance to the totality of those which characterize the malady. No petty feeling should have any influence in so serious a matter."

DR. NASH—The remedy which corresponds most closely to the totality of symptoms of the patient, is according to Hahnemann, always to be prescribed for cure, palliative, or for euthanasia where the cure is impossible. He brings this up because there are many of our school who believe that such remedies as Phosphorous and Sulphur should not be given in consumption. He must disagree with them; he must doubt their conclusions; he must believe that Hahnemann's conclusions as given above were correct. He had also had some experience with Phos., which would have led him to the same conclusions had not his experience set him right. He had always in these cases given lower potencies, that is somewhere in the thousands, and had thought they had done harm, until he had a case of consumption, that was incurable, and Phosphorous was plainly indicated and no other thing. He gave Phos.<sup>mm</sup> (F). with such beautiful and long lasting results, that he was convinced that the reasons why we had bad results, were from giving too low a potency. He has never had any trouble since he had observed this fact, and would like to ask whether we had any

other law for a palliation or for a cure. At the International Hahnemannian Association there was considerable discussion of the subject, and he had been unable to agree with the theory, that in consumption one must avoid these drugs. It was suggested at that meeting that it was better to use the nearest allied vegetable remedy. How would that accord with the fact of our possessing a law of cure; we could say we had a rule of cure, but could we call it a law of cure?

DR. LEGGETT—Might we not find that a vegetable remedy covered most nearly the “curable” conditions mentioned by Hahnemann in section 3 where he particularly tells us to look for the “curative indications” of the disease, and to acquaint ourselves with the “therapeutic effects” of medicines. Is there any place where we are told to take into consideration the death symptoms, as sweat, diarrhœa, etc., in tuberculosis?

DR. NASH—It might be, but when we take into consideration that we have more powerful remedies in our hands through potentization, and that Hahnemann found that he could not cure with the 30th, what he could with the higher, may we not also have reason to think that we can accomplish with the higher or highest potencies what we could not with the lower.

Dr. Leggett knew from experience that the seemingly perfectly indicated remedy could do in an incurable disease. The late Mrs. H. died of progressive spinal atrophy. Arg.n. was indicated, and after careful study was given, high, three or four months before her death. The increase of the terrible lancinating pains over the body was excruciating, and no remedy, even though we called in the council of Dr. Kent, would relieve, until we finally found indications for its antidotal remedy, Nat.m., when she went down to death during the next week or two, in comfort. When we found the antidote, we also found what had caused the <of suffering.

Dr. Nash does not think Hahnemann perfect by any means. He was human, and could make mistakes. Thinks that the grouping of remedies was a matter of experience and not intended to be law. That was the case when he mentioned remedies that were incompatible. Given a case in which Phos. was indicated, and it had improved the case. You suddenly find a picture of Causticum in the next group of symptoms. What would you do? Is there anything to be done but to give it, and

yet it has been found by men of experience, many time to have been incompatible.

Dr. Brewster thought that in the first instance the remedy might have been but partly and superficially homœopathic to the case, and that the second being more perfectly indicated, went deeper into it, and without interfering with the first.

DR. NASH—The law is divine, not human, and I cannot conceive of any exceptions to law. A case of chronic disease cured by Mezereum was reported by Carroll Dunham. Prescribing for the existing symptoms an eczema-capitis appeared, which had been suppressed years before. This cure was made by one of Hahnemann's so-called anti-psorics. A very severe case of cardialgia of long standing was cured by myself. Symptoms:—Paroxysms came on at 1:00 o'clock at night, and the patient was in great agony, pains burning, and ameliorated by hot applications. Three legs to the stool. Ars. Alb. cured, but brought out an eczema on the hands, which had been suppressed by an ointment. The prescription was made without reference to the suppressed eczema (which was of course psoric), for I had no knowledge of it, but upon the law of *similia* the cure was the same. A case of chronic rheumatism was read so as to indicate Pulsatilla, which was given with the effect of restoring a suppressed gonorrhœal discharge of twenty years standing. I knew of no sycosis in the case. Is Puls. anti-sycotic? Yes, if indicated by the symptoms; so with every other remedy. At Niagara, Dr. Wesselhœft reports a case of chronic diarrhœa cured by Aloe, which in the course of the action of the remedy developed decided psoric symptoms. Hence he classes Aloe among the anti-psorics. That's proper. Any remedy that cures psoric troubles is anti-psoric, and any remedy indicated by the symptoms must cure when a cure is possible without regard to its anti-psoric or non-antipsoric properties. This must be so, or *Similia Similibus Curantur* has no foundation in fact.

DR. NASH—This is very true; it has been good for all of that, but the remedy should never be prescribed because it is an anti-psoric, etc.

DR. SEWARD—How did Hahnemann know what drugs would prove anti-psoric, etc.?

DR. BREWSTER—Hahnemann, had he lived, would no doubt

have known more of the application of homœopathy, but after having once discovered the fallacy of prescribing for a name would never have advised the same practice in relation to syco-sis, psora, etc.

DR. GRANT—Has any portion of Hahnemann's Organon ever been repudiated?

I claim that if Hahnemann had lived until today, he would not have grouped the remedies, he would not have said anti-psoric, anti-sycotic, anti-syphilitic. He would have said the indicated remedy. We are too apt to give a remedy because it is syco-sis, etc. Suppose we find a sycotic patient, and say at once, he must have Thuj., or a suppressed eczema, and we say at once he must have Sulphur.

DR. LEGGETT—Has not this grouping of remedies led to a knowledge of sickness that could have been obtained in no other way? Has it not indelibly stamped psora, syco-sis, syph-ilis, upon our minds so that we have a clearer understanding of sick symptoms than we could possibly have obtained under any other method? The study of the applicable drug, the symptoms it has produced compared with those which it will cure, have given a knowledge that some day will present patho-logy in a new light.

DR. NASH—Had he lived he would only have called that remedy *anti* which when indicated, cured the case.

DR. GRANT—Did Hahnemann ever say anything more than that such and such remedies would be classed under the head of psorics, etc.?

DR. NASH—No, he said nothing more than that.

The Secretary reported applications and recommendations for the Scholarship of the Central New York Homœopathic Medical Society in the Post Graduate school. Had corresponded with six different physicians in this state, none of whom finally accepted.

A final application from Dr. Olds, student of Dr. J. D. Tyrell, of Toronto, Ont. was suggested and accepted by the Committee. A suggestion that the Society would like better that one of their own body, was replied to by Dr. Grant, who understood that this Society had made it their object to see that one more physician, who wanted the course and needed the funds, should have a higher education in homœopathic

practice, and knew that in no other place could that be so satisfactorily obtained, as through Dr. Kent and the Post Graduate School of Homœopathics. That although this year we were not prepared to send any of our own students for the purpose, we had thought better that some one should have that advantage. It was a good work for a Society to attempt, and he looked upon a year in that School under Dr. Kent as worth fully ten years of private practice to a young man without experience. Another point which is perhaps not fully understood, the payment of the fee of one-hundred dollars, constitutes the student a life member, so that if he wishes to take two months at a time, and cannot take any more he can do so, although the best course is probably the continuous year.

Dr. Brewster asks for an account of the work in the Post Graduate School.

Dr. Nash, who had devoted the month of December last, to the work, stated that the School was simply and solely the practical working out of homœopathic problems, together with the didactic lectures, which a student could obtain in no other way. Practically in a College course a student's time was so fully occupied with collateral sciences, that he really had quite an inefficient knowledge of homœopathic application. The Post Graduate School was devoted to the practice and study of nothing else, and as Dr. Grant has said, a student so trained had ten years the advantage in practice.

After some further discussions Drs. Dever, Biegler, Hoard and Clapp were appointed essayists for the next meeting.

Meeting adjourned to Rochester, June 15th, 1893.

S. L. GUILD-LEGGETT, Sec.

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## MATERIA MEDICA CLUB OF SYRACUSE.

SYRACUSE, N. Y., April, 9, 1894.

Members present:—Drs. Brewster, Kaiser, Leggett, Martin, Schumacher and Seward.

Resolutions adoted:

1. The essayist of each meeting shall appoint the essayist of the following meeting, and also name the remedy to be discussed.

2. Each essayist shall prepare his essay with the suggestions and discussions of the meeting added for publication after the meeting has been held, and the subject has been studied by the club.

3. The next meeting shall be held at 329 James street, on Tuesday, May 9, 1894, at 2:30 p. m. Dr. Leslie Martin, of Baldwinsville, was appointed essayist for the following meeting, and *Drosera rotundifolia* named as the remedy for study and discussion.

CHELIDONIUM MAJUS. CELANDINE.

(Reported by Rudolf C. Kaiser, M. D.)

The peculiar symptoms of "pain under the inner lower angle of the right shoulder blade," always reminds us of Chelid.

Here are offered two cases in which Chelid was prescribed with benefit.

Case 1. A man, bilious temperament, about 50 years of age. His wife was alarmed about his mental condition, as he could not remember anything and was melancholy. There were no symptoms to prescribe upon until he mentioned "pain under the right shoulder blade." Chelid. was given. A crop of abscesses appeared about a week after taking first dose, partly upon the wrists and partly upon the neck. He improved very much and is now engaged in business which greatly taxes his memory.

Case 2. Was of Gallstone-colic in a lady, between forty and fifty. Severe stitching in hepatic region; pain under shoulder-blade with nausea and constricted pain around umbilicus, as if stomach had grown to the surrounding organs. Ch.<sup>30x</sup> relieved within an hour. She had always before taken Morphium.

The juice of Chelid. is a bright yellow, resembling bile, and for that reason has been used in older times as an anti-bilious remedy. Ch. is a bilious remedy, par excellence, and the Ch. patient looks bilious, jaundiced, the whites of the eyes are dirty yellow, lids are heavy and burn, causing lacrymation. There is aching in the eye balls on looking upwards and dimness of vision. The whole face is a remarkable grayish yellow, especially of forehead, nose and cheeks. There is redness and heat in the cheeks. There is a feeling of burrowing and tearing in the antrum maxillae. The lips are dry, cracked and



crusty. In orbital neuralgia we have excessive lacrymation; the tears fairly gush out and the eyes cannot bear the least light. One peculiarity is worthy of note; the >from firm pressure; closing the lids >the pain, even in absence of photophobia.

Ch. is one of the remedies to be used in a toothache that is benefited by cold water like Nux. and Sulph., and <by the warmth of bed like Nux. and Phos. In the ears we find thick ear-wax, whitish like mush. An unpleasant sensation in both ears as if a wind were streaming out of them. There are noises and ringing in the ears with burning of the cheeks, also a loud roaring in the ears as from a distant storm of wind. Tongue is thickly coated yellow or else white coated tongue. If yellow with a red margin, it shows the imprints of the teeth. There is bitter water constantly collecting in the mouth, and a bitter pasty taste in the mouth, but while eating or drinking the taste is natural. Desire of very hot drinks is very peculiar. In two cases of persistent vomiting when nothing could be retained but plain hot water *nearly boiling*, Ch.<sup>3x</sup> made a complete and rapid cure. In two other cases hot drinks could not be retained, only water *nearly boiling hot*. Here it resembles Cascarilla, but the conditions are different. In Casc. the symptoms occur during the fever. Hot drinks agree while cold ones disagree.

The complaints of Ch. are all >after eating. We find nausea before stool as in Acon. and Sep.; we find nausea and vomiting when nothing can be retained except water that is *nearly boiling*; we find all of the inflammatory symptoms of the stomach except in gastric and hepatic diseases, worse from touch and pressure, and its >from drinking hot water and from *eating* seemed to be a marked indication for its use in these complaints. Ars. is better by hot drinks and food, but is not >after eating. The pain under shoulder-blade *causes nausea and vomiting*. The tip of nose is red (Lach.) and swollen. Fluent catarrh with much sneezing. Burning of nostrils, pressure in the root of the nose. Soreness in the nose. Illusions of smell. Unpleasant smell in the nose like black soap.

The constricting sensations in the throat above the larynx, hindering deglutition, the choking sensations <by breathing,

point to the early hyperaemic conditions pertaining to laryngitis, pharyngitis, etc.

A bilious person is hardly ever cheerful. He will be inclined to irritability, changing with melancholy, indolence and ill humor. He resembles *Nux vom.* in both, the irritability and despondency, but although showing quarrelsomeness and fits of temper, he has not the impulsive destructiveness of *Nux*, and he has all the dread of death belonging to *Acon.* and *Ars.* and nightly delirium like *Phos.*

In acute cases we will find the *Acon.* restlessness. Feels as if she had committed a crime. It acts well on constitutions of children and persons whose nervous systems are sensitive. It causes forgetfulness.

*Rubbing the soles of the feet relieves the head when unconscious.* We would expect to find bilious headaches and bilious vomiting with pain in region of the liver. The pain increases and decreases very gradually. The occiput seems to receive the strongest action of *Ch.* in the head. Pain in occiput and neck and shoulders extending to chest. Great heaviness in occiput with drawing in the neck from above downwards; i. e., from occiput or crown to nape or from forehead to eyes. Occiput feels so heavy as if it could not be raised from the pillow at night. Can with difficulty raise the head on account of heaviness of the occiput; must be lifted with the hands; sensation as if the head moved forward, while occiput remained behind firmly held by the neck. Drawing, pressing like stitching, extending from the left side of the occiput to the forehead. Pain in the roots of the hair on combing as of ulceration. Great sensitiveness of the scalp. Dry cough through the day with pain and stitches in the right side with severe hoarseness each evening at 5 o'clock, so that her voice could scarcely be heard. Cough in the morning and at 6 p. m. <at night. *Flying out of detached lumps of mucous on coughing.* The cough re-echoes in the stomach. Hard, white, round masses fly out of the mouth when coughing or hawking.

In symptoms of the respiratory tract, we have spasms of the glottis like *Acon.* and *Nux.*, taking place during exhalation, like Chlorine. While coughing, pain in sacral region, like Sulph. Laryngitis, tracheitis and bronchitis with choking constriction and sensation of dust behind trachea not relieved by

coughing. Dyspnoea with prosopalgia; oppression and dyspnoea, must loosen clothing about chest, >in open air. Cough with pain in larynx, trachea, bronchia, and contractions in abdomen. Cough, with lachrymation after sleep, like Acon., Nux with forcible ejection of lumps of mucous like Kali-c., Bad. In the chest are stitching pains on deep breathing, motion, jarring or stooping much like Bry., but we find in Ch. a desire to change place, with anxiety and the fan-like motion of the *alae nasi* as in Ant. tart., Lyc., Phos., Brom., (Bapt.)

Vehement palpitations so that the clothing is lifted from the chest. The peculiar pain at the inferior inner angle of the right scapula often accompanies the cough, diarrhoea, pneumonia, menses, loss of milk, exhaustion, etc.

Stool like sheep dung. Constant dull pain under lower inner angle of right shoulder-blade. Hepatic disease with jaundice. Ch. has a stool like sheep dung in size and form, like Berb. and Caust; the color is light, there is itching in the rectum with both, but there is a crawling sensation present with the itching under Ch. Hemorrhoids absent. Thin, yellow, pasty stool; yellow jaundiced complexion. The stool may be involuntary like Ars. Alternate constipation and diarrhoea-like Ars., Nux, Phos., Sep., Sulph. Urine, dark yellow. Paroxysmal pain in kidneys and uterus. Useful in renal colic and in neuralgias, Bright's disease, cystitis, urethritis, simple or specific. During lactation, milk steadily diminishes until it ceases to flow, like Sep. and others. Profuse and protracted menses that are too late with pain under right scapula.

In rheumatism with *stone like hardness* of the affected part, sweat *without relief*, like Merc., etc., but no record of <from the sweat. The stitching, throbbing, spasmodic pains in the liver extending through to the back with the special manifestation at the inner lower angle of the right scapula are >by eating. There is a sensation of coldness in both abdomen and stomach as in Acon., Ars., Phos., Sep., Sulph. Sensations of griping, cutting, gurgling, and constrictions with retraction of the abdominal walls, and ascites. Pain in hepatic region especially around umbilicus as if abdomen was constricted by a string, or as if stomach had grown fast to surrounding parts.

Chel. seems to produce the prostration and restlessness of Ars. the twitching, numbness and sleepiness of Nux, and the

tremor of Phos., though covering a more narrow and shallow sphere than either of these remedies.

After waking, it is frightened, like Ars., Nux, Phos., Sep., Sulph. It has also an < of suffering after sleep, like Ars., Nux, Lach. It has *stone like hardness* of the swelling in erysipelas. The redness of skin in erysipelas is *not removed by pressure*. There is general < from clothing about the waist; from change of weather; from warmth in facial neuralgias and toothache, and from wetting the feet in ophthalmia. There is > from cold water in prosopalgia, supra orbital neuralgia and toothache. Other peculiarities are: one foot cold, the other warm (Lyc.); one ear cold, the other warm (Nat. nitr.); one cheek red (Nux, Cham.). According to Lutze, Ch. acts over 14 days; follows well after Ledum. Antidotes to Ch. are Acon. Acids, Wine, Coffee, Camp., Ch. antidotes Bry.

Upon the Thursday preceding the meeting of the Materia Medica Club, Dr. Stephen Seward took three doses of Chelid. 1<sup>m</sup>. After waiting nearly two days, and seeing no effect therefrom, he took three doses of Chelid<sup>200</sup>. This was followed by sneezing, and a fluent acrid coryza. A slight stiffness of the neck that was before present, was greatly increased. He had no cold, nor had he taken one. The sensations were quite unlike those usually experienced with a cold.

Two cases were read of the cure of Hydrocele. One case of orchitis with stenosis of the urethra in prostatic region. One case of indurated lump in left mammae, and left axillary gland, cured by Dr. Leeser, and reported by S. Lilienthal, San Francisco, Cal. (Medical Advance Vol. 24, page 135.)

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FLORIDA.—The governor appoints a board of medical examiners for each judicial district, and one board of homœopathic examiners for the state at large. Each board consists of three members. Applicants must present a diploma from a recognized medical college and pass a satisfactory examination to obtain a license. He must record his license with clerk of the Circuit Court where he lives.—*Minneapolis Homœopathic Magazine.*

## Editorials.

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***Until further notice, all communications, either personal or for the Journal, should be addressed 6351 Stewart Avenue, Station O, Chicago.***

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### CHICAGO HOMŒOPATHIC SOCIETY.

Parlor A. of the Grand Pacific was crowded beyond the point of comfort at the last meeting of the Society. It was apparent that there has been a thorough harmonizing of all the petty differences which have characterized the associations of the profession of this city in the past.

This society has a contingency of about five hundred, from which it may draw its recruits, so there is but one thing that can materially interfere with its future growth and power, and that is the substitution of modern fads and fancies for that which the profession is least familiar, and consequently greatest in need of, the intelligent application of the law of *similia* to the cure of their patients. The profession is in a very receptive mood and listen most eagerly to everything offered upon the subject. A great responsibility rests upon those who know of the better way, a responsibility which cannot be laid to one side with ordinary excuse, for the cause of Truth would have no indifferent, half-hearted followers in her ranks; on the contrary, loves and favors the earnest, aggressive spirit ready to do battle, if needs be, for the principles so pregnant with importance to suffering humanity. There is no field upon the face of the globe which offers so inviting an opportunity for the promulgation of the eternal, unchangable principles formulated by the great mind of Hahnemann as does the CHICAGO HOMŒOPATHIC SOCIETY. Today Chicago has, within her borders, more earnest, enthusiastic seekers after this knowledge than can be found anywhere else. Their influence is being felt in a number of smaller societies, but from these societies should go out the earnest determined purpose of winning the world for the Truth and to meet all oppressing influences with the invincible argu-

ment of the Master. Come and see, try me, prove me, and then publish the results. Do not condemn without offering in its stead something better.

The next meeting will be held in Club Room A, Grand Pacific Hotel, Wednesday evening, January 2nd. One of the papers to be discussed will be opened by Dr. W. J. Hawkes. The subject being "Dyspepsia and its Treatment." Come prepared to demonstrate that Dyspepsia is never a local disease, in fact, is nothing but local symptoms of a general disturbance of that which gives life and individuality to the patient.

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\*PROGRESS.

T. H. HUDSON, KANSAS CITY, MO.

It is said that "an open confession is good for the soul." I confess therefore at the outset, that I come to the Missouri Valley Medical Association with an ax to grind. However it is not my ax—at least not exclusively mine. Indeed not more mine than yours. All the same, it needs grinding, and we need help to grind it. It matters little who holds the ax, or who turns the grindstone, but it is of vital importance that the work be thoroughly done. At the last meeting of the Missouri Institute of Homœopathy, a committee was appointed to plan and put into execution the best method of disseminating our doctrine among the people. It is not the intention of this committee, nor does the plan contemplate any attempt to teach the people, medicine.

We who have grown grey in the study and are yet ready to blush at our ignorance know how futile such an attempt would be. "A little knowledge is a dangerous thing" and I am not sure that even a book and case in the hands of the unlettered and unlearned, is not a menace to a high standard of medical education, and often calculated to bring homœopathy into disrepute. What we do desire that the people should know, is the difference in the results of old and new school practice—the mortality rate of each, and at least a few of the many reasons why our death rate is less than that of our neighbors. Intelligent people can be convinced that we have a law for the treatment of the sick—that this law is a law of nature and therefore invariable and reliable, always.

\*Read at Omaha, before the Missouri Valley Medical Association.

Intelligence will perceive the difference between a system handed down by tradition and one founded upon scientific investigation. A medical philosopher can explain the philosophy of Homœopathy, so that it will be understood by a large per cent. of American citizens; while a common doctor with common views, of common things, can show to common people the common sense in which our faith is founded and rooted and grounded.

We want to prove to the people that our system of medicine did not originate amid the hobgoblins, apparitions and incantations of dark ages, but that it is a result of modern research by means of modern appliances, through the instrumentality of an educated logical mind. A brief sketch of the history and methods of the illustrious Hahnemann will not be out of place, and some suitable man among us will undertake the agreeable task. It is asserted by certain medical men, that Homœopathy is an inert, inactive, irrational absurdity, that some visionary physicians would fain substitute for a rational system of medicine. We who understand and practice this so called absurdity, know it to be the only true method of healing, and as much better than the old fossilized system, as light is better than darkness. We are willing to submit our case to an impartial jury of our own countrymen. Willing to be tried at the bar of public opinion. Willing to subject our faith and practice to the most crucial test possible—the test of experience.

We will prove that life is more frequently saved, health more speedily restored, and convalescence less tedious and more satisfactory under Homœopathic than allopathic ministrations. We will prove that less time is lost, less money expended, and normal health more quickly re-established because the system has not been debilitated by powerful and pernicious drugs, the effects of which often linger after the abatement of disease. We will establish the fact that in yellow fever and cholera epidemics, in hospital and sanitarium reports, wherever and whenever statistics have been obtained, our death rate is smaller than theirs. If in the face of this evidence the verdict is rendered against us, if it be proven that Homœopathy accomplishes nothing, then Allopathy will be damned, for it will have then been proven that Allopathy kills!

Our's is an enlightened country. Our's a liberty loving people. For these reasons homœopathy is being more rapidly propagated here than in any other country under the sun. But even in this free and enlightened land there are many who are not aware that we have educational institutions as good as the best, unsurpassed facilities for instruction and teachers of medicine equaled by few, excelled by none. Some friend of ours, acquainted with the facts, will be glad to impart this information; and the further information, that in every community where homœopathy is introduced, the educated, the refined, and the cultured are those first to accept and endorse it, and who become its ardent friends and zealous advocates.

But I will not weary you further with the legion of questions and their appropriate answers. By the eye of faith you may behold them all written in the records of the near future.

After receiving propositions from various sources, and after careful consideration, our committee determined to publish one column each week in the Sunday issue of the *Kansas City Journal*. This paper has a circulation of thirty-five to forty thousand.

These articles are to be written by fifty-two of our best writers,—capable men, and able to do justice to the subjects assigned them.

It is expected that these papers shall be not only high ideals from a medical stand point, but gems of English literature as well. At the same time it must be borne in mind that they are intended for the people—the common people—*all* the people. For this reason they should be plainly written, innocent of technicalities, free from dead language quotations and minus the medical terms and phrases employed by medical men in medical journals.

The song shall be sung  
In the mother tongue  
Through all the land;  
And the story told,  
So that young and old  
May understand.

If entertainingly and convincingly written, these arguments should be a mighty factor in the conversion of the western world to homœopathy. That the world will sooner or later be convinced that the law of similar is true, I have no more



doubt than I have that the religion of the Lord Jesus Christ will some day prevail on earth and triumph over the hosts of Hell. I mean no sacrilege in this comparison. I believe that—

Truth is truth wherever found  
On rolling sea or solid ground.

I believe that truth is truth as God is God. That truth in Heaven and earth are one. That truth is mighty and must prevail. How soon our spark shall be fanned into a flame that shall illumine the world depends in some measure upon us. I believe that duty demands that we shall do what we can to spread our gospel of healing.

I believe that it is committed to us as a trust, and that if we prove recreant to that trust we may be judged and condemned by a higher tribunal than that which shall pass upon the work which here and now we have in hand.

This brings us back to the purport and purpose of this present paper. At the end of our year if we are so fortunate as to be able to continue our publications we should have fifty-two of the best campaign documents on earth. Our contract with the *Journal* Company, gives us the matrix of each article, and all worth preserving will be reprinted as occasion may require. This can be done at an expense so small, that any and all who may desire may avail themselves of the advantage of a continuously circulating library, defending at all points our faith and practice.

Our present arrangement contemplates the publication of these papers once a week for three months. If we can obtain one thousand subscribers to the Sunday issue of the *Kansas City Journal* we assure their publication one year. We have now between two and three hundred. If Homœopathy's youngest daughter, the beautiful maiden of the Missouri Valley shall favor and foster this plan, its crowning success will be a chaplet of glory upon her fair brow in the years to come.

[What a glorious revival of homœopathic progress might occur in every city of 100,000 or more readers, if a similar missionary effort were made. There certainly would be no lack of material. All that is needed is a determined, energetic leader; some one to start the ball rolling. This is an age of progress, of investigation, and there is no question but many

people who have never used the scientific method of Hahnemann, would be induced to do so by a series of popular articles such as this proposed by our colleagues of Kansas City. We earnestly commend it to the profession.—H. C. A.]

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PERSONAL.

Dr. Marvin A. Custis can now be found on the opposite side of East Capitol Street, Washington, D. C. His present address being No. 634.

Dr. E. T. St. Johns, a faithful reader of the *MEDICAL ADVANCE* for many years, and consequently a careful and a successful physician, has removed from St. Georges, Grenada, to Benthams, St. Lucy's, Barbadoes.

Dr. Harley N. Baker, formerly of Independence, Iowa, and a graduate with the first class in Hering College, has opened an office in Hart, Mich. Trusting he will be true to the principles taught in his *alma mater* the community will have reason for being grateful to him for the decision which gives them the services of a true Hahnemannian. Success will crown the efforts of any faithful follower of the great Master.

Dr. W. H. Pulford leaves Ansonia, Conn., for the beautiful college town of Delaware, Ohio. This should be one of the most desirable locations in the great Buckeye state.

Dr. Sara Gray, of Detroit, Mich., will hereafter be known by the name of Dr. Sara Gozenlock, and her new home will be Griswold, Manitoba.

Dr. E. H. Wilsey, a graduate of Hering, has located in Parkersburg, W. Va. He is fortunate in having so good a physician as Dr. Boger in the same city with whom he may associate, and undoubtedly the association will be mutually profitable. We wish the doctor the success which is sure to follow a faithful study of the law of *Similia*.

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The new Chicago Homoeopathic Hospital was opened to the public Thursday evening, December 6th, with very appropriate ceremony. This will form a valuable addition to the efficiency of the Chicago Homoeopathic College. A more extended report may appear in the January number.

## CORRECTION.

In article "Taking the Case," November *ADVANCE*, page 251, sixth line, instead of "seven pages of the Organon," read seven *paragraphs* of the Organon; and on page 253, thirteenth line, instead of "asking no question that cannot be answered by yes or no," read, asking no question that *can* be answered by yes or no.

C. L. OLDS.

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We note a serious error in Bulletin No. 2, American Institute. Instead of stating that the next session would commence on the 30th of June it should read "The next Session of the American Institute will commence on Thursday, *June 20*, 1895.

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[REDACTED]

#### MEMORIAL UPON DEATH OF J. P. DAKE, A. M., M. D.

The Homœopathic Medical Society of Alleghany Co., Penn., having learned of the demise of Dr. J. P. Dake, formerly of this city, (Pittsburg) and an honorary member of this society, appointed the following Committee to prepare a suitable memorial, bearing upon the sad event. Viz: J. F. Cooper, M. D., J. C. Burgher, M. D., and J. H. McClelland, M. D.

The Committee charged with this duty presented the following report at a special Memorial Meeting, held November 13th, 1894, and it was unanimously adopted:

We are called upon to express our appreciation and regard for a distinguished colleague and honorary member of this Society.

Dr. J. P. Dake, formerly of Pittsburg, died after a brief illness, at his home in Nashville, Tenn., upon the 28th day of October, 1894, in the sixty-seventh year of his age.

We recognize a peculiar fitness in placing upon the records of this Society, a formal expression of regard for one who formerly lived in our midst, respected as a citizen, eminent in his profession and greatly loved by his friends.

Dr. Dake, was for a time, a pupil of the pioneer of Homœopathy, west of the Alleghanies, Dr. Gustavus Reichelm, and was afterwards (1851) associated with him in practice in this city. His talents soon won for him, first place in this community, and by the end of a decade, he was so overwhelmed with professional duties, that his health began to give way under the strain. In the year 1863 he was compelled to retire to his farm in Ohio, where in a few years, he quite regained his former health and

vigor. Consideration for the health of his wife, determined his removal to Nashville, in which city he fulfilled a useful life and closed a singularly brilliant career.

Dr. Dake was a man of rare cultivation and refined tastes. He was none the less a man of large intellectual powers and an unceasing laborer in the various lines of literary and professional work.

As editor, author and professor, he was alike, distinguished for signal ability. In our national body, The American Institute of Homœopathy, he was a leader of acknowledged power and the Transactions for a third of a century have been enriched by his word and thought.

In this Society and in this community, he will ever be held in highest esteem, as one who dignified his calling, holding aloft the banner of Medical reform, when it took courage to espouse the cause of Homœopathy and leaving to former friends, patients and colleagues, a memory full of respect and personal regard.

J. F. Cooper, M. D.  
J. C. Burgher, M. D. } Committee.  
J. H. McClelland, M. D. }

Eulogistic remarks were made by Dr. J. C. Burgher, a former partner of Dr. Dake, Dr. J. H. McClelland, one of his students, Dr. J. F. Cooper, who was his colleague and Drs. C. F. Bingman, W. J. Martin, J. B. and R. W. McClelland and L. H. Willard, who all testified to the sterling worth of the man whose loss we are called upon to mourn.

J. RICHEY HORNER, M. D., Chairman.

E. H. POND, M. D. Secretary.



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*Editor and General Manager.*

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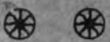

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### FOR SALE.

The library of the late Dr. Lucien B. Wells is offered for sale. Offers are invited for all or any of the books. List will be sent on application. Address E. H. WELLS, 31 Summit Place, Utica, N. Y.

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*Attention is called to Special Offers on page xvi.*

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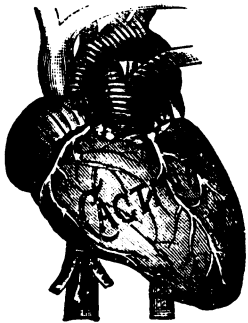
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# Seasonable Suggestions.

With the opening of the winter season, and its attendant bronchial and pulmonary troubles, we are having from many sections, reports of a recurrence of the LaGrippe epidemic which for the past six or seven years has afflicted this country.

This fact makes particularly pertinent a recalling of Dr. V. W. GAYLE'S paper first published in the *Medical World* in the midst of La Grippe's most malignant visit. It will be well to note closely his recommendations and experience in connection with the recurrence of the epidemic which is now apparently upon us. He says: "This disease by proper treatment of an attack can be so modified as to be almost aborted. If not properly managed, influenza is particularly liable to grave complications, even in mild cases the tendency is towards prostration, and often the nervous shock is such as to materially debilitate the patient. Where there is much angina with acute bronchial irritation, the following is indicated:

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 M Sig—Teaspoonful in sweetened water every four hours, also apply to the throat with probang every three hours.

Quinine is the best germ destroyer we have for the microbe of influenza. During the recent epidemic I aborted quite a number of cases with antikamnia and quinine in combination; also with antikamnia and salol. The relief obtained by the administration of antikamnia alone, where the cephalalgia was severe, as in the majority of my cases, was wonderful. When the pain seemed almost intolerable I have seen a ten grain dose banish it.

Mustard pediluvia are of great advantage, and a plaster of mustard and lard, one part of the former to two of the latter, applied directly to the chest, answered admirably as a mild counter-irritant.

Expectorants are often needed, and antikamnia should be administered with them thus:

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 Syr. Tolutan ..... q. s. ft. oz. iv  
 Mix and let stand until effervescence ceases.  
 Sig.—Teaspoonful every two hours.

The mild chloride of mercury in minimum doses often repeated will be beneficial.

The following prescription is a favorite one of mine:

R Hydrarg. Chlo. Mit ..... gr. j  
 Sodii Bicarb, ..... scrup. i  
 Lactopeptine (Genuine) ..... oz. ss  
 M. ft, Chart No. X.

Sig.—One every hour until all are taken, followed by a dose of hunyadi janos water.

"Antikamnia and Quinine Tablets," containing 2½ grains each of antikamnia and quinine, also, "Antikamnia and Salol Tablets" containing 2½ grains each of antikamnia and salol, offer the best vehicle for exhibiting these combinations, giving one every two or three hours.

Gayle concludes his paper as follows: "What is mostly needed is an anti-thermic analgesic to relieve the pain and reduce the fever. These properties are found in antikamnia. This with the germ destroyer quinine is all that I really needed in the treatment of this disease. I advocate the use of stimulants in nearly every case. They are frequently needed at the onset of the disease. Sprays of Carbolic acid, turpentine or resorcin are frequently efficacious in the laryngeal troubles. The diet should be light and easily digestible. By careful attention and avoidance of exposure, together with the line of treatment mapped out, the vast majority of cases will recover. Of course, there are occasional cases which present symptoms which require other remedial agents, but these of necessity must be left to the discretion of the medical attendant."

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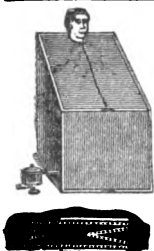
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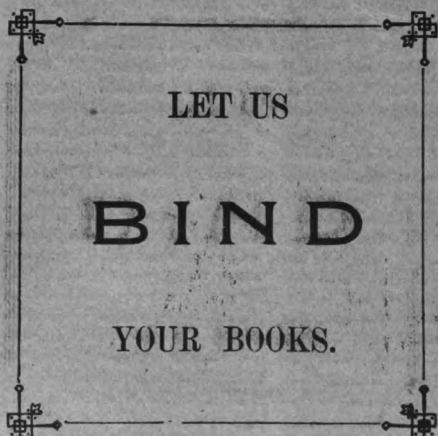
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