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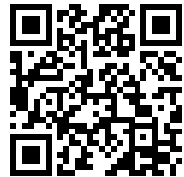
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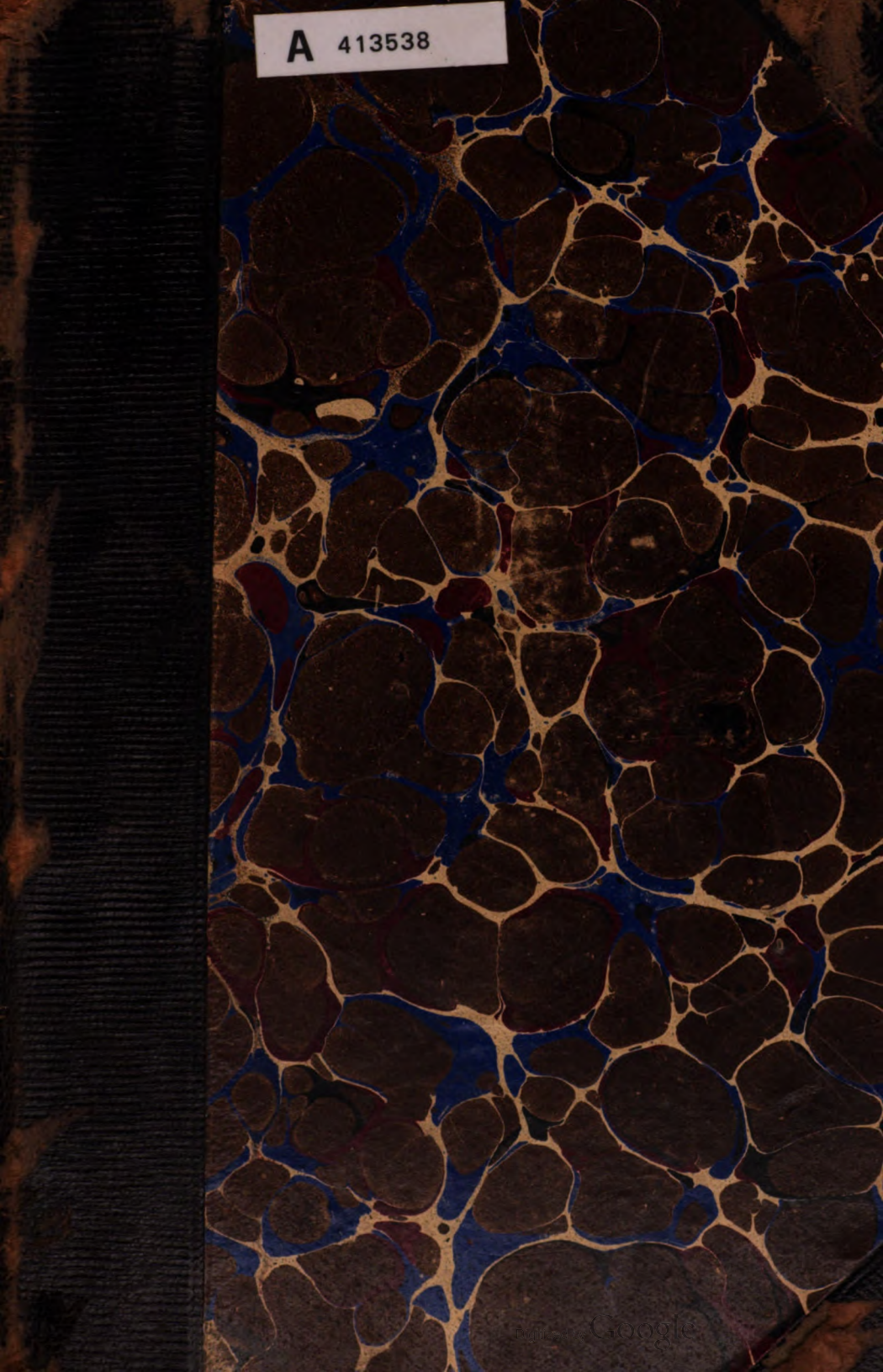
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# THE MEDICAL ADVANCE

...AND...

## JOURNAL OF HOMEOPATHICS.

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### HOMEOPATHY AND MODERN SERUM THERAPY,

And Homeopathy's Claim as a Science in Medicine.

CHARLES FESSENDEN NICHOLS, M. D., Boston.

Koch's injection of tuberculous fluid ("parataloid") encountered from the first strong opposition from men of undoubted sagacity, with the great Virchow of Berlin at their head. The autopsies by Virchow showed generally tuberculous infiltration of the bodies of the victims. Virchow stated that "the substance of the tubercle is not absorbed at its original resting places, and there are eruptions of fresh crops."

Thus science though disciplined by experience, was accused of employing a method even more barbarous than that of small-pox inoculation: Strong and healthy persons only, and at a favorable time of the year, were chosen by their physicians to submit to the latter process, and inoculation when first discovered was deemed a necessary precaution, though vaccination soon became its substitute. Koch's injections in common with the whole ghastly experimentation of the modern blood poisoners, have however, always been made under very difficult conditions, still more of his horrible disease is forced into an already exhausted sufferer, with results of heart rendering sacrifice of life, and final humiliating failure to prevent or relieve the disease.

At present, the medical fad which revels in obscene cruelty and whose experiments are simply the acts of murderous degenerates, springs its trap on invalid, pauper, criminal, horse and dog, as its ignorant and helpless "material." The abuse "smells to Heaven" and mob law is justifiable.

Koch finally hoped "to extract from the tubercle-bacillus its curable substance alone."

Whoever, like Gulliver, might succeed in coaxing from the Lilliputian enemy the secret of its poison balm, so cultivated or otherwise preparing the parataloid that, retaining still its curative power, it becomes innoxious, he would solve the difficult problem.

For forty years or more, a most misunderstood, and maligned body of observers, homeopaths, have recognized among other advanced discoveries of the homeopathic school, the indispensable curative service of the products of disease, yet, in addition, the necessity for their extreme attenuation, before they might be safely administered in sickness. Tuberculinum, Anthracin, Syoctin, Diphtherinum becoming harmless, curative and potent when potentized. The testimony given by these physicians appears singularly fitting, and their experience would be of vital importance at this time of wholesale trifling and slaughter conducted by the successors of Koch. I will now attempt to describe the cultus and professional training of men who are accused by the dominant school of biology, of narrowness, of "having a fixed belief" and failure to accomplish anything for medical science.

The college requirements for students of Homeopathy do not differ from those of the other school. Many of these students are already graduates of American or foreign universities, who afterward finish their studies at a homeopathic college.

"By their fruits ye shall know them." Among the noteworthy results of a professional education in the methods of Homeopathy has been the discovery of unexpected remedial agents, far in advance of similar discoveries by other investi.

gators. The homeopaths have long recognized the life resulting from death, and have not hesitated to explore filth, decay, and disease for morbid products or nosodes. Diseased material potentized from animals and plants and the poisonous secretions of reptiles, fishes and insects are found serviceable in desperate or obscure diseases, but these preparations can only be made practically available and helpful when the properties of each, have been tested on the healthy and clearly differentiated and recorded in a thorough proving.

Is it generally known outside the homeopathic school of medical practice what is meant by a proving or study of a remedial agent? For the benefit of unprofessional readers let me briefly show the labor, the research, and the trained skill required to make a proving.

A proving is made by administering to several healthy persons a substance or extract and recording its effects, with the ultimate object of using the proven material in disease. Each agent must be studied with regard to its chemical, functional, and whole pathological effects in the body; study the pulse, actions of the heart, lungs, brain, kidneys, liver, systems of nerves, blood-vessels, lymphatics, glands, digestive organs, machinery of the senses, each anatomical part and tissue; study the connection of the proven material with eruptions, parasites, contagions, climates, influences inherited or acquired; note the resemblance of this to other drugs, and its antidotes. Above all there must be perceptions of mental states, tact to avoid deceit, artistic insight and quick-sight. For all these matters, sought out by stethoscope, sphygmograph, microscope analyses of the urine, blood, sputum, etc., and the whole armamentarium of a modern physician enter into the preparation of a proving and must be brought together with laborious, painstaking care before the proving is offered.

Constantine Hering prepared in the year 1850, for his colleagues of the medical college at Allentown, Pa., a schema of twenty closely-written pages—simply directions for epitomizing and recording their provings. The systematic

habit of German university training which has given their prestige to German scientists was thus early brought to bear upon students in this matter of drug testing.

A proving is accepted and enters *materia medica* and text-book only after its characteristics have been confirmed by scores—often by hundreds—of independent observers. At last the proving stands, full of interest, and new discovery, and elaborate—sometimes a learned—analysis, entirely unknown to old school methods, and one more weapon is ready for use.

The authorized works of the homeopathic *materia medica* are very numerous, fully 1,400 remedies are available, many practicing physicians carry in memory the chief characteristics of the great proportion of these. Provings and the repertories founded upon them naturally differ in value, yet any curious observer must find in the general result much evidence of persistent industry and scientific research. Hence, all statements assuming lack in either respect obviously proceed from uniuformed persons.

Regarding attainments in literature and the liberal sciences in general (welcome addenda, no doubt, to the real service of medical men) the supposed lack of which on the part of our practitioners has been made the subject of grave comment by our opponents—to four bright spirits only, in all these two thousand years of doctors, have seats been assigned among the immortals. Hippocrates, Galen, Sir Thomas Browne, and finally Dr. Holmes have, severally, gained a place in letters. Each of these is a rebel and an innovator, for without rebellion and innovation was never yet wrought any good thing. But sixty years have passed since the death of Hahnemann, himself a man whose vast learning was fully recognized in his time; meanwhile, neither poet nor sage has yet chanced to be “an ornament to his profession.” But the fact is, the provers have been at work so hard that they have had little time to sing.

To describe explicitly what has been done for medical science by the elaborate provings of the new school really

## HOMEOPATHY AND MODERN SERUM THERAPY.

involves a brief analysis of the principles of the science of Homeopathy.

Hippocrates, Hahnemann and Sydenham hypothecated and finally taught that the testing of medicines upon the healthy would show the exact curative powers of each remedy in disease, this doctrine was formulated by Hippocrates in the aphorism or axiom *similia similibus curantur*, or cures by similars. Jenner by vaccination and Pasteur and Koch by inoculations, have illustrated the crude effects (always accomplished by poisonous aggravations) under this hypothesis, of a limited class of remedies; but to Hahnemann and his successors alone, with their elaborate system of full, descriptive provings of nearly every known medical agent, is due the gradual establishment of a law deduced from the original working-hypothesis of Hippocrates.

That the law of similars cannot be explained a priori (i. e., upon any material or mechanical grounds) is, at once to be admitted before we can accept it as a fundamental principle or starting point, exact like that of electricity or chemical force. The law is that disease is cured by an influence similar to that which produces it. However during the first assumption of this law of similars, it has now passed through the stages recorded in the history of every established science, i. e., it has been submitted to induction, deduction and verification.

More observation of instances is not inductive and does not lead to science until through the study of instances we rise to fixed law. With such a law, prophecy or deduction must be possible and the accuracy of this prophecy, or verification, will be a fresh test of the original law. The homeopathic law, being tested in reference both to normal and the diseased conditions of the human body, has the logical advantage of a double verification, and may thus be said to be rediscovered every day in the practice and provings of the homeopathic physician.

From theory to practice:—It is, then law, not luck, which has enabled homeopaths to reach their very consistent result in the matter under consideration; for, if the im-

perfected therapeutics of the present serum-treatment be indeed a promising and conspicuous blossom of medical science, it is the startling fact that the law of the similars plucked the flowers long ago, and, aided by its accessory of safe attenuation[or potentiation has made intelligent use of its discovery.

The proving of Tuberculinum shows, as a primary effect evidence of a deposit of tubercle at the base of the brain. Severe and unbearable headaches are prominent, with local congestion, delirium and insanity; more remotely and as later manifestations, cough, purulent sputa and diarrhea. The remedy Tuberculinum has been, for years, helpfully given in meningitis, hereditary and inveterate headaches, hectic fever, night sweats, cough, with tuberculous expectoration and at all early stages of phthisical disease. A high attenuation or potency has been found more efficient. This potency made chiefly by means of diluted alcohol, is claimed to accomplish something beyond the mere subdivision of material. The irritant particles are mechanically detached, while the curative principle is separated and developed. The degree of attenuation used always ranged as high as a so-called thirtieth potency. After Darwin's statement of the minuteness of the spores of *drosera* capable of producing their characteristic action, the efficiency of a potency or attenuation does not to many persons seem improbable, and we will leave, for the present, the mathematics so often discussed.

It will readily be seen, however, that treatment by nosodes might soon degenerate into a thoughtless, enthusiastic and empirical use of those remedies, to the exclusion of others, if the inference were drawn that each microbic disease could be annihilated by its own potentized product, and it has naturally been found impossible to remove by the administration of its nosode alone, the whole ultimate disturbance in the form of secondary symptoms, sequences and diseases of distant parts of the body. Indeed other remedies might, even from the beginning of treatment, be more serviceable than these. Thus, in faithful treatment,

it is sought to accomplish an end far more subtle than the mechanical removal of bacilli. Holding these to be merely parasites, among which may exist many forms not inimical to the health but even fulfilling protective service in the body, the homeopath does not consider it essential that its bacillus be seen in the atom of diseased material which he prepares for medical use; the bacillus would almost necessarily be there, and each characteristic parasite may be the carrier of the disease in which it dwells. but it is the deadly material on which the microbe-parasite feeds which alone is desired for proving, prophylaxis and therapeutic use.

As in politics, so in medicine, a change of base is treason, hence the teaching of Homeopathy cannot hope to be acceptable to the older school.

The ancient school attacks the new, having known but little of its large work, but the time has gone by for dismissing without a hearing such claims as led Wilson, the anatomist, to employ Homeopathy for himself and Sir Sidney Ringer to incorporate, verbatim, large sections of its materia medica in his authoritative work. These stars are seen in the firmament of Homeopathy, men of affairs, of business, scholars, warriors, poets, statesmen whose practical wisdom has moulded the destinies of the world. Sir William Hamilton, Archbishop Whateley, Carl Wilhelm Siemans, Lord Lyndhurst, August de Morgan, Lord Lytton, Charles Reade, Wendell Phillips, Theodore Parker, Balzac, Gambetta, D'Israeli, Bismarck, Helen Hunt Jackson, Mrs. Stuart Phelps-Ward. Instead of such awkward use of its weapons that the force powerful enough to combat the disease must destroy also the invalid, Homeopathy, die milde macht, has quietly employed its methods, "Strong enough," as Wendell Philips once remarked to the writer, "to wait until its accumulating facts would speak for themselves."

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## THE HINGSTON CLAVICLE SPLINT.\*

### A New Surgical Dressing for Fractures and Dislocations of the Clavicle.

BY JAMES WEST HINGSTON, M. D., Chicago.

In presenting to the profession a new surgical dressing for the treatment of fractures and dislocations of the clavicle, several points should be kept in mind.

1st. □ Have the injuries for the treatment of which the new dressing is designed been heretofore treated with uniform success?

2nd. Are any of the various methods that have been, or are now used, perfect in their applicability?

3rd. Are the requirements for perfect results entirely fulfilled in the new appliance?

The answer to the first question is contained in the monosyllable "no". Scarcely a fractured clavicle, save of the transverse variety in the extremely young, but what results in marked deformity. Scarcely a dislocation but what is characterized by extreme difficulty in treatment, while more than 50 per cent result in deformity even more unsightly than that from fracture.

The answer to the second question is comprised in that to the first. The imperfect results are from the faultiness of the apparatus at hand or the inefficiency of the methods recommended, not in the individual surgeon.

In answering to the third question we must know the requirements and before we can know the requirements we must know the conditions to be met.

In every case of fracture of the clavicle, at any point, the displacement of the shoulder of the injured side is forward, downward and inward; while the displacement of the fractured ends of the bone is an overlapping, or knuckling, or both, with consequent shortening and deformity.

\*Englewood Homeopathic Medical Society



In every dislocation of either end of the clavicle the displacement of the shoulder is the same as that in the case of fracture; while the displacement of the dislocated end of the bone is an over-riding (or an under-riding) of the articular surface of the bone to which it is normally jointed, with consequent shortening and deformity. These conditions are brought about by the combined weight of the shoulder and the contractile force of the muscles of the involved region, the former being the greater causative factor.

The important requirements in the treatment of all fractures of the clavicle and of all varieties of dislocations of the bone are to force the shoulder into the opposite position assumed in the several injuries and to maintain it in that position.

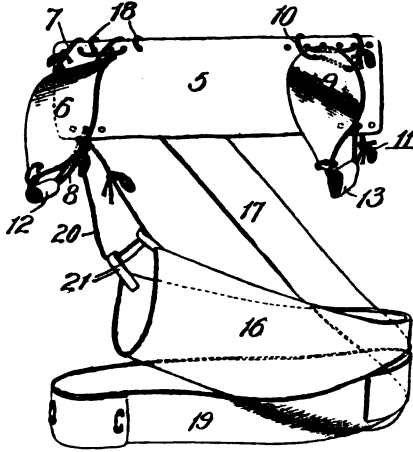
No dressing heretofore used has been successful in these first requirements. Sayre's dressing for fracture is the only one that has been devised where the correct principles have been fully kept in view. But the dressing has not met the requirements for the reason that when applied snugly enough to overcome the deformity it has been intolerable to the patient, as every surgeon who has applied it can testify.

Persistent dorsal decubitus upon a hard mattress, with a pad between the shoulders, has come nearer to meeting the requirements than any other method yet suggested. But only a woman proud of her neck and addicted to décolleté, would endure the tiresome position and the irksome confinement for more than twenty-four hours. Moreover, children, in whom the great majority of these injuries occur, cannot be kept sufficiently quiet to make this method successful. Yet there is no one who would not prefer a straight clavicle, and few but what blame the surgeon for a result it has been practically impossible to avoid.

I present a dressing that meets every requirement.

The patient upon his back on a hard mattress is ideal, but impracticable. Instead of this I put the mattress upon the patient's back and permit him to walk about—to run if he desire.

A straight, flat splint 5, suitably padded, is placed across the posterior aspect of the shoulders. If necessary, from the contour of the back or the exigencies of the case, an accessory pad between the shoulders is used.



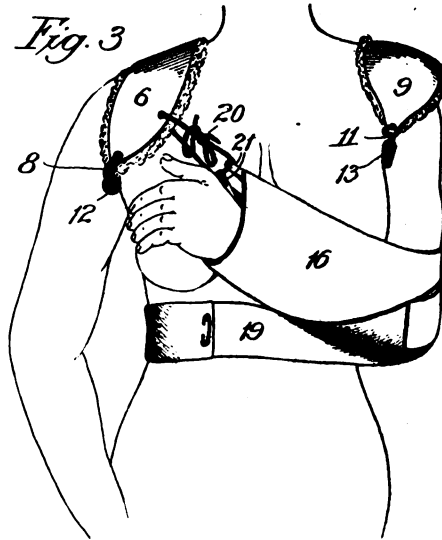
*Fig. 1.*

One anterior splint 6, properly shaped and also suitably padded, overlies the front part of the central portion of the uninjured shoulder, and by means of adjustable laciugs fixes firmly the approximate end of the posterior splint, and at the same time permits free motion of the arm at the shoulder.

A second anterior splint 9, shaped to conform to its respective part of the body, and also padded, overlies the anterior aspect of the outer portion of the shoulder backwards and fixes it immovable in that position. As the force is direct and applied entirely to the extreme point of the shoulder, the injured parts are free from pressure, while the force required is of a minimum amount.

A sleeve 16, also padded, conjoined with a posterior diagonal bandage 17, by acting through the arm from the elbow and over the uninjured shoulder, elevates the shoulder of the injured side to the required height and fixes it firmly at that elevation.

An axillary pad 13, as a fulcrum, and a transverse bandage 19, encircling the body, acting through the leverage of the humerus, forces the shoulder outward and maintains the position comfortably.



The various lacings as illustrated nicely adjust every part of the dressing. Re-adjustment at a second visit is easily made should a lacing be a little loose, or over taut.

In the great majority of cases this is the only dressing that will be required. In upward dislocation of the acromial end of the clavicle the dressing may at times need to be supplemented by the application of an adhesive strap applied over the dislocated end of the bone in manner like to that used by Stimson. Also in special injuries with peculiar deformities, some similarly devised accessory means may be advantageously used. But always will the main features of the injury and its treatment be met by this new dressing.

The dressing is worn with absolute comfort to the patient. It is impossible to derange it day or night. The patient may sleep in any position except on the injured side, and not much, if any, harm could be done even in that posi-

tion. The greatest liberty of action is permissible during the day.

After the first few days, when some exudate is thrown out around the seat of injury and the parts have become somewhat fixed, the patient may be put upon his back on a hard surface, all the anterior dressings removed, and the patient's body bathed, even into the axillæ, thus maintaining cleanliness as well as preventing excoriations. Later the entire dressing may be removed and the back also bathed, and the dressing re-applied.

It is made in three sizes, and is further adjustable to every size of patient from the smallest child to the heaviest of men. There are right and left anterior splints and sleeves. Should both shoulders be similarly injured the dressing is readily adapted by using both sleeves and both splints designed for the injured side.

To recapitulate, then, the advantages of this dressing over all others heretofore employed in the injuries under consideration are:

1st. The perfect and permanent fixation of the shoulder in the three required directions—backward, upward and outward

2nd. The maintenance of this position with perfect comfort to the patient.

3rd. The perfect coaptation of the injured structures made possible by this dressing.

4th. The rigid fixity of the parts, affording perfect quiet, little provisional callus in fracture, early union, and rapid healing and little likelihood of recurrence in dislocation.

5th. The perfect adjustability of the dressing by means of the lacings without removal of the apparatus or disturbance of the injured structures.

6th. The perfect freedom with which the surgeon may examine the injury without removal of the dressing, save in injury of the extreme acromial end, in which case, with the patient lying flat upon the back, the anterior splint may be

unlaced at the top and turned down without danger of displacement of the injured part.

7th. It is the only dressing that cannot become disarranged even upon the most fractious or refractory child.

8th. The perfect freedom of the arm upon the uninjured side, and of the hand of the injured side.

9th. The liberty giving the patient, dressed in a loose-fitting garment, to go wherever he or she wishes without the slightest confinement or especial care.

10th. The possibility of maintaining perfect cleanliness, and the absence of excoriation of the skin.

11th. Its adaptability to every size and age, and to injuries involving simultaneously both sides.

12th. The perfection with which it accomplishes every requirement in the injuries heretofore treated with indifferent success and with much trouble at the best.

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## TEMPERAMENTS

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BY JAMES TYLER KENT, M. D., Chicago.

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Of late years it has become common for homeopathic physicians to say too much about the temperament of the patient when reporting cases. If by temperament we mean that in the patient which is his normal condition, it is an error to include it in the totality of the symptoms used as a basis of a prescription. The totality is the complex of all that is morbid, not what is physiological, and must ever guide the physician in the selection of a remedy. In proving it may be found that provers of a certain temperament had more symptoms than others, and that these provers were, when in health, more sensitive to that drug than others; but this does not lead to the conclusion that the others when sick would not be cured promptly by that drug. All when sick are sensitive to a given drug whose symptoms are similar to their symptoms, regardless of temperament, color of hair, or skin. The examination of a patient must produce a record of all that is morbid in aspect, color, sensation and

function. If what is physiological is to appear in the record it should not be there in such a place or form that it can change the prescription. The physician should above all things be able to distinguish in each case what is morbid from what is natural. This is clearly set forth in §III of the Organon.

It is a fatal error to confuse what is natural and what is morbid.

The mental state of the patient furnishes the most important and guiding symptoms, and has nothing to do with the temperament of that patient. The mental symptoms must be considered in minute detail, and not lumped as may be done by putting them by the name of a temperament. If permitted to appeal to experience I would say that a careful survey of a large number of records show that all remedies cure their own symptoms in all kinds of temperaments. From early reading the author was once in the habit of associating Pulsatilla with blondes, but a careful search of records shows that as many brunettes as blondes have been cured. The author long ago gave up associating remedies with the color of the hair. The tall, slim, narrow-chested patient becomes a Phosphorus patient sometimes, especially when he has a phthisical tendency. The heart and liver patients are just as often fat, dark, coarse-haired when they need Phosphorus. Actual experience destroys these beautiful theories we have built.

It is a bad habit to associate remedies with certain kinds of people except it be upon conditions that are morbid, The mild disposition being a normal state in any given patient is not a symptom, but when one of an opposite mental state becomes mild in sickness then it is a symptom of great importance. In sickness a person is generally changed mentally to the opposite of his mental state. When the good wife says: "My husband is generally obstinate, but he has become so yielding that I think he must be sick;" such a mild mental state has nothing to do with his temperament, but is of the greatest importance in selecting a remedy. Platina is said to be related to brunettes because they are

supposed to be sexually frey, but experience reveals the fact that blondes are as often cured by Platina as brunettes. The author has long been convinced that it is bad practice to allow the make-up of a patient to suggest a remedy. A remedy can be selected only after a careful consideration of every morbid symptom in the case. Then will appear in the physician's mind a symptom image which is the true image of the sickness, or sick man, and in that image will be seen the remedy if the symptoms have been compared individually and collectively with the symptoms that are found in the *Materia Medica*.

In many of the older writings temperament was intended to teach only morbid mental states, conditions and symptoms. Recently these have been twisted into a justification of phrenological temperaments. Homeopathy does not need phrenology. It can stand on its own foundation as taught in the *Organon*.—*Critique*.

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## THE PREPUCE IN THE MALE AND FEMALE.

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BY C. E. ALLIAUME, M. D., Utica, N. Y.

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An elongated, hypertrophied or adherent prepuce, either in the male or female is a constant menace to the patient's health and should receive prompt attention. Both medical and surgical interference are indicated in most cases. An elongated prepuce is not a normal condition and I believe it is the expression of some miasmatic taint. Wherever they exist, you will usually find some other abnormalities in the constitution of the patient.

A very common accompaniment, especially in the male, is hernia. The "pin-hole prepuce" existed in some of the cases and whether this caused straining, while urinating, and thus caused the rupture; or whether it was simply an associated complaint, I do not know.

The glans penis and clitoris are at their base surrounded by sebaceous follicles, secreting a smegma; which, if confined by preputial adhesions, may cause irritation by its

decomposition. This irritation results in many profound disturbances of the nervous system such as epilepsy, hysteria, irritability of temper, etc., and often incites masturbation which, in turn causes disease of the spinal nerve centres, idiocy, mania and melancholia.

The underlying cause of all of this difficulty is the miasmatic condition and this should be carefully prescribed for. But no remedy is going to free the adhesion, remove the decomposing smegma or shorten the elongated prepuce. It might be said that the remedy will remove the constitutional miasm and that then the abnormal prepuce would do no harm. This may be so, but I have not seen it demonstrated. I have noticed that the worst cases of venereal diseases I have had to treat were those which had an elongated prepuce. They become phimosed and act much like a "contained abscess," and complicate matters very materially, and they are always very difficult to keep clean. In the female the prepuce or hood does not surround the clitoris, but simply covers its dorsum. It is very common to find this hood adhered to the clitoris, even when of proper length. These adhesions should be at once broken; the smegma removed and the parts cleaned. Where the hood is too long, it should be amputated. If it is not too long but is adherent or binds the clitoris too tightly, it should be slit in the centre for a short distance, the corners clipped off and the fresh edges sutured. In all cases where suturing of the female prepuce or the parts in the immediate vicinity of the clitoris is necessary, the sutures should never be tightly drawn for the parts are exquisitely sensitive, and a tight suture will cause much unnecessary suffering. It will usually suffice, where the hood has been amputated, to simply draw the suture through the parts, just enough to oppose the cut edges, and leave it without tying.

In the male I operate with the usual technique, caring for the frenum, etc., in the proper way.



**TYPHOID FEVER: HAEMORRHAGE.**

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**B. L. B. BAYLIES, M. D.**

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J. C. F., dentist, dark hair, rather fair complexion who had been rejected by an insurance company for suspicion of phthisical tendency. and suffered much fatigue and exposure to malaria during daily journeys to and from his residence in Brooklyn and business in New Jersey, was attacked on the fourth of February by severe frontal headache, and very severe lumbosacral pain; with chilliness, accelerated pulse, elevated temperature and thirst for cold water; drinking copiously; dorsal position, head elevated; the pain in the back increased by pressure.

He had taken several large doses of Quinine before I saw him. Above mentioned symptoms and condition indicating, I gave him *Natrum muriat.* 4m (Fincke) in solution at three hours interval, three doses.

February 5:—Less backache, several loose discharges from the bowels, some dullness on percussion over right lung, pulse firm, rather hard. No medicine.

February 6:—At 8 A. M., a loose discharge from the bowels, mucus in the nostrils, perspiration, in the evening hallucination of seeing a man walking on all fours; delusion of being involved in a railroad accident: *Belladonna* cm, solution, 3 doses, every 3 hours a dose.

February 7:—Both of past nights restless, frightful dreams; delirium and starting; no passages since 8 A. M. yesterday until 5 P. M., today, a hurried loose forcibly expelled stool. *Sulphur M.* One dose dry.

February 8:—At nine P. M., slight perspiration during short sleep, awakened by frightful dreams; a forcible very offensive stool.

February 9:—Hallucinations, delusion of walking and traveling weariness, offensive, loose, hurried passage at 12:30 A. M., less liquid. He lies mostly on the back; occasional shifting pain in left hypochondrium, discharge of bloody mucus from the nostrils. *Sulphur* 45m day. At



February 14: More restless after midnight, delirious and talking a great deal. Complains frequently of chilliness during the day, both when covered and uncovered. At 6 P. M. pulse small, temp. 103; said his left side was frozen and being bathed; with temp. 103.4; said "hurry, I'll freeze." At 9 P. M. a noisy rattling discharge from the bowels of offensive dark brown liquid and flatus; talking to imaginary persons; lay on the back, knees drawn up, staring, he looks around as if he saw a person; stools involuntarily, six during the night, mostly reddish brown color; urine also involuntary. Twelve P. M. temp. 103, pulse 100, respiration 26; 12:30 P. M. gave Psorinum 40m.

February 15: 2:00 A. M., Restless, grasping as at things in the air (Carpologia): 2:30 A. M., hemorrhage per rectum, four ounces; 15 minutes later hemorrhage; 3:45 A. M., pulse 94, temp. 101, resp. 54; difficult protrusion of the tongue, more quiet for a while after hemorrhage though restless. Sleeping from 5 to 6 A. M. when he had a large hemorrhage; temp. 101.3. Other hemorrhages at 9 A. M., 4:15 P. M. and 5:30 P. M. At 8 A. M. breathing stertorous, slept all the morning; 4:00 P. M. awoke, objected to milk; spoke rationally; hemorrhage at 4:00 P. M. was small, at 5:30 large. Cold to the abdomen, hot water to feet. China 1m in solution.

February 16: Four A. M.; restless, throwing arms and legs about; persistently wanting to get up for business in New York. A red spot on the natis bathed in alcohol. At noon active delirium, seeking imaginary objects, busy with the hands. Two P. M. staring, talking and laughing, pointing, picking at the bed clothes, delirious.

February 17, Constant busy delirium the same symptoms as last evening; laughing, in constant motion, tremor. At 10:30 A. M. hyoscyamus; 3:30 P. M. still moving and twitching, rolling the eyes up; movements somewhat convulsive, slipping toward the foot of the bed; laughing, hands and feet cold, blue nails, head in almost constant motion. Opium 5m. in solution. At 8 P. M., eyelids close at times, he became semi-conscious, pulse weak and frequent, medi-

cine seems to quiet him, but he does not sleep; 12:30 A. M., eyes close.

February 18: More quiet; temp. 101; 4.30 A. M., sleeping a few minutes at intervals; 6:00 A. M., brandy 1 dram every two hours since 1:30 A. M.; 10:00 A. M., takes more notice, seems somewhat better; 1:00 P. M., nails blue since 12 M; 2:00 P. M. Cheyne-Stokes respiration, breathing ceasing entirely for a few moments, allowing forty to be counted during cessation; during which he moved his head from side to side, places his hand on the head as if in pain, finger nails blue; Opium 5m dry powder at intervals for each attack. A bad attack at 4 P. M.; half an hour later went to sleep; slept an hour breathing naturally, was more quiet 9 P. M., asked for bed pan, and had a large partially formed passage of light green color, without blood. 12 P. M., slept almost continuously since seven. Before midnight, face become flushed and restlessness recommenced.

February 19: 1:30 A. M., stops breathing while 20 may be counted, both while asleep and awake, with blue nails. Opium relieved him somewhat; talking in delirium; Cheyne Stokes breathing at intervals of a few minutes. Breathing though very faint does not stop entirely; is very shallow, he awakes gasping for breath every few minutes, throwing out his arms; this occurred most everely at 1:30 and 4 A. M., 5:30 A. M., breathing more regularly; sleeping and awaking at intervals. 7:30 A. M. breathing more irregular again. 9 A. M., sleeping most of the time. 10:30 resp. irregular and shallow, awaking in fright; nails blue, dislikes milk very much; temp. about 101 between 4 A. M., and noon. 3 P. M., tongue brown, respiration regular and stertorous; feet cold. 6 P. M., Asked to be bathed, entire sponge bath, sleeping most of the time; temp. 102.5 respiration fair, pulse regular. 8 P. M. Respiration regular, no return of Cheyne-Stokes respiration since 10:30 A. M.; he slept nearly all the forenoon. Temp. is now 102.2 pulse 102, resp. 20. 8.45 P. M., breathing becoming more irregular, not stopping entirely, but growing fainter at intervals. Opium 5m one powder. 10 P. M., resp. improv-

ed after the powder. 12 M., awakes to take medicine, and sleeps immediately; breathing heavy and stertorous, some difficulty in swallowing.

February 20. 6 A. M., Patient seems better, respiration irregular, causing catching for breath. 8 A. M., Cheyne-Stokes respiration for about an hour, nails slightly blue; 9:30 A. M., respiration regular, sleeping heavily later, but aroused at intervals for a few minutes. Involuntary urination and defecation at 1 P. M., the latter contained clotted blood and particles like undigested food. 4 P. M., very large hemorrhage amounting to about two pints, some clots. 4.30 P. M., return of the Cheyne-Stokes respiration which entirely stopped for a time, awoke asked for water, cold to abdomen. 6.30, Pulse small and feeble. 8.45 Cheyne-Stokes pronounced. 10.45 P. M., in stupor most of the time; face, hands, and back bathed with alcohol; cold to abdomen. 12 P. M. frequent turns of coughing.

February 21: 1:30 A. M. Small very offensive discharge of blood and feces, delirium at times; 2:30 A. M. oozing of blood from the bowels; 4 A. M. hemorrhage; 5.30 discharge of blood. 8 A. M. discharge black and watery. 6 A. M. Cheyne Stokes. 9 A. M. seems very bright but easily tired 12 M. Consultation with Dr. Close who said "If that man lives it will be a miracle." *Crotalus horridus* 45m solution every two hours. Two very small, dark, offensive passages at 5 and 6 P. M. Excited and restless during early afternoon, lips colorless, rolling eyes in sleep; face flushed, lips tremulous, moving feet continually. 7:20 a violent chill. 8 P. M. respiration irregular sighing, 10 P. M. pulse dicrotic; return of Cheyne-Stokes respiration, long pauses and gasping for breath at times. 2 A. M. respiration shallow and easy; pulse thready and small.

February 22: 3.30 A. M. sleeping and awaking at short intervals, pulse dicrotic, respiration ceasing from one half to one-fourth of a minute at a time. During the day some Cheyne-Stokes respiration, considerable sleep at short intervals. This evening report is sleep most of the day, awoke with some dyspnoea; slept most of morning, with

sighing, intermittent respiration at 10 A. M. slight, dark, blackish discharge at 1.30 P. M. mental condition on awaking good; cough on awaking. Pulse dicrotic; small, soft, weak and thready at 2.30 P. M. Good all the afternoon except dicrotic; 7 P. M. not dicrotic. Urination twice involuntary. Continue Crotalus.

February 23: 4 A. M. A small black passage; Cheyne-Stokes distressing from 1 to 6 A. M.; 7 A. M. A small, thin, brown passage, apparent pain before passage, very offensive. 10 A. M. respiration more regular, labored. 6 P. M. Mind clear. 8 P. M. Pulse strong, Cheyne-Stokes at intervals during morning. 10.30 P. M., Sleeping naturally most of the time till 12 P. M., breath offensive; pupils dilated, delirium at times.

February 24: 2 A. M., Sleeping pretty well. 3 A. M., sleeping fairly well. Cheyne Stokes respiration at 4 A. M., Generally more regular throughout the day; breath fetid, is weak, at times seems exhausted; pulse dicrotic, temp. at 7.30 P. M., in axilla 104; rash in abdomen; 10 P. M., rolling the head on the pillow; breath fetid; delirium at times

February 26; Delirious, seeing persons, imagined he was driving horses, cough abrupt throat-sounding; mucus seems to come up in throat at times; tossed restlessly after 1 A. M. Respiration quite regular, pulse irregular, talking in delirium. This afternoon being turned on right side lay twenty minutes with pillow at back, expectorated more yellowish brown mucus-wakened by cough; says it hurts all the bronchial tubes; breath less fetid. This evening takes Phosphorous, 45m.

February 27: 2 A. M., Delirious, talking most of the time. Belladonna. 3 A. M., When not sleeping Cheyne-Stokes respiration. Rubs his chest a great deal; perspiration, hallucinations; thinks there is a dog in the closet, Restless all the morning. 12 M., a large alvine evacuation, fecal, without blood, of good color.

February 28: 2 A. M., Restless with loquacious delirium; 4 A. M., awake talking; perspiration on forehead. 7 A. M.,

- more quiet and sleeping better; at 10 A. M., imagines himself in London; 11 A. M. more quiet. M. M., at 11 P. M., sleeping better. March 1: Two coughs previous to last night better, perspiration each morning at 5 A. M. Temp. 99, last night the cough dry, racking, awoke him from sleep; while awake delirious, talking with imaginary persons; cough shakes the body. (Loquacious delirium and Bell. Lig. 4 grs. Tongue rolling about when protruding it. Lach. Lachesis, 10m. 1 dose dry. 7.35 P. M., more quiet and sleeping quietly since the remedy. March 2: Sleeping from 2 to 6 A. M., at times very well, awaking at intervals; later, talking at intervals deliriously, asking Dr. Baylies if he may go out and answering himself; sleep also in the afternoon, 4.30 P. M., cramps in legs. March 3: To-day sleeping a good deal in naps of 20 minutes or longer; breath fetid; at intervals delirious, not talking much. Temp. 101 to 102. March 4: Had two movements of bowels normal character, was uncertain before passage whether his or some other fellow's bowels wanted to move. During sleep mouth wide open, eyes half open, awoke crying, breath fetid, skin hot and dry, thirsty, complained that the milk was ice-cold. At 8 P. M., with temp. 103.4, felt chilly. Lycopodium has chill with heat, eyes and mouth open during sleep, crying on awaking; when hot complains of touch by cold hand. Comparing Lyc. with Opium give Lyc. 45m. dry. March 5: 2 A. M., Talking in delirium alternates with talking rationally, cross when shoes were refused him to go out; afternoon, sleeping till 3 P. M., with high temperature from 1 to 5 P. M., at 8 P. M. 102. Two normal evacuations before midnight. 12 M., tem. 102, pulse full, 112. Physical examination shows heart, lungs and liver sound. March 6: Picks and bores at nose; very hungry, complains when hot and dry of being cold; sensitive to pressure over ilio caecal region, also of stomach or transverse colon; temperature declined steadily from 108 at midnight to 101 at 4 A. M., to-day at 12 M.; tem. 101, a semi-solid passage.

At 4 P. M., delusion that there was a tiger in bed with him. A slight rash observed this P. M. on abdomen.

March 8: Continues to pick and bore the nose. Large passage afternoon and evening, normal. Cina 40m. Tem. average 102.4.

March 9: Tem. 101 morning 102 evening, delirium, laughing and hysterical in the evening.

March 10: Tem. from 101 to 100.2 at 12 M., Slept well after 3 A. M. A large involuntary movement at 4 P. M. 9 P. M. a similar large passage but voluntary.

March 11: Temp. 101 at 8 A. M. Phosphoric acid in solution every 3 h. Tem. 100 at 8 A. M. One degree less than yesterday. 9 P. M. general condition better than this morning; continue Phos. acid.

March 12: Temp. at this time 8 A. M., 100, one degree below yesterday, pulse dicrotic, much cough during night, position during sleep dorsal, hand under head, eyes and mouth partially open, body sensitive to touch. Respiration quiet 22; 12 M., temp. 99, pulse 100: 4 P. M., temp. 101; resp. 26, delirious all the afternoon, awoke with a start, said house was on fire. Belladonna cm. directions to give if there was delirium, omit while quiet.

March 13: Temp. 98, resp. 20; pulse 96 at 12 M.

March 14: About 9 A. M., perspired freely after a comfortable night, slept at intervals till 3 P. M., awoke with a start, calling out, imagined he was falling backwards down cellar, delirious ever since, refused milk, said President Roosevelt had issued proclamation forbidding him to take it, will wait till the doctor comes.

March 15: Temp. 101.8 at 4 A. M., 99.8 at 8 P. M., 100 at 12 P. M. Awoke discouraged, became delirious talking about money, had two barrels downstairs. Picking the nose and fingers, slept well during evening. No medicine.

March 16: Temp. at 4 and 8 A. M., yesterday 101; at 1, 4, and 8 this A. M., 99; quite rational all day; pain while voiding urine.

March 17: Temp. 99 morning, 100 evening, some delirium, said the bed was full of people. Petroleum.



March 18: 7 A. M., Perspiring freely, slept well during night; pulse better than previously. 4 P. M., temp. 100. 6 P. M. delirium most of time, says he will have to be watched or he will go downstairs picking the nose.

March 19: At 6.30 A. M., perspiration. 8 A. M. Temp. 98, pulse 88, respiration 20. No delirium since 1 A. M., mind clear; enjoyed a soft boiled egg very much. Temp. at 5 P. M., 99, at 8 P. M. 100.

March 20: Slept well, no delirium during night: 12 M., perspiring. At 2 P. M. soft boiled egg. At 4 P. M. Temp. 98, pulse 88, respiration 22, pulse dicrotic.

March 22: Temperature normal from noon of yesterday to 12 to-day; slept well most of the night, no delirium since 2 A. M., at 5 this A. M., perspiring. Patient from this time seemed convalescent, temperature being 98 to 99 from 22nd to 27th of March; when at 8 A. M. it rose to 100.4, at 4 P. M. 101; patient complained of soreness and sensitiveness of toes of right foot, and was more restless at night.

March 30: At 3 A. M., felt chilly; the pulse rose to 102.4 with delirium; thought he had swallowed the thermometer. Urine examined, was found normal. Bryonia 45m, one dose dry.

March 31: Complained still of sensitive feet, and also of sensitiveness of abdomen.

April 2: In morning, free from pain, temperature normal and free perspiration, slept well in the afternoon; temp. at 4 P. M. 100.8, at 8.30 P. M., 100; 12 M. 98.

April 3: At 2.30 A. M. perspiring freely; at 4.30 A. M. temp. 100.6. From this time temperature with slight variations was normal.

The patient had a continuous but slow convalescence. An interesting and very troublesome feature developed attending the abnormal sensitiveness of the right foot and increased sensitiveness in the abdomen, more especially in the right iliac region which seemed coincident with commencing convalescence and extinction of the typhoid element; a reflex muscular and nervous irritability, so that if the toes were lightly touched, sharp pain appeared across the lumbar

region, and spasmodic contraction of the whole limb, a sort of clonic action of its muscles immediately followed. For this Belladonna, Berberis and other remedies administered gave partial relief. Over exertion was followed by continued aggravation, and my suggestion of a nerve specialist was called in consultation, and later took charge of the case without much benefit. The patient finally went to Nassau, and after some months interval, called upon me in robust health.

### A CONTRIBUTION ON THE RELATION OF HOMOEOPATHY TO THE SCIENCES.

BY C. M. BOGER, M. D., OF PARKERSBURG, W. VA.

Our Materia Medica is growing, perhaps not as rapidly as in the days when fewer remedies were in use, for the very good reason that our needs are not as pressing as those of our forefathers. They builded well, albeit not as extensively as might be wished; but their one or two generations could not do everything, else had they made us idlers and good for nothings, and we have enough such weighing us down now.

Most of the later remedies have been experimented with in a very desultory fashion, and their pathogeneses abound in meaningless generalities that lead nowhere and are often worse than useless; such things do not work to our advantage, but they rather encourage idle speculation and guess-work. The only thing that has saved this work from total oblivion is the fact that it comes more or less under the eye of an immeasurably larger number of clinicians than was formerly the case, and if the fragmentary provings contain a grain of truth, however small, it is sure to be found and used. But consider the tremendous waste of time and effort and the immense number of useless, if not harmful, prescriptions that are involved in this very tedious process, which after all differs from the allopathic procedure only by a hair's breadth. If such be our methods, all excuse for

separate existence has vanished, and it were better to return to the empirical methods that palliate acute diseases, and in lieu of curing chronic ones consign them to the hygienist.

Of course, all of us resort to the general storehouse of medical knowledge for various things we may need, and these fragments come in to fill the small niches in our practice in many ways. But I am much afraid that from occupying a very subordinate place in the homeopathsists work they have, among a very large class advanced to the first position and have gradually supplanted the legitimate application of the law of similia, greatly to the detriment of the patient and the demoralization of the physician.

It may be accepted as a general proposition that such practices are patch work and seldom strike at the fundamental disease, to say nothing of eradicating the underlying miasms, which is, of course, entirely beyond their sphere of influence. For this purpose it is necessary to fall back on the antipsorics, whose number is as yet somewhat limited, and their scope therefore not what in the future I hope it may be. The time is ripe for a further extension of deep acting pathogeneses, and such as have given us a hint of their possible future usefulness should be thoroughly proven.

It is quite possible that we have had enough of generalizations and the spreading of a little knowledge over a vast surface, and it is high time that a little deeper work be done. We should not stop until we have proven a few medicines as carefully as *Natrum mur.* and *Sulphur*, for instance, not that I would imply that the well proven remedies are now commonly prescribed to their limit, for such is not the case among the general run of practitioners, who, alas, it seems, seldom look into our textbooks on *Materia Medica* after leaving college. This is in part due to the glamour and glitter of surgical achievements, which lure many an incompetent into a field where talents of the highest order only can hope to arrive at even a measurable success; it is perhaps easy to say that such material will yield even less honor to Homeopathy; but this can, in the nature of the case, be but partially true, as their devotion to our school is

consistent, would at least have the negative merit of not destroying their patients by poorly considered cuttings, and would leave them in a position to make many incidental cures.

In making provings a definite and systematic method should be followed, in order that the finished work may, by its symmetry, appeal to the trained mind as something in itself the result of care and thought. As a suggestion I will illustrate the matter with a rough diagram, intended as a guide by which the symptoms may be systematized for study, or it may be used as a guide in following an analytical study of a given case through the repertories.

<b>SYMPTOMS</b>	Objective. General. Mental.		
	Subjective. Special. Physical.		
<b>GENERAL</b>	{	Increased or exaggerated action. Hyperesthesia: types.	{ Cof.
		Decreased or impeded function. Depression	{ Ign. Nux. Hell. Lob. Tab.
<b>SPECIAL</b>	{	Location	{ Sides of body. } Right, upper
			{ Direction. } Left, lower.
	{	Sensation	{ Interior.
			{ Exterior.
		{ Hyperesthesia.	
		{ Anesthesia.	
<b>DA LIT Y vs.</b>	Aggravation	{ Heat and cold. weather. light, motion, touch, uncovering, etc.	
<b>CONDITION.</b>	Amelioration	{	
<b>PERIODICITY.</b>	Time in general:	Of day or night, daily, weekly, monthly, etc.	
<b>PYREXIA</b>	{	Circulation	
		Chill.	
		Heat.	
		Sweat.	

Now, all these are distinct groups around which certain symptoms revolve in a more or less orderly manner, expressing themselves as an individual phase of the disordered life force; and right here is where the specificists fall down by treating these isolated groups as though they constituted the whole disease, because perchance they are most in evidence. No greater mistake could be made. But this is digressing somewhat. The concrete expressions of each group naturally fit into each other, forming the separate pieces which go to make the whole mosaic of the disease and lacking parts mar the picture in proportion to their absence or indistinctness.

Now as it happens remedies are just like diseases. the more completely they are proven the more certainly will they cover whole sicknesses so that we may even at times.

say such and such a remedy is the genus epidemicus, because it covers all the symptoms which that particular epidemic is capable of producing. But some one will say that no remedy has been proven to the extreme limit as is shown every now and then by the cure of disease by an empirical prescription which may at present not have even one of the so cured symptoms in its pathogenesis. But as remedies can only cure symptoms similar to the ones they are capable of producing this objection falls to the ground.

Gross tells us in the first volume of the *All. Hom. Zeitung*, page 15, that Hahnemann obtained his antipsoric symptoms only from doses of the primary sort almost exclusively and as primary symptoms stand in the front rank for curative purposes far outclassing the secondary ones, the way is plain and it only remains for us to follow it.

The above schema is not put before you as a new idea, but rather to present certain facts in a light which gives a point of view from which Homeopathy may be looked upon as a true science in that it is necessary to follow out a true and only individual remedy, the simillimum. In going over the large divisions it will be noticed that the number of remedies present in all the lists in a given case is so great that it leaves the searcher in a maze of doubt as to the true similar, here the rubrics on Modality and Pyrexia come in as a welcome clarifier of the situation. After they have eliminated the unharmonious remedies with precision and rapidity, their numbers will be found very materially reduced. This is particularly true of the concomitants of Pyrexia; thus leaving the characteristics or very peculiar manifestations which must finally decide the choice.

Most prescribers in these later days have followed the reverse method, that of picking out the individual's peculiar symptoms among which they hope to find some well known key-note; this method has always had the disadvantage of not being strictly inductive and of limiting the physician's activities to the number of key-symptoms known to him or of which he may readily avail himself through the literature at hand, thus a case presenting unknown individual pecu-

liarities at once leaves him at sea with a compass to be sure, but one sadly out of order. In its way it answers very well for most acute diseases, but in chronic cases leaves very much indeed to be desired, therefore he that would do the very best and painstaking work must perforce wade through the generalities down to the specific indications by a systematic method having the data of the special disease manifestations for its basis. This in a large measure was the method of Bönninghausen and its extension is slowly being made possible by the accumulated clinical evidence contained from time to time in our journals.

Even by this method it not infrequently happens that the last stage of the analysis leaves us looking for the peculiar symptom in vain and a careful search of the repertories and large parts of the materia medica show that provings have never elicited it or if they have, it stands unsupported by any symptoms harmonizing with its own. This necessitates a close scrutiny of all the generalities in order to be certain that no important contra-indication still obscures the choice as well as an inspection of the localized symptoms comparing them region by region, remembering that the most recent manifestations, the anamnesis and the general mental state will most certainly lead to right choice. Most brilliant cures have been made in this way, during which the idiosyncratic symptom has faded away along with others, which were to be placed in the clinical list awaiting further confirmation.

It has been my fortune through reading and otherwise to observe quite a few as pathogenetic symptoms which were formerly classed as exclusively clinical. Such observations should be carefully collected and added to our general fund of observation; among others the following are deserving of special mention:

1. Nails ridged transversally: Arsenicum.
2. Seems to be endeavoring to get pieces of body together: Baptisia.
3. Gums tender, blue and inflamed: Borax.
4. Yellow vision: Calendula.
5. Feeling as if the head were opening and shutting: Cannabis.
6. Aggravation from gentle touch: Chin. The remainder of this

swelling which is expressed by distention from heart pressure," is already contained in our text-books as a true pathogenetic effect.

7. Purple weals: Chin. Sulph.
8. Constriction about heart: Coca.
9. Various morbid discharges of the bow the knees, after every dose of the 3rd of Digitalis.
10. Varicose veins and thrombi have been caused by Fluoric acid.
11. Deep seated drawing, gnawing pain in forearm: Gelsemium.
12. Head feels as though the scalp would lift, with giddiness on turning and an intense irritability, always provoked by any noise: Hydrarg.
13. Sweet taste in Iris versicolor.
14. Despondency: Kali. iod.
15. Body covered with large welts: Kali. iod.
16. Alkaline taste: Kalmia.
17. The right leg feels too short and is numb after repeated doses of the 30; the patient insisted that it was the medicine that made it feel so.
18. The palms of the hands are tender as though denuded: Merc. cor.
19. One pupil is dilated: Nat. phos.
20. Tremulous contraction of flexors supplied by the ulnar nerve, like an electric shock: Nux. Aggravation of head symptoms when lying down in the dark: Onosmodium.
21. Gnawing in stomach, food seems to sicken him: Sulphuric acid.
22. Rapid and continued sneezing, also warm biting feeling in mouth: Veratrum viride,
23. Chest symptoms are better from deep breathing: Verbasicum.

Hahnemann in paragraph 153 of the Organon says; "In this search for a homeopathic specific remedy, that is, in this comparing of the symptom complex of the natural disease with the symptom array of known medicines, in order to discover one with a corresponding sick making power similar to the disease to be cured, the more striking, singular, uncommon, and peculiar (characteristic) signs and symptoms of the disease attack are chiefly and almost solely to be kept in view; for these principally must correspond to very similar ones in the symptomatology of the desired medicine, if it is to become the most suitable one for a cure. The more general and undefined, anorexia, headache, debility, restless sleep, discomfort, etc., when they are not more accurately defined deserve but little attention because

of their universality and vagueness, as we are apt to see generalities like these in almost every disease and medicine."

It is especially noteworthy that Hahnemann limits these "characteristics" to those of the disease attack and not those which the patient possesses as a constitutional idiosyncrasy. This makes another of his paragraphs more lucid. I refer to the one in which he speaks of the necessity of a full and complete knowledge of disease effects in order that we may at once see and grasp any irregularity which may come up in the course of a malady. This departure from the usual course naturally individualizes cases and should be the guide to the knowing healer of the sick as distinguished from the routinist; it is always important to call attention to the fact that he says these symptoms "must correspond to very similar ones in the sytmatology of the desired medicine", and does not say they must agree with the characteristics of the drug, which one might infer from certain modern methods of procedure, which have often gone more or less under the title of "key-notes."

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**ONE WAY TO STUDY THE MATERIA MEDICA.**

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BY LAWRENCE M. STANTON, M. D., New York.

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Clearly there are many ways of studying the materia medica and in pointing to the advantages of the method under consideration I by no means imply that it is the best. It may not be. But having certain advantages and being a somewhat neglected way, it is at least worthy our consideration.

I refer to the study of materia medica according to classification in chemical groups and in the natural orders of the animal and vegetable kingdoms, in distinction to the usual one of each remedy for itself.

Now, Homeopathy stands very definitely for individualization, and the grand feature of our materia medica is that each remedy is to be studied individually. In this study, however, a comparison with other similarly acting remedies is not only desirable but inevitable, for only by comparison do we arrive at any definite knowledge. White is not white except for black and, furthermore, the fact of general likeness between remedies only goes to emphasize some special difference. This leads us on so that we may find ourselves comparing a mineral with a vegetable, an acid with an alkali, a deadly poison with some apparently inert substance because in their symptomatology we discover a resemblance. And this is right. It is bold. It is the backbone of Homeopathy. But along with this larger conception of our materia medica may there not go, with much profit, some more classified knowledge of the remedies we employ? If we study these remedies as they fall into chemical group or natural order, comparing each one with its fellows in the same class, studying the characteristics of each class as a separate entity, again comparing class with class where relationship exists between two or more classes, we gain much useful and interesting information, and are well equipped for the broader field. Not to go through the whole gamut of classification but merely to exemplify I mention a few

groups at random from chemistry and a few from the animal and vegetable kingdoms.

In chemistry we have the metals in their several classes:

The Iron Group:—Iron, nickel, cobalt, manganese.

The Platinoid Group:—Platinum, palladium, iridium, osmium, rhodium.

Metals of the Alkaline Earths:—Barium, strontium, calcium, magnesium.

Metals of the Alkalies:—Potassium, sodium, lithium

Among the non-metallic elements we have the halogens: iodine, bromine, chlorine, fluorine.

Turning to the vegetable kingdom we have in the N. O. Ranunculaceæ:

Aconite  
 Actæa Racemosa  
 Actæa Spicata  
 Adonis  
 Caltha Palustris  
 Clematis.  
 Helleborus Niger  
 Helleborus Viridis  
 Helleborus Orientalis  
 Hydrastis  
 Pæonia  
 Pulsatilla  
 Pulsatilla Nuttaliana.  
 Ranunculus Bulbosus  
 Ranunculus Sceleratus  
 Ranunculus Ficaria  
 Ranunculus Flammula  
 Ranunculus Glacialis  
 Ranunculus Repens  
 Staphisagria.

N. O. Solanaceæ or Night Shades:

Belladonna	Solanum Arrebuta
Stramonium	Solanum Carolinense
Hyoscyamus	Solanum Mammosum
Capsicum	Solanum Nigrum

Dulcamara	Solanum Oleoraceum
Lycopersicum Esculentum (the tomato)	Solanum Pseudo-Capsicum Solanum Tuberosum (the potato)
	Aegrotans
	Solanum Melongena
	Tobacco.

In the Animal Kingdom:—The serpent poisons(N. O.):—*Ophidia*, *Lachesis*, *crotalus*, *naja*, *bothrops*, *elaps*, *cenchris contortrix*, *vipera redi*, *vipera torva*.

The Spiders (N. O. *Araneidea*):—*Aranea diadema*, *arana scianencia*, *mygale*, *tarentula*, *theridion*.

Beetles, (N. O. *Coleoptera*):—*Cantharides*, *coccinella* (*Lady Bird*), *doryphora* (*Potato bug* or *Colorado Beetle*).

Another interesting class might be made of those insects, beetles, etc., whose symptoms are in part, those of the plants upon which they feed. For instance *coccus cacti* feeds on the cactus plant; *aphis chenopodii glauci* on *chenopodium glaucum*; *doryphora*, on the *Solanaceæ*

More in detail what are the advantages accruing from the study of the materia medica according to such classification? Some of them are:

1. The very obvious one of a more thorough acquaintance with our chemistry and with the animal and vegetable kingdoms in which most of our remedies are found.
2. Remedies related in chemical group or natural order are often very similar in their dynamic action.
3. Each chemical group or natural order is distinguished by medical properties broadly characteristic. The trend of each class is in a definite direction.
4. In the search for the similitum a remedy belonging to a certain class suggests itself, but with a knowledge of other members of this class we may discover the similitum to be one of these. For instance a patient suggests *Platina* but the other members of the *platinoid* group come to mind, and it may be that either all *Padium*, *Iridium* or *Osmium* is the better choice.
5. It is axiomatic that drugs very similar in their action

may be inimical or may antidote one another. It is therefore evident that it is necessary to be on guard against following one remedy with another of the same family, for belonging to the same family, it may be they are very similar and consequently inimical or antidotal. However, as this rule of Homeopathy applies only when the first remedy has "taken hold," in the event of there being no reaction after this first remedy, a second member of the same family may be given if it seem the similimum.

6. On the other hand we may find in the study of drug relationship, where there is not this inimical or antidotal action to be considered, that remedies of the same general family may, with propriety, follow one another.

7. In the remote effects of poisoning the homeopathic antidote may be found among the other remedies of the class to which the poison belongs.

8. In the study of the materia medica it is most important to distinguish between symptoms that are common to a class, as a whole, and those that are characteristic of the individual remedy. If this is lost sight of much confusion is the result; symptoms that are common property are considered pathognomonic and vice versa, a symptom peculiar to the remedy in question might be thought to run through the whole family.

9. For example, under the serpent poisons as a class we find decomposition of the blood; the yellow jaundice-like appearance of the patient due to blood disintegration; ecchymoses; hemorrhages; inflammation of the cellular tissue; gangrene; boils and carbuncles; adynamia; great offensiveness of all excretions and discharges; choking, clutching sensations in the throat; weak heart, cold feet and trembling due to the blood poisoning directly; and many more symptoms and conditions to be found under one and all of the serpent poisons. But when under *Naja* we find pain in chest as if pierced with a red hot iron, great weight on the chest; feeling of heat through the body; almost constant heat of head and face; diseases of the heart with dry irritating cough; inability to speak, choking; pain about heart extending to left scapula; sensation as if heart and left ovary were

drawn together; "screwed-up" sensation in left ovary and in head; crampy pains in left ovary with severe palpitation; severe pains in left temple, cardiac and left ovarian regions; a sense of constriction or drawing together between organs—when under Naja we learn these symptoms, then is Naja distinctly Naja and not serpent venom only. I, of course, make no claim to originality in suggesting this classification of the materia medica. Remedies have, of old, been classed more or less according to natural relationship and in Homeopathy Farrington and others have done splendid work in this direction. But only here and there has this classification been followed and I know of no materia medica of provings wherein this has been consistently and satisfactorily carried out. My object has been to show that such a work would be both helpful and interesting.

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### CASE FROM PRACTICE.

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BY JOSEPHINE HOWLAND, M. D.

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Mrs. G.—, Age 80 years. I was called to the 7th floor of the Hotel Martha Washington, New York, to see her on the day of my departure shortly before the noon hour. An allopath of the city had just taken her through a "cold" and had said to her "I think you will get along all right now", and thus dismissed his case. I found her suffering intensely with constant tenesmus of both bladder and rectum. As these were strong symptoms of Nux and thinking that probably the allopathic drugs had produced the condition, at 12 o'clock I gave her Nux 45 m. and told her I would be in to see her shortly after 7 P. M. before leaving, as I expected to do, on the 9:20 train. At 1 P. M. as the men were removing the goods from my room, the house-keeper chanced to see me and said "you are wanted on the 7th floor." I hastened to the patient and found her suffering intensely, the atmosphere about both patient and attendants was that "something must be done right away". I therefore ordered them to go to the drug store and get castile soap, olive oil and a syringe and I would give the

patient an enema, first of castile soap water, followed by olive oil. I knew this first might give the patient some slight relief; but my principle object was to do something to relieve their minds while I was trying to find the indicated remedy. This I succeeded in doing, but beyond this, very little was accomplished, only two small pieces of soft stool being expelled. I then made a digital examination and found the rectum very much distended with soft feces, which led me to think of Alumina—which was the symptom used as a keynote—"straining to pass a soft stool".

I, therefore gave Alumina 43m. In five minutes she passed urine and in a short time after, a good stool. I saw the countenance lighten up and knew that the medicine would now take care of the case. With her permission, which now was willingly granted (when before she reluctantly consented to let me leave her long enough to go down to the desk to settle my account). I went down town on business. On my return, as I entered the room, she said "doctor I have passed the awfulest stool you ever saw". Several stools had been passed. I then went to my dinner and on my return she had passed so many stools, the attendant asked me if I didn't think it would weaken her. I replied "No, she would get stronger". I left the hotel about 8 P. M. and she was still passing stools.

I learned, while questioning this patient that she had had a similar attack in a hospital sometime previous, and was given repeated injections of olive oil and worked over for a number of hours before she received any relief. I heard from her several times after my return to central New York and in one letter she wrote "What a pity you had to leave the hotel just as we found you out". This was certainly a prompt, mild, and so far as I know, permanent cure.

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### Was it Diphtheria? A Case from Practice.

BY E. P. HUSSEY, M. D., Buffalo, N. Y.

We are having such a wealth of good homeopathic papers to-day, instructive in materia medica and illustrative

of homeopathic principle, that perhaps one which shows rather some of the trying situations which the physician is sometimes plunged into, may not be unacceptable—and may even be of interest—as showing that the ideal is not always attainable, at least by some of us. Last October I was called to see a child between seven and eight years of age, in one of my best families, and found her sick with a well developed case of membranous croup.

As you are aware, our modern bacteriologists generally affirm that there is no such thing as membranous croup. The Klebs-Loeffler bacillus being found in all of such cases, they are therefore all laryngeal diphtheria. The fact that such clinical characteristics of diphtheria as fetor; elevation of temperature; cerebro-spinal disturbances; contagion and sequelæ are absent, signified nothing: they are all diphtheria. And antitoxin being the specific for laryngeal diphtheria, it should be given at once and freely.

However, having experience and principle to re-enforce my judgment, I commenced treatment with homeopathic remedies. The child showed the first indications at 11 P. M. October 15, and the mother gave Aconite, and then Spongia until October 17, when, she being worse, I was called in the morning. I found stenosis of the larynx, pronounced it membranous croup and gave Kali bichromicum 200. By the next day the symptoms developed so as to indicate Bromium, which I gave in the 200 potency in water and kept up steam inhalations from a vaporizer and a tea-kettle. Her condition soon became serious; respiration labored, and face cyanotic, until I seriously considered intubation; then improvement commenced and for two days she coughed up masses of thick, yellowish-white membrane, the respiration and voice cleared steadily and on the 25th she appeared quite normal. Every symptom of the disease was gone.

Knowing the sentiment in regard to the diphtheritic character of membranous croup, I had watched the throat closely, and on the 18th took a culture from an ulcerated follicle which appeared on one tonsil, and sent it to the board of health for bacteriological examination. The result was

negative, and the lesion disappeared the next day.

During the attack the temperature never went above 100; there had been no fetor, nor much systemic disturbance, except such as was directly caused by insufficient oxygenization from the stenosis. Two younger sisters were in the room playing about and on her bed at will, and suffered no inconvenience.

For two days we congratulated ourselves; when, on the evening of the 26th down she came with a relapse and this time there was no response to remedies. The trouble still seemed to be localized; there was but slight elevation of temperature and no fetor, but in the evening of the 28th the stenosis had become so great that death was imminent and an intubation tube, with a string attached for its removal, was inserted with the usual relief. She was then so weak that the other children were sent away from home, to insure greater quiet.

On the 30th another follicle became ulcerated and another culture was taken and examined with negative result. After about a week the tube was causing so much irritation that she refused nourishment, and became so weak that the surgeon and I decided upon tracheotomy; which was done on November 4th and a second nurse was called in.

November 18th, over two weeks after her arrival, this second nurse came down with diphtheria in the regulation way. Then another culture was taken from the exudate in the tracheal canula, the Klebs-Löffler was found and the house was duly placarded and quarantined five weeks from the inception of the disease. Repeated bacteriological examinations were made until December 9th when the house was thoroughly fumigated with formaldehyde and upon the 18th, after an absence of over seven weeks, the other children returned.

Upon the 23rd the nurse who had been there from the beginning—over two months—came down with diphtheria in the typical manner.

Now, during all of this time, you can imagine the ferment the large family and very large church and social connections of my patients were in. All the family connections



employ old school physicians and I and Homeopathy, were criticized, discussed, cussed and condemned. There never was a case in the city more widely known nor one in which every one (except the doctors in charge) knew all about. The self constituted critics concluded that the case having been one of diphtheria from the beginning it should have received antitoxin at once and all of the terrible danger, anxiety, and exposure of others avoided. How much the case has damaged Homeopathy, and my reputation and finances, I will never know.

Upon December 30th, three weeks after fumigation, the second child came down with diphtheria; and the pressure was so great that nothing could have been done but to give antitoxin, which was done, with the result that the membrane disappeared from the fauces like dew before the sun; the high fever and usual systemic disturbances disappeared and the child made a rapid and uninterrupted recovery.

But my troubles with the first case were not over. After the tracheal canula had been in a due length of time, we thought its removal in order. Accordingly on November 22rd the surgeon removed it, watched her about fifteen minutes; concluded that it was all right and went away, fortunately but a short distance. He had been gone but a few minutes when the patient was suddenly unable to breathe, and after violent struggles, fell back asphyxiated. The nurse had the presence of mind to reinsert the tube, the surgeon was sent for and came in season to resuscitate her with artificial respiration. After a few days we began plugging up the tube gradually; but found that no air whatever could be inhaled through the natural channel. It proved to be one of those rare cases in which the larynx is closed by cicatricial or œdematous tissue, complicated in this case by the fact that the tracheal opening was high, destroying part of the cricoid cartilage and thus allowing the walls of the trachea to collapse.

After weeks of almost hopeless waiting, we were asked to call in consultation a specialist in laryngology. He decided that the only recourse was to make a fissure in the

larynx, and remove all adventitious tissue.

Accordingly, upon January 9th preparations were made for the operation and chloroform administered. But she was in such a debilitated condition that she did not take it well and came very near passing out under our hands. So we were providentially obliged to give up operating.

After another period of waiting, with practically nothing upon which to base hope of recovery, the parents learned of the work which has recently been done by Dr. John Rogers Jr., of New York City. His connection with some of the children's hospitals has given him exceptional opportunity to watch and experiment and to examine post-mortem and has resulted in his having devised a method of mechanically dilating the larynx with tubes, somewhat like those of O'Dwyer's, inserting progressively larger sizes every four or five weeks, until absorption of adventitious tissues is accomplished by pressure, and the cricoid cartilage given an opportunity to fill up and thicken. That treatment was begun January 29 and hope of recovery began to grow.

But my patient seems doomed to trouble. On June 7th when the change of tubes was made, Dr. Rogers decided to do it under anesthesia, to determine how much of the inability to breathe when the tube was out might be psychic and used ether. On the second morning after, she was very severely attacked with double lobar pneumonia, with a temperature for some days of 104 to 105.4. Here I was able to do something homeopathically. As may be imagined, I watched the case closely determined not to miss a symptom which could guide to the selection of the remedy. Her lungs were badly occluded and her death freely predicted by "old school" friends. Upon the eighth day the temperature began to drop and in eighteen hours went steadily down nine degrees, from 105 to 95. It was startling; but as the pulse and respiration went down and improved correspondingly and her mind became more normal, I waited, giving a dose of Carbo veg. 200 and was rewarded with a perfect recovery. The temperature arose to normal after awhile and has not

even fluctuated since.

My excuse for presenting this long case is, that several interesting lessons may be drawn from it, other than those of homeopathic therapeutics, which I leave to your discernment.

At the time of this going to press—September—the patient is in splendid robust condition, wearing the largest possible sized intubation tube which we hope to see removed permanently in a few weeks.

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### SURGERY IN CANCER AND PELVIC DISORDERS OF WOMEN.

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BY M. E. GRAHAM, M. D., Rochester, N. Y.

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The subjects that I am requested to write on are as follows:

When is surgery beneficial to the patient afflicted with:  
1. Cancer. 2. Appendicitis. 3. Pelvic Disorders of women.

It will be impossible for me to discuss at length these subjects in one paper of medium length and I shall not try to do so. I shall simply present these subjects as briefly as possible, so that they may be discussed, and thereby all be benefited by the experience of others. It has been my experience in all Hahnemannian societies that there is little use for the surgeon. The most of the materia medica specialists have no use for surgery, and many have no use for surgeons as well. The man many times I think is hated as bad as his profession,

I have no ill feeling toward a physician because he is a good prescriber. I admire such a man and I also have faith in his work; but he is just as liable to get "off his trolley" over his specialty as the surgeon; both are liable to carry their special work over the boundary line, on account of the enthusiasm that specialists acquire from constant work on the lines they are most interested in. I therefore think that it is beneficial for both to get together occasionally and

rub up against each other and both will get some of the rough scraggy corners knocked off and thereby come out smoother, more polished and better men after the fight.

When will a patient be benefited by surgery who is afflicted with cancer? This depends very much upon who the physician was previous to the surgeon being called; if it was a dishonest crank who was keeping the case for months after the surgeon should have been called, simply for what he could make out of it, it might be too late for the surgeon to do the patient any good.

In the early progress of a tumor it is sometimes difficult to tell whether a tumor is benign or malignant; but very soon if it is malignant, it will grow faster with more or less pain.

If there are lymphatic glands involved in the tumor this would point to carcinoma, as dissemination in the tumor takes place through the lymphatics. These tumors are common in the neck, axilla and groin, and in all these cases I should operate as early as possible, and clear all the glands from the region of the tumor. These tumors I do not believe can be cured with remedies, and the only hope first is the removal of all tumors and then administration of the homeopathic remedy.

These cases are purely constitutional and are very liable to return unless prevented by the constitutional remedy. I have operated often in this class of cases with fair success, some have never returned, some have not returned in two or three years, when if they had not had an operation the patient would have lived but a short time.

Some of these cases if allowed to go too far, supuration having taken place and dissemination through the system, will return very soon, or the lungs may break down even though the patient has had the best prescribing.

The operations do not kill the patients unless they have been allowed to run altogether too long and after the tumors are formed and growing. Much more can be accomplished with remedies, after removal of tumors, than while they are growing and poisoning the system.

In sarcoma the metastasis is by the blood vessels, and

the lymphatics are seldom enlarged.

In the benign tumors the lymphatics are not enlarged, and yet these tumors may become malignant if allowed to grow on indefinitely.

All of these classes of cases should be operated on as soon as possible and the results will be very flattering providing the location of the tumor is favorable for removal.

I have removed many malignant tumors of the breast, some of them broken down and discharging, that have never reappeared; and in fact very few have ever reappeared, and those that have, are the cases that have been afraid of an operation; and put it off too long or those that have been badly advised by their physician.

Cancer of the uterus and the appendages has but one method of treatment in the early stages, and that is removal; and the time for the operation is just as soon as a physician sees the case does not yield to treatment even if he is not clearly satisfied that it has yet become a cancer. Hypertrophy or subinvolution of the uterus is many times the origin of cancer, and when these cases are causing the patient much discomfort and are not amenable to the proper homeopathic treatment, a good, honest homeopath will advise operation before the disease has developed into true cancer, for after that time the surrounding parts may become implicated in the disease and then it is too late to operate without any great assurance that the disease will not return.

I have removed many wombs where the cancer was far advanced and have had no reappearance in many cases, so if a case has been allowed to run to an advanced stage, I should resort to operation and take chances, providing the surrounding parts were not involved.

There is no excuse for a good homeopath allowing a case to go too far for a favorable chance with an operation provided he has treated the case early.

If a homeopath is prescribing for any of this kind of cases the patient may improve for a time and then drop back with a relapse and then improve again, but the improvement is not for as long a time, another relapse comes

and the patient goes a notch lower. A third time the same prevails, the relapse comes a little sooner. At this time any homeopath can make up his mind that the case is incurable with remedies and there is no time to lose. The longer a physician dallies with a case after that the less he knows the working of the homeopathic remedies, providing he is sure he has the right remedy; or he is dishonest and working the case for what there is in it; either way the physician is usually responsible for the patient's death.

I have some sympathy for an allopath not knowing when to operate, but a homeopath has no excuse; his remedies will soon decide positively whether the disease is incurable with remedies or not, and if incurable with remedies a physician is dishonest with the surgeon if he does not turn the case over before the disease has passed the point where the surgeon has a fair chance.

Surgery gets cursed for many deaths and failures that are not the fault of surgery but the fault of the man who turned the case over to surgery after it had practically become incurable by his delay.

The physician should be honest with himself and with the surgeon, but above all with his patient, as life and death is weighed in the balance.

When should a case of appendicitis be operated on?

My first answer to the question will be short and to the point, yet many of you will perhaps think me bigoted; it is this, whenever a thoroughly competent and thoroughly honest surgeon says it ought to be operated on. A man who operates on these cases often, can much better judge of the danger and the advantages of an operation than men who never do such operations, for the latter as a rule are prejudiced against the operation because they knew of some one that had an operation and died. Many times not considering whether the fault was due to surgery or whether the doctor was at fault by waiting too long before the surgeon was called.

The surgeon cannot bring the dead to life always, although he can come pretty close to it sometimes, for patients many times live when it seems an impossibility, after

the operation is over and one has an opportunity to see the inside of the body.

I do not always operate for pain in the region of the appendix. I usually prescribe the remedy I think best indicated in these cases first and wait to see the effect of the remedy, and also see how severe the case is likely to be. If the case is acute and continues very severe, it would indicate there was an abscess forming with more or less peritonitis and the sooner the operation is performed the better the chances of recovery.

I have operated in six hours after the patient was taken with pain and found an abscess of the appendix broken, and pus diffused around the intestines, thus indicating that if there had been no operation the case would have died.

These are abscesses that break into the intestines, but a physician has no right to assume that an abscess will break into the gut, as that is very far fetched, and only happens occasionally.

If there is pus inside the abdominal wall it must be removed or peritonitis and death will be the result.

If the attack comes on gradually, not too acute, there is time to use remedies, and if they will reduce the inflammation well and good. I have cured a goodly number that way, but many of these cases have a recurrence; this is usually caused from adhesions, and if a person has a recurrence three or four times it shows more or less extensive adhesions, and it is much safer for the patient to have it removed than to allow it to remain and take chances on an abscess.

I shall not try to give indications for remedies in cases of appendicitis, but will simply name a few of the remedies I find most likely to be indicated. Bell., Rhusl., Plumb., Lach., Kali carb., Merc., Verat., Arn., Hep., Sil., Canth., Lyc.

Sometimes the acute inflammation lets up after the first twenty-four hours, and the temperature drops to normal, and after two or three days they have a return of temperature and sometimes chills appearing occasionally; this is a very important time to watch the case carefully, as there is

likely to be an abscess forming. If there is great tenderness over the appendix, and especially a tumor, I should operate as soon as possible.

Success in these cases depends on early operation, which as a rule I most earnestly advise.

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### CURED BY THE INDICATED REMEDY.

GEORGE B. EHRMAN, M. D., CINCINNATI, OHIO.

CASE I: Mrs. M. Age 26 years, brown hair and eyes, thin and scrawny, weighing 110 lbs. when in good health. Has been in the habit of using cold water vaginal douches.

She had been ill ten days when called into the case, complaining first of severe pain in both ovarian regions which soon extended over the entire abdomen.

On my first visit the symptoms were:

Abdomen intensely tympanitic and sensitive to pressure.

Dull aching, soreness and burning throughout abdomen extending up into the chest.

Much rolling of gas in abdomen.

Sharp cutting pains in different parts of abdomen, coming and going suddenly. These pains would cause her to cry out and prevented continuous sleep. Had not slept more than twenty minutes at a time for a week.

During these short sleeps was constantly moaning.

When first awakening was bewildered and frightened, and at times a sense of suffocation.

Could lie only on the back.

Thirsty but wanted little at a time.

Retention of urine; had passed none for 18 hours. Pulse 140 weak, thready. Temperature 102 at 11 A. M. Was generally worse after 4 P. M.

The general aspect of the patient indicated approaching collapse.

Comparing the remedies for the following symptoms as found in Kent's Repertory: Abdomen tympanitic, soreness,



burning and rumbling of abdomen, thirsty for small quantities of water; retention of urine; moaning during sleep; crying out with pain during sleep; confusion of mind after sleep; frightened on waking; ameliorated lying on back—aggravation afternoon: Belladonna Arsenicum and Lycopodium stood out most prominently. On account of the nature of the case Belladonna was not considered.

As the patient did not have the extreme restlessness and anxiety, nor the peculiar prostration so characteristic of Arsenicum, Lycopodium was next considered. The general habit of the patient, the afternoon<etc., led to the giving of a few pellets of Lyc. 200 in nine teaspoonfuls of water and three teaspoonfuls given at 11:50 A. M. and 1:30 P. M. and placebo every hour afterward until I saw her again.

The next morning found the patient had slept three hours at a time during the night, the first continuous sleep she had had for over a week. Abdomen less tympanitic, urine passed naturally; temp. 100, pulse 100. She said she felt better in every way.

No medicine was given for three days, then the temperature came up and she had a bad night. Lycopodium can. potency, dry on tongue was given. No more medicine after this and the patient was convalescent in six weeks.

During convalescence a fine vesicular rash appeared on the skin covering the abdomen. This was allowed to disappear without any interference.

CASE II. L. B. 28 years old; an elevator operator, experienced while at work a sudden sharp pain in the lower part of the abdomen on the right side. The pain continuing he was compelled to go home and lie down, thinking that he would be all right in the morning if he kept quiet. This however was not the case, so during the afternoon of the third day, April 4th. I saw the case and found him in bed lying turned toward the right side, with legs drawn up, abdomen greatly swollen and exceedingly sensitive to touch all over but especially in the ilio-clecal region. He had not slept for two nights; continual sore pain in abdomen; every movement aggravated the pain; face

flushed a dark red; no desire for food but considerable thirst; skin moist and hot. No stool for three days. Temperature 103; pulse 100.

The symptoms that led me to the remedy were the great dread of any motion, the desire to lie on the side that was especially painful, the hot moist skin, the flushed face, the constipation and thirst all pointed to Bryonia which was given in the thirtieth potency, a few pellets put into a glass containing nine teaspoonfuls of water, three teaspoonfuls to be taken every hour, then placebo every hour until my return.

April 5th: Had slept an hour during night, abdomen still very painful and tympanitic, temperature 102, pulse 100. Gave Bryonia 200, one dose dry on tongue.

At this visit I informed the family of the gravity of the case, and that in my opinion he was being given the only chance of getting well. I told them of the popular proceeding in a case of this kind and that I was not in favor of an operation in any case; and an operation on their son in his present condition would be sure death.

April 6th. Patient had a bad night and added to the symptoms already noticed was occasional nausea. The family not having complete confidence in what I told them, urged me to bring a surgeon and get his opinion. The surgeon came, said an operation could be performed but that the patient would probably die, as we had waited too long; however, would give him a chance, as he would die anyway in forty-eight hours.

After carefully considering the situation, the family finally decided that if a funeral was unavoidable they had better not add the extra expense of an operation from which so little could be expected, so they told me to care for him until the end. The placebo was again given, as it was not clear to me what remedy to give.

April 7th: I went to the house fearing the worst. I noticed in passing through several rooms, which it was necessary to do to reach the sick room, that the doors that was usually open, were closed tightly. This impressed me

as strange, and my first thought was that he had died during the night. When I opened the last door and entered his room I found him still in the land of the living, but he had suddenly become very sensitive to odors especially to the odors of the kitchen. On this symptom I gave him Colchicum 200, a few pellets in a glass containing nine teaspoonfuls of water and three teaspoonfuls to be given every hour until all was taken or he was decidedly better. Then placebo until my next visit.

April 8th: He was better in every way. Had sleep several hours without waking. Abdomen less painful, less tense. Bowels moved for the first time for over a week. Stools of a yellowish, mushy character.

April 14th: Had been feeling better every day up to today, now complains of his jaw feeling sore on the left side. On examination found the left parotid gland was swollen, hard and sensitive.

He had felt chilly during the night. Temperature was 100, having been slightly subnormal up to this time. Every little exertion would cause him to break out into a sweat. Merc. bin. 200 one dose, dry, was given.

April 16th. Had a bad night, gland more swollen and painful to touch; placebo.

April 17th: Another bad night, gland greatly swollen and very sensitive to touch, with throbbing and shooting pains. Hepar 200, dry on tongue.

April 18th: Better. Slept some during night. Gland not so sore nor painful. Said he felt better.

April 19th: About same. Placebo.

April 20th: Abscess broke during night and discharged a large quantity of pus. Felt decidedly better in every way. Placebo.

April 28th: Abscess still discharging, thin yellowish pus and showing no tendency to heal. Silicea 200, one dose.

May 20th: A little over three weeks from my last visit patient walked into my office, still a little weak, having lost over thirty pounds in weight in seven weeks.

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## Editorial

### JAPANESE MILITARY HYGIENE

At the beginning of the Japanese war much surprise was expressed in medical and surgical circles over the polite but prompt refusal of Japan to accept the services of the surgeons from England, United States, France, Germany, and other European nations who volunteered in scores. Even physicians and nurses tendered their services in the interest of humanity. But little by little it has leaked out that the real reason for declining the services of our physicians and surgeons was that their own methods were far superior, and as the results of the war have become known, the record

made by the military surgeons, both in the field and in the hospital, since the outbreak of the war, is sufficient to account for the course pursued by Japan.

Dr. Louis Livingston Seaman, U. S. A., at one time attached to our armies in the Philippines, where he saw active service, after an extended investigation in Japan, Korea and Manchuria, states that such care has been taken by those in charge of the health of the Japanese soldiers, that there is practically no loss whatever from nonfatal wounds, and that diseases are contributing less than one per cent. to the total casualties in the field. He found wards in the medical departments of the military hospital in Manchuria absolutely without occupants, and in 13,373 cases treated at Hiroshima and Tokyo in the eight months of which he had personal knowledge only thirty-four had died.

Dr. Seman then contrasts the terrible mortality through preventable diseases incurred by Great Britain in South Africa, France in Madagascar, and the United States in the Spanish War, with the results obtained in the Japanese hospital. In the last instance he says: "The mortality from bullets and wounds was two hundred sixty-eight, while that from disease reached the appalling number of 3,862," a proportion of more than fourteen to one.

Hence no other conclusion can be reached than that Japan was quite right in refusing the assistance of those who have proved themselves less able to cope with the problems of military hygiene, both medical and surgical, than herself, and it is fortunate for the Russian sick and wounded that she is both able and willing to accept full responsibility since the surrender of Port Arthur.

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### "THE LATE LAMENTED CHICAGO HOMEOPATHIC MEDICAL COLLEGE."

In its January issue of the *AMERICAN PHYSICIAN*, the editor, Dr. Frank Kraft, furnishes a few reasons why this college decided upon amalgamation. He says:

"The lesson is one of such deep and serious import that

it may well be studied by the remaining homeopathic colleges.

**FIRST.** That neither age, standing, former reputation for efficiency, nor a long list of Alumni can save a homeopathic college, if these be the main or only attributes.

**SECOND.** That the presence in the teaching corps of a hand-full of 'big' specialists, and possibly one woman, yea, even an unusually prominent and popular homeopath on the top-most round, cannot save that homeopathic college, if those be all that there is to that college.

**THIRD.** That the presence of un-Homeopathy in a homeopathic college, however cloaked or sugar-coated as progressive or scientific, will in time destroy that college and tumble it to inevitable ruin.

It is self evident.

That a homeopathic college no more than an individual can exist solely on the reputation gained in former years. The mill never grinds with the water that is past.

That it is not in the power of any one man, however excellent a specialist, with fine reputation, technique and skill, to save an alleged homeopathic college from utter ruin.

Hence the absurd assumption that the employing of a prominent professional professor will save every allopathized college to Homeopathy.

That un-Homeopathy will as sure as death and taxes undermine and annihilate any homeopathic college wherever situate or however long in existence.

The *American Physician* is accused of being inimical to homeopathic colleges. It is not and never has been. It has been, is, and will continue to be hostile to the shabby, bastard colleges which parade a pretended Homeopathy.

It has warned the colleges for years of the danger inhering in the introduction of allopathic text-books and allopathic specialists. It has directed their attention to the shameful surrender of the teaching possibilities to men who are not and never have been homeopaths, and to those other homeopathic teachers whose own sons are attending near by allopathic schools.

A medical college divided against itself cannot stand

A homeopathic college that is half homeopathic and half allopathic should not stand. The belittlement and ridiculing direct or implied of the two or three homeopathic chairs by the large majority of the allopathized chairs of a homeopathic college, makes for an early and inevitable undoing of that homeopathic college.

Is the salvation of Homeopathy then possible only when in affiliation of its two or three distinctive chairs with its local State University? Is this the ultimate resting place of the Chicago homeopathic schools? Is not this the plan that Bigger has been recommending many years, and himself inaugurated in his Cleveland University?

Wake up you other homeopathic colleges! In the name of Homeopathy bestir yourselves! Purge yourselves of these whited hypocrites who are alienating homeopathic students, and are trailing the flag of Hahnemann in the mire. Get back to the Homeopathy of the Fathers, or else the skeleton of the late lamented Chicago Homeopathic College will not long remain the only college bones bleaching in the sun on the plains of Marathon."

These are plain statements of well known facts and underlying conditions in many colleges and it will be well for the homeopathic school if the lesson be headed.

### HERING MEDICAL COLLEGE AND HOSPITAL.

"It is an ill wind that blows nobody any good." The retirement of the Chicago Homeopathic Medical College from the teaching corps, and its amalgamation with Hahnemann, furnished an opportunity for Hering Medical College to secure better clinical and hospital advantages than had hitherto been possible. Hering College has bought the well equipped and commodious college building recently occupied by the Chicago Homeopathic, and has moved into its new home.

Some members of the Faculty have been solicited to take a position on the staff of the new Francis Willard Hospital, two blocks from the college, and other members of the faculty have secured positions on the staff of the Cook County Hospital, thus enabling the college to offer admir

able clinical and hospital advantages to the students.

While at present writing we have only been a week in our new home, the clinics are abundant, and the students enthusiastic. It gives the college hospital and clinical facilities unequalled, and an opportunity to demonstrate pure Homeopathy at the bedside.

The Alumni and friends of the college all over the country may be congratulated on the improved outlook for future usefulness, and an increase in the number of students is confidently anticipated. The Post-Graduate School will be enabled to offer a course unexcelled in America; an opportunity to study and master Homeopathy as taught, and practised by Hahnemann and the pioneers. Surgery, Gynecology, Obstetrics and especially Physical and Differential Diagnosis will be as marked as Materia Medica and Philosophy have hitherto been.

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### THE HAHNEMANNIAN ASSOCIATION AND THE INSTITUTE

At the Rochester meeting of the Hahnemannian Association, Drs. Austin, Nash and others advocated a closer relationship or a working union with the American Institute of Homeopathy. In the January issue of the *Medical Century* the editor comments upon this discussion, and the advantages to the Institute, if the advocates of pure Homeopathy in the I. H. A. could be induced to become one of its sectional societies. There are many members of the Hahnemannian Association who are also members of the American Institute, and generally attend its sessions.

In the revision of the by-laws and working bureaux of the Institute at Cleveland a new Bureau of Homeopathy was established, the intention evidently being a better illustration of the practice of pure Homeopathy than has hitherto been found in the institute.

The editor of the *Century* says:

There is no Homeopathy in the Hahnemannian Association that is too good or too poor for the institute. Then, too, there are many benefits to be derived from the fact that the homeopathic school, as a whole, was working together instead of there being opposing factors. We need the work of these enthusiastic members of the Association in the Institute,



and we never needed it more than now. We would like to see the Hahnemannian Association come into the Institute as a whole, and become one of its bureaux. As it is, we look upon it as a weak society, standing on the outside, leveling carping criticism at the work of the Institute, with no power or voice to change what they would most like to have changed, and yet meeting within hailing distance of the greater body, for the simple reason that the best part of the membership desire to keep their membership in the Institute and hold it to the closest approach possible to the principles represented by the association. By coming into the Institute as a body, by lending their counsels, by giving those in the Institute a chance to reply to their criticism, it would have a far-reaching effect for the good of Homeopathy in general.

The Institute meets in Chicago this year, and every preparation is being made by its officers and committees to give it a royal reception. It is the 150th anniversary of Hahnemann's birth and no doubt there will be a large attendance, especially from the Mississippi Valley. Representative homeopaths from every part of the country will, no doubt, attend, and every indication now points to the fact that they will be well repaid for the time and money spent in attending the Institute. This year also the Hahnemannian Association meets at the Chicago Beach Hotel, a week before the Institute; thus giving an opportunity to every member of the Institute, who is interested in pure Homeopathy, to attend the meetings, hear the papers and take part in the discussions. This meeting also will be the 25th anniversary of the founding of the Association, and no effort will be spared to make it the largest and most successful meeting in its history.

The editor of the *Century* has our sympathy, and will have the sympathy of every true follower of Hahnemann in his effort to effect a closer union between these two representative bodies of homeopaths. His attempt to leaven the American Institute with pure Homeopathy and bring it back to the principles advocated and practised by its founders is certainly praiseworthy. There are many members of the American Institute who care little for the name, in fact, some would perhaps be willing to have it cut off and go over in a body to the old school. There are others who are so lukewarm that they care little which way they go, so long as they go with the majority, and there are others again who

think they can outscience Homeopathy, as was evidenced at the last session of the Institute in the Bureau of *Materia Medica*. There is no doubt that if the Hahnemannian Association were in some way affiliated with the Institute there would be more of the "leaven" for a working basis. But is it not astonishing that the American Institute, founded to perpetuate Homeopathy, should at this eleventh hour in the 20th century require to be leavened? Think of such men as Bayard, Bowers, Blair, Bigelow, Clary, Ehrman, H. N. Guernsey, Gregg, Haynel, Hering, Joslin, Lippe, McManus, Okie, Payne, Pearson, Pulte, Rhees, Rosa, Romig, Thayer, Wells and others of the founders and early members of the American Institute requiring to be "leavened" with Homeopathy. Personally we have for years been in favor of meeting at the same place, or in the same vicinity of the Institute, and it would no doubt be of great benefit to the Institute homeopathically, if the Hahnemannian Association could become one of its affiliated societies; whether it would benefit the Association is another question. This year, however, there is an opportunity for members of the Institute to attend both meetings, and in behalf of the Hahnemannian Association a cordial welcome will be extended to every member of the Institute.

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#### IN MEMORIAM.

Dr. Seth R. Beckwith, born in Huron County, Ohio, 1830; died in Atlantic City, N. J., January 1905, aged seventy-five. Dr. Beckwith received his medical education at the Western College of Homeopathy, from which he graduated in 1853, and began practice in Cleveland, Ohio, and at once made a specialty of surgery. In 1857 he became professor of anatomy and surgery in his Alma Mater. In 1857 he became a member of the American Institute, of which he was vice president a few years later. He was a bold, rapid and successful operator, and for many years one of the best known surgeons in northern Ohio. By saving the limb of a railroad official, a case abandoned by other surgeons, he attracted the attention of high officials of several roads and

became surgeon of a number of the leading roads entering Cleveland. It was in his capacity of railroad surgeon that he was instrumental in establishing one of the first hospitals in Cleveland.

In 1871 he removed to Cincinnati, and was one of the organizers and first surgeon of the Pulte Homeopathic Medical College. In Cincinnati he was instrumental in opening the first private insane asylum in Ohio under homeopathic auspices. He did not confine himself, however, strictly to his profession, being engaged in many outside enterprises and generally with success. But as surgeon of the Cleveland Homeopathic College and Pulte Medical College he will long be remembered by the alumni of both as one of the most earnest and successful teachers of their respective faculties.

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DR. CLARENCE WILLARD BUTLER, born in Ohio 1848; died in Montclair, N. J. December 20th, 1904, aged fifty-six. He graduated from Oberlin College in 1868, and received his medical degree from the New York Homeopathic College in 1872. He located in Montclair, N. J. and at once established a large practice. He was president of the New Jersey State Society, the International Hahnemannian Association, and in 1890 Vice-president of the International Homeopathic Congress. Dr. Butler was a very popular man, a member of many clubs and of many county and state societies. He was also a member of Montclair Lodge F. and A. M., I. O. O. F. and Royal Arcanum. He was an enthusiastic follower of Hahnemann and one of the best homeopathic prescribers in New Jersey. In the deaths of Drs. Butler and Kinne we lose two men of national reputation in the homeopathic school.

Mrs. Butler died in March, from cancer of the stomach, and the Doctor died from cancer of the mouth, from which he had suffered acutely for several months. Dr. and Mrs. Butler pledged each other that after death they would be cremated and their ashes mingled together. Dr. Butler was cremated at the same place, and his ashes followed Mrs.

Butler to Adrain, Michigan, her childhood home, where their last wish and agreement was carried out.

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DR. WILLIAM L. M. FISKE died December 21st, 1904. He was a graduate of the New York Homeopathic College in 1864, and at the time of his death was one of the trustees of the college. He was also a prominent member of the Brooklyn Homeopathic Hospital, and known for many years as an able prescriber and one of the best homeopaths in the state.

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DR. CONRAD WESSELHOEFT, born in Weimar, Germany, 1834, died in Boston December 17th, 1904. Dr. Wesselhoeft received his medical education at Harvard, from which he graduated in 1856. He began practice in Boston as a homeopath and was one of the best known advocates of Homeopathy in America. He was president of the American Institute in 1879; also president of the Massachusetts Homeopathic Society and of the Boston Homeopathic Society. He was a trustee of the Massachusetts Homeopathic Hospital, but as professor of Pathology and Therapeutics in the Boston university Medical school, and the Boston Homeopathic Dispensary his work is best known to the profession. The most notable of his writings was his translation of the Organon. He was a member of the committee for the Cyclopaedia of Drug Pathogenesis, and a faithful writer for journals and medical societies for the last quarter of a century.

March 23rd, 19    was his seventieth birthday, and was celebrated by more than two-hundred of his friends and associates in a banquet at the Hotel Somerset. It was one of the most notable demonstrations in the honor of a professional man ever held in New England, and will long be remembered by his colleagues.

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EDITOR MEDICAL ADVANCE:--Dr. King's article in the December issue contains an error that reflects on the character of an innocent man, and requires correction.

## MEDICAL ADVANCE

On page 705 the President of the Chicago Gynecological Society is spoken of as the President of the Illinois State Board of Health, while, as a matter of fact, they are two different men. Dr. J. Clarence Webster is a Gynecologist, while Dr. Geo. W. Webster of the State Board of Health is a general practitioner, and a very broad-minded, honorable man in all his dealings with his professional brethren.

Very respectfully

C. M. McBean.

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COMMENTS.—The editors of the **MEDICAL ADVANCE** sincerely regret the unfortunate error and gladly publish this correction. Dr. G. W. Webster, President of the State Board of Health, has endeared himself to the medical profession, irrespective of schools, and the **MEDICAL ADVANCE** would be the last journal to think of casting any suspicion of underhand work on him in his official capacity.

## NEW PUBLICATIONS.

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**Lectures on Homeopathic Materia Medica.** BY JAMES TYLER KENT, A. M., M. D., Professor of Materia Medica in Hahnemann Medical College and Hospital, Chicago. Author of the "Repertory of the Homeopathic Materia Medica," and "Lectures on Homeopathic Philosophy." 965 pages. Large 8vo. Cloth, \$7.00; Half-morocco, \$8.00. Book expressage extra. Boericke & Tafel, Philadelphia and Chicago, 1905.

These lectures on Materia Medica have been delivered by the author, from time to time, beginning in the St. Louis Homeopathic College in the early 80's, and continuing at the Post-Graduate School of Homeopathics in Philadelphia and Hering College, Chicago. The first lectures were published in the **MEDICAL ADVANCE**, and they have been republished from time to time in nearly every journal in our school, chiefly in the *Journal of Homeopathics*. The author has now conferred a lasting benefit on the profession by collecting, revising and giving the whole course in book form, constituting a volume of 965 pages.

It is a well-known fact that no two physicians study Materia Medica alike, and no two remedies can be studied in exactly the same way. Each remedy has its individual

or characteristic features, and these are the chief points to be mastered in the study of every remedy. To individualize a remedy and then compare it with the characteristic features of remedies having somewhat similar groups of symptoms is the object attained in these lectures. This is the author's method of studying a remedy. The lectures are similar in character to Dunham and Farrington, but more clear comprehensive and characteristic than either. The author has relied chiefly upon Hahnemann's *Materia Medica Pura*, Hering's *Guiding Symptoms*, and Allen's *Encyclopedia* for works of reference in his study of symptomatology. Like anatomy and chemistry the *Materia Medica* can be mastered by careful study and constant use, but it never can be memorized, and no one should attempt the impossible and useless task. The most they can expect to do in that direction will be to master the guiding symptoms, keynotes or characteristics of the chief remedies.

This work is not intended as a substitute for symptomatology in prescribing for the sick, nor can it ever take the place of a good repertory, but it is intended to be read, and in this way obtain a working knowledge of the general scope or special action of a remedy. The comparisons are admirable. The lectures are clothed in the plain language of a teacher, and every student of *Materia Medica*—and every homeopathic physician should be a student of *Materia Medica* in order to be successful—will find in these lectures an aid in mastering his working armamentarium that he can find no where else.

The *ADVANCE* was the first journal to urge the author to publish his lectures, and cannot too strongly emphasize the recommendation that a copy of this work should be on the table of every physician of our school. Homeopathy can be properly applied by the means of our works on symptomatology and a good repertory without this, but a knowledge of homeopathic *materia medica* cannot be so easily obtained from any other work as from these lectures. They are by far the best that have yet appeared in our school.

While these lectures were in press we had many inquiries for their publication, and now that they are in book form we advise our readers to secure the volume, read a remedy every day, and better work in the cure of the sick will be the result.

**International Clinics.** This remarkable series of clinical volumes is larger than any of its predecessors. The last year contained 1234 pages, 89 articles and 294 illustrations, 26 of which were in colors. Three complete monographs: "The Progress of Medicine," "Diseases of Warm Climates" and Syphilis; 16 articles on "Treatment," 17 on "Medicine," 21 on "Surgery," 6 on "Medical Gynecology," 3 on "Neurology," "Pediatrics," "Rhinology," "Pathology," etc. were all thoroughly covered by a total of 95 lectures, embracing some of the foremost men in the practice of medicine throughout the world.

There are an average of 73 illustrations to a volume. or one to every fourth page. The colored illustrations average  $6\frac{1}{2}$  to a volume. Over 300 pages per volume of the latest and best medical literature for \$2.00. It is certainly not saying too much that it is perhaps the most satisfactory medical serial that is now produced by any publishing firm. We heartily commend it as an up-to-date publication.

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## AND JOURNAL OF HOMEOPATHICS.

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### **DYNAMICS WHICH INFLUENCE NERVE TISSUES\*.**

BY EDWIN N. CHANEY, M. D., Pasadena, Cal.

The most successful treatment of mental and nervous diseases demand a thorough knowledge of dynamic or thought forces.

Nerves have for their functions, sensing, transmitting and translating intelligence. The thoughts exercised on a system of the same may be called a mentality.

There is no substance but what can be influenced by another. Every thing has the power to sense and translate it into language of its own. Probably the most simple mentality is that existing in hydrogen gas; its intelligence may be summed up in contracting and expanding in response to its sensing cold and heat. When combined with the mentalities of various chemicals, it will take on an aciduous or alkaline reaction to produce fermentation; as it passes from a gaseous element to a liquid, from a liquid to a semi-liquid and then to a solid, it constructs the creation after the pattern existing in the combined mentalities; these collectively are called the dynamis of the world.

A detailed enumeration or lists of thoughts occupying seemingly inert substances may be produced by dissolving and electrifying the same, through potentization and applying them to a mentality having the highest degree of expression, which is mankind's organism. The physical dis-

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\*Read before the Southern California Homeopathic Medical Society, Los Angeles, Cal., Oct. 13, 1904.

play thus produced on the tissues will be entirely different from those caused by the promptings of man's own dynamis. Pages of these provings may be acquired; it matters not how often or upon whom they are applied, the same specie will always produce the same kind of phenomena or symptoms.

Potentization is a process of manufacturing a dynamic force from the physical properties of an element and will be found in Hahnemann's Organon Sec. 270, "Thus two drops of the fresh vegetable juice mingled with equal parts of alcohol (74 degrees) are diluted with ninety drops of alcohol and potentized by means of two succussions, whereby the first development of power is formed, and this process is repeated through twenty-nine more phials, each of which is filled three-quarters full with ninety-nine drops of alcohol and each succeeding phial is to be provided with one drop from the preceding phial (which has already been twice shaken) and in its turn shaken twice, and in the same manner at least the thirtieth development of power, potentized decillionth dilution X)."'

"Minerals and juices of plants that can be obtained only in the dry state, animal substances, neutral salts, etc.; all these are first to be potentized by trituration for three hours, up to the million fold pulverent attenuation, and of this, one grain is to be dissolved and brought to the thirtieth development of power through twenty seven attenuating phials in the same manner as the vegetable juices.")

The potencies may be carried on up to a thousand times a thousand and higher, which only tends to increase their nerve penetrating properties and augments the drug dynamis of the disease.

The percussion used in forming the potencies, gives to them friction that produces a physio electrical energy with which to animate the thoughts or dynamis of the drug for physical activity. The potencies are made in a corked glass phial three-fourths full of water or alcohol; their electrical energy is retained only to a certain degree; these properties resembling a storage battery are limited, because as soon as the cork is pulled the surplus electricity escapes in the at-

mosphere, allowing the electrical force of the remedy to maintain an electrical force in keeping with its surroundings.

The activity or efficiency of a potency depends more upon the thoughts existing in the dynamis of a drug before potentizing than upon the physio electrical force acquired by potentization. The potency enables the dynamis to find expression in the electro physical structures (the body) through a force of its own, without depending on an invitation from the perverted molecular vibration of the nerves of an enhanced organism.

The mentality existing in a sickly enervated person sometimes contain thought which produces greater influence in the world than the thoughts emanating from a more robust person. It requires little electro physical energy to give thought audible expression, although the efficiency comes from the thought.

The intelligence expressed in the word dynamis has formerly been hidden in nature. When physical conditions have arisen and demanded philosophical investigation, mankind has thoughtlessly passed it by as only an activity of life in the work of Nature.

Dynamics treat of bodies in motion. As all activities are dominated by thought from an intelligent mentality, everything in the physical must originate through thought.

Thought is a mentality called a dynamis in each mineral to give it a peculiar chemical action. There is a dynamis in each plant to adjust its fermentations and vibrations to give it form and color in a manner common to its specie. There is a mentality exclusive of mankind's sensing and moving abilities, that exists within his economy and regulates the vibrations of light, electrical energy and adjusts fermentation and transmutation. These mental activities are translated into a language of self-preservation and procreation by the white blood corpuscles existing in the nerve fluid of each organ in the cell growth of each tissue in the anatomy.

This condition causes the growth of the body to adhere closely to the pattern supplied by the dynamis common to the anatomical and functional properties of the human race.

A disease dynamis can only find its way into the human organism to influence cell growth and produce symptoms, by way of the white blood corpuscles. The dynamis or spirit of an animal is the subjective mind, and finds expression through the sympathetic nerves.

The objective mind finds expression through the cerebro spinal nerves. The subjective and objective minds are correlated to form the animal's instinct.

The intelligence of the subjective mind is inbred, while that of the objective mind must be developed by experience. When domestic and overbearing conditions demand continued thought on the same subject, the animal's instinct will acquire a remarkable degree of development simulating at times that of reason.

Environment does not to any great extent influence the lower animals, but it does find an unlimited amount of expression in humanity in bestowing upon them pride in their social, professional mercantile and competitive industries.

This is because man is ultra physical and has a third mentality called conscience. With it he can sense the intelligence coming from the higher mentality of the Creator.

This omnipotent dynamis is of an opposite character when compared with the dynamis of the animal world, which is the lower or physical intelligence of the Creator. For instead of ideas for self-preservation and procreation, the higher intelligence is made of thoughts of satisfaction; of generosity; of giving out good will to all human and physical life.

If one deprives his fellowman or society of physical comforts or affections, and his conscience is well developed, it will produce an agitation within his mind called remorse. This mental agitation suggests to the sympathetic nervous system that there is something wrong; immediately the sympathetic nerves try to protect the anatomy by closing too tightly the sphincter muscles or gates of the body. This in turn irritates or depresses the vasa motor nerves which interfere with the free circulation of blood and causes the face

to blush through shame or pale in fear. This is the mental factor that differentiates instinct from reason

The dynamis of minerals, plants and animals is not changed by evolution; while the rudimentary soul or dynamis of man, in this physical existence, is undergoing a state of evolution. His subjective mind and objective mind, together with the conscience, are being augmented by experience to form a perfect dynamis, in the next epoch of existence.

James John Garth Wilkinson said "The soul is form and doth the body make." Another said, "The body is the expression of the soul."

The perfecting of our mentalities as a race demands from each individual the possession of an organism having an imperceptible amount of *nerve waste*, *mental depression* over finance, society, etc., and *foreign dynamis* (Disease).

Society is strenuously engaged in suppressing these ailments. The intelligence promoted by the judiciary, the physician, the clergy and parents, who have the welfare of society in their keeping, has not been successful in controlling the same. In fact the leaders of society are so biased by pride and political lines, that the solving of these social evils are too cumbersome.

There are individuals who possess a craving appetite for narcotics or stimulants, which tend to destroy their reason, and because they desire to spend money for this demoralizing and suicidal traffic, there are plenty of questionable hearted fellowmen perfectly willing to purchase from the Government the privilege of dealing out the poison, and because the majority of our voters have dulled and inefficient intellects; then, too, our public treasury is hard pressed for money with which to support the courts and public institutions, the licenses are gracefully granted. The result is a host of imbeciles and law breakers, which produce a greater expenditure in caring for their unfortunate condition than is realized in the license income, to say nothing of the waste of sustenance gone out in the traffic.

The physician, who takes an interest in the health of the people, should give more satisfaction in lessening crime.

The medical profession needs good sergeons of all specialties, and skilled physicians in general practice. They should have an understanding of the potent dynamis of homeopathic remedies as well as reflex troubles dominating the mental faculties and vital organs and having their origin in the impingement of sympathetic nerve terminals.

We have insane asylums which is a move in the right direction. The same care exercised in them for the health of the inmates should be extended to the prisons and reform schools. The jails should be equipped with a corps of physicians to examine for pathology existing within criminals at first offence, and relieve them of their morbid and stoic tendencies, that they may live a life of usefulness. Agitating the question of castration for crime will not be necessary.

Then, too, if the writers of sensational literature will produce a scarcity of the same, and if the thoughtful voters, who have an interest in a peaceful home life, and an interest in the welfare of society, will graciously construct political platforms, and vote to limit the traffic of stimulants and narcotics to the use of manufacturing industries; and if the physicians will take a deeper interest in the vital subjects of dynamics and unconscious sympathetic nerve irritations and have them taught in all their colleges, society would soon be relieved of nine-tenths of its crimes and invalidisms.

The problem of dynamis is not one of metaphysics, but, of histology. The vibration of thought as it congeals the solar electrical fluid into protoplasm is so rapid that the nerve fluid of the optic nerve cannot register or sense the vibrations involved. For this reason we cannot see thought in action, while shaping and coloring the atomic and molecular activities in forming material objects.

Every thought which pertains to the whole creation is entirely physical and not metaphysical. There is a metaphysical condition, a change of thought function, however, which may be detected within humanity. The dynamis of the body, together with an intelligent instinct for self preserving and gestative purposes, are commissioned in a physical cause. The thoughts embodied in the creative world

are physical while only the thoughts used in changing humanity from the physical to individuals having a mentality in harmony or in oneness with the Creator is metaphysical.

The mechanism of the solar fluid is manipulated on an electrical basis. It is a menstruum of a negative polarization receiving desires and animations from a positive polarity existing as the thoughts of the Creator. The energy utilized in the creation is concentrated ultimately in the new dynamises or souls of humanity, and thus it is returned to the positive state.

In conclusion: The solar dynamis influences the nerve tissues by characterizing their *objective mentalities* (Desires, aversions, etc).

The dynamis of the parents, giving cell formation to the child, governs chiefly the *anatomical construction*; while the acquired mentality through environments supplies the *completing thoughts* of one's physical existence.

The mentality of environments are of two natures. Those of a metaphysical order known as God; those of a creative, desiring and competitive character known as the physical.

A less important division of dynamises from that of humanity—one from which an unlimited number are ever ready to seek a manifestation on the disabled structures of mankind—exists in the mineral, vegetable and animal kingdoms. These dynamises originate in the desires of the creative solar fluid, having been placed there by positive thought force and will always remain as long as there is a physiological work for them to do. When an animal or vegetable dynamis produces a material manifestation and multiplies its specie the dynamis or mentality expressing itself in the phenomena continues its thought activities willed by the mind of mankind are *thought electrical forces*; a similar state, but one having a slower vibrating property, is called *physio electrical force*. Upon this depends the vibrations of electrical energy producing color and light, transmitting messages for the wireless telegraphy and telephone, giving magnetic properties to animals and minerals, and affinity or molecular attraction to the solar systems and their elements.

## HOMEOPATHY, WHAT IS IT?

BY R. E. BELDING, M. D., Troy, N. Y.

It is the art of healing by administering a medicine, which if given to a healthy person, would produce symptoms similar to those observed in the patient. This is according to the Law of Similars and in harmony with the motto "Similia Similibus Curantur."

Where is the sense in prescribing medicines in this manner?

It may be illustrated as follows. Disease is the result of a contest between the life force and something which attacks it. God has implanted a power of resistance in the animal economy which, in most instances is able to withstand the assaults of its every day inimicals, but sometimes the attack is too severe for nature unaided to overcome it, then if a small dose of a medicine which would provoke the life force to a slightly increased effort in the same direction be given, it will serve to rout the enemy and the symptoms will disappear. If we should endeavor to break down the symptoms we would antagonize nature's efforts and injure the patient, because too great a dose would be necessary to stem the current, nature's endeavors would be thwarted and the medicine would hinder a recovery.

How can it be known whether a medicine is a similar or homeopathic to the case?

All the remedies are tested or proven upon healthy people, that is, a medicine is given in doses sufficiently strong and oft repeated to produce symptoms. The symptoms are recorded in the materia medica and constitute the drug picture. To cure a patient, the picture of his disease must be carefully compared with a drug picture and that drug selected which bears the greatest resemblance to his symptoms. Then the drug should be given in a dose just powerful enough to stimulate the life force to an effort which will enable it to overcome the attacking force. If too large a dose is given it will arouse nature to too great an effort and may do great



harm. It being in sympathy with nature's strivings makes a small dose act with great power. This is the reason why a person in health might possibly take a bottle full of medicine and not be greatly hurt by it, while a person whose symptoms were like what the drug would produce on the healthy man could not take the same amount with impunity.

Suppose a case where the doctor is undecided as to which of two drug pictures bears the greatest resemblance to the case in question, will it be wise to give both medicines either combined or in alternation, hoping that if one does not cure that the other will?

No, for if the drugs are similars they are antidotes to each other and will destroy the curative action of both. If the patient should recover, the physician would forever be in the dark as to the reason for his recovery. He could not say whether one remedy or the other had cured, or whether it was the combined action of the two, or whether the patient recovered in spite of both diseases and the drugs. Hence the physician would have no basis for future experience and would always be groping in the dark when called to a similar case.

The remedy which a careful study finds to be most nearly related to the case should be administered and continued until it has accomplished all it can do for the patient, then the case should be restudied and the best remedy for the remaining symptoms selected. Thus the most formidable diseases may be thoroughly eradicated, and the patient left free, both from the disease and the effects of too many, and too powerful drugs. Cholera, yellow fever, cancers, consumption and even leprosy are amenable to this mild treatment and are daily being cured.

Allopathy endeavors to break down nature's efforts by suppressing the symptoms, while Homeopathy works in harmony with nature. Judge for yourself which is scientific medicine.

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**CYCLAMEN.**

**JAMES T. KENT, M. D., Chicago.**

Aversion to motion, yet ~~motion~~ *ameliorates* her pain and uneasiness.

Aversion to the open air, yet open air *ameliorates* some symptoms, especially the coryza and cough.

The marked dulness of the senses and special senses is a striking part of this picture.

*Chlorosis*; irregular menses; and palpitation.

*Stitching pains.*

Weakness and aggravation from exertion.

Flabby muscles.

Most symptoms *ameliorated* by walking.

Very restless at night.

Great lassitude.

Weakness in the evening, *ameliorated* by moving about.

Sensitive to cold, and cold air.

Complaints from being over heated.

Alternation of moods is a striking feature of the mental state.

Great flow of ideas alternates with weak memory.

Joyous feeling alternating with irritability.

Serene humor changes suddenly into seriousness or peevishness.

Grief and fear keep her in continuous mental aggritation.

Dulness of mind prevents mental labor.

Absorbed in thought; seeks solitude; thinks about the future.

Answers incoherently; confusion of mind.

Aversion to work, and dread of open air.

Wants to remain in a warm room, and in solitude.

Remains a long time silent. Excitement with trembling.

Sadness, as if she had wronged some body (Aur).

Tearful and meditates upon her grief, which is only *marginally*.

Thinks she is alone in the world and persecuted by every one (China).

Obstinate and censorious. She grows steadily weaker; fainting spells come on: she becomes pale and anemic.

These symptoms are important if associated with scanty menses or amenorrhea.

Vertigo when walking in the open air; objects turn in a circle; ameliorated in a room, and when sitting. Everything turns dark before the eyes, and she falls as if fainting.

The pain in the head is stunning, and makes her fear she will lose her senses. Boring, darting, pressing, in forehead and temples. Violent pains in the forehead. Pains worse lying on painful side or back. Pains onesided. Pain morning and evening, ameliorated by vomiting; worse by motion and in open air. Obscure vision with the pains. Pressure in vertex, as if brain were enveloped in a cloth, which would deprive him of his senses. Headache with flickering before the eyes on rising in the morning. Pulsating in the head. Rush of blood to the head; anxiety and confusion of mind; obscuration of vision; vertigo; general coldness, after dinner. Headache ameliorated by cold applications. Headaches from disordered stomach. Head feels as if he had on a skull cap. Tearing pains in the scalp.

In the field of vision there are spots, fog, bluish colors; flickerings, glittering objects, various colors—now yellow, and again green; firey sparks, smoke; halo around the light, black specks or flies. Dimness of vision. Diplopia. *Convergent strabismus*. Dilated pupils. Hemiopia. Heat and burning. Lids edematous. Swelling of upper lids. Dryness and itching of lids. Dim vision during headache. Impaired vision, smell, hearing and taste.

Dulness of hearing. Humming, ringing and roaring in the ears. Drawing pains.

Sense of smell diminished. Dryness in the nose. Dry, or fluent coryza, worse in a warm room, better in the open air or cool room. Sneezing and watery discharge in a warm room, entirely relieved in the open air. Walking in the cold open air is his most comfortable pastime. Pressing pain over nasal bones during coryza. Takes cold from being overheated, and from overheated rooms.

Pale sickly face; dark under the eyes in woman. Contracted forehead—a frown.

Dry lips. Numbness of upper lip.

Boring, stitching, tearing in the teeth. Jerking in the teeth at night.

Taste is lost, or perverted. Taste flat, bad, putrid, rancid; *all food tastes too salt*. Tongue white, or yellowish. Burning blisters on tongue. *Saliva increased*. Burning, tip of tongue. *Saliva tastes salty*. Viscid mucus in the mouth.

Burning, dryness and scraping in the throat.

Loss of appetite and even aversion to food. Thirstless, except in the evening during fever. Desires lemonade (Nit. ac., Bell., Sab.) Aversion to bread and butter, and fatty things; but desires inedible things. Disgust for meat; craves sardines. Satiety after the first mouthful (Lyc.) and then he loathes food. Stomach weak. Nausea after eating. Pork disagrees. The stomach symptoms are much like Pulsatilla. Symptoms worse after coffee. Vomiting after eating. Vomiting in the morning. Vomiting watery mucus. Eructations. Aching in the stomach and burning in esophagus, better by walking about. Fulness, as if he had eaten too much. Weight in the stomach after eating. Stitching pains in the stomach.

Colicky pains in the abdomen, ameliorated by walking about. Tenderness all over the abdomen, even hypogastrium. Gnawing pains in the evening. Gnawing pains after food. Rumbling and gurgling in the abdomen. Paroxysmal cramps during the night, ameliorated by walking about. Stitching pains in the abdomen and liver.

Diarrhea after coffee. Diarrhea in chlorotic women subject to sick headaches and menstrual irregularities. Watery forcible stool, odorless, brownish, yellow. Diarrhea in the evening. Constipation; stool hard. Nausea. Colic before stool. Colic and urging after stool. Hemorrhoids that bleed. Drawing, pressing pain about the anus, as if a spot would suppurate.

Frequent urging to urinate. Ineffectual urging to urinate. Urine profuse, watery. Flocculent sediment; irides-

cent cuticle. Stitching in the urethra with desire to urinate.

In the male the sexual desire is diminished. Irritable prostate gland, with stitching pains; urging to stool and urine (Nux).

Menses too soon, or too late; irregular, or suppressed; copious, prolonged, or scanty. When profuse, the mental symptoms are better. Flow black and clotted. Labor-like pains at the menstrual period, commencing in small of back and running down each side of the pubes. Uterine hemorrhage. Dread of open air. Menses suppressed, palpitation of the heart, weeping, aversion to company and dread of open air. Rush of blood to the head, and scanty flow. Suppressed menses from over exertion, or being over heated. Fainting at the menstrual period. After menses, milk in mammæ. Complaints after weaning (China).

Much scraping in the larynx at night, thick white-mucus. Tickling in the larynx and trachea. Oppression of chest. Suffocative cough, caused by scraping and dryness in the trachea. Cough comes on during sleep, from dryness and constriction of larynx. Cough ameliorated in the open air, even in a cold wind.

Pressure in the middle of the sternum. Weakness in the chest. Stitching in the chest and heart. Tearing, stitching, and shortness of breath during motion and rest.

Palpitation and anemic murmurs. Tumultuous action of the heart; great lassitude. Weak pulse. Sensation as if air streamed from nipples. Mammæ swollen, containing milk in nonpregnant women.

Drawing pains in the neck, with stiffness. Twinges up the back, ameliorated by drawing the shoulders back. Stitching in the region of the right kidney, worse during inhalation. Pain in the small of the back while sitting; ceases on rising.

Tearing, drawing pains in the limbs. Hyperæsthesia of the skin. Flabby muscles. Tearing, drawing in the upper limbs. Sensation of weakness of the hands, as if she must let fall what she holds in her hands. Writer's cramp. Drawing pain in flexors of the leg. Burning sore pain in

heels. Toes feel dead after walking. Weakness in the limbs.

Sleep not restful, disturbed by anxious dreams; frightful vivid dreams. Restless sleep. Late falling asleep. Wakens early, but wants to sleep late. Nightmare. Wakens early, but too tired and sleepy, cannot rise. Pollution in dreams.

Chill, fever and sweat. Chill not ameliorated by warm clothing. Chilliness during menses. Chill forenoon or evening. Chill predominates in the evening. Heat of face follows chill. Chill and heat alternate. Sensation of heat through whole body, particularly in face and hands. Heat, with swelling of the veins (China). General heat after eating. Sweat at night during sleep, offensive. Sweat sometimes on lower part of body.

Itching at night in bed. Numbness after scratching, or changing places by scratching.

### WINTER CHOLERA

BY CHAS. THEO. CUTTING, M. D., Newtonville, Mass.

I was called hastily one day last fall to see Mrs. N. It was said by the party who came for me, that she had been suffering with diarrhœa for forty-eight hours and that all day she had been screaming with cramps in the legs.

I found her lying on the edge of the bed with feet in hot water. She was unable to sit erect as she fainted at every attempt.

She was gasty in appearance, eyes sunken, dark rings around them, and cold clammy sweat all over body, and seemed to be in a semiconscious condition. As she lay in this position a thin, rice-water discharge was constantly coming from the rectum.

The muscles of the legs, apparently those of the calf would, every few minutes, knot up, but owing to her extreme weakness she was unable to make outcry, but her face would become horribly distorted.

She had been nauseated, and had vomited several times.

Temperature per axilla was 96. Pulse 140, small, irreg-  
ular. Abdomen distended and pressure evidently caused  
great pain.

This patient had in health, weighed very nearly 200 lbs.  
and the change in her was astounding, considering the fact  
that she had been sick forty-eight hours. She could not  
speak, so could get no subjective symptoms, but it was  
evident that something must be done at once.

After watching her a few moments I put a dose of Podo-  
phyllum 1 m. in 1 drachm of water and forced it into her  
mouth.

In 15 minutes her pulse seemed to be growing weaker,  
and the symptoms had not changed. In 25 minutes the  
same.

I then gave her Cuprum met. 30 (this being the only  
potency that I had with me) in a drachm of water, the same  
as before, and repeated the dose in 15 minutes.

Soon after this second dose the patient took two or three  
deep breaths and opened her eyes, looked at me and said she  
felt a little better. The blueness of the lips and fingers  
that had been marked began to disappear and in a few min-  
utes I again repeated the dose. During this time she had  
only one attack of the cramps and this was not as severe as  
the others had been.

She was two weeks convalescing but during this time she  
had no recurrence of the symptoms, and she had during this  
time one dose Cuprum 200 and one dose of Cuprum 1 m with  
three days between doses.

For the three days following my first visit she took only  
liquid food, and after that she gradually came up to full diet.

This was as near like an attack of Cholera Asiatica as I  
want to see, and I fully expected Podophyllum to do the  
work, but as I have noted above, it completely failed.

The patient being in such a state of collapse there was  
no time to carefully take the case and as she was too weak to  
speak, I was obliged to get my picture from objective symp-  
toms alone; and whereas another remedy might have worked  
even better than Cuprum, I have demonstrated to my own

satisfaction, what Dr. Bell hints of in his repertory, namely, that *Podophyllum* cannot be depended upon in acute diarrhoea, of the cholera type.

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## RELIEF OF MENTAL TROUBLES BY SURGICAL MEASURES\*

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F. C. TITZELL, M. D., Chicago.

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Professor of Surgery in Hering Medical College and Hospital,

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The apparent daily increase in the number of insane and the great number of demented and foolish children that we see everywhere about us, should stimulate us as a profession to study any and all means that might tend to their relief.

Surgical measures, it seems to me, are about the last things thought of in the treatment of mental troubles, and it is for this reason that I bring this side of the question to your attention, as I believe it affords one of the most prolific fields for study in the treatment of these unfortunates.

It has fallen to my lot in the last few years to come in contact with a number of mental aberrations that yielded so promptly and satisfactorily to surgical measures when all else had failed, that I am convinced that there are many more that might be relieved in the same way.

Our asylums are full, and more are being built to accommodate the increasing number of insane. Our homes for demented, idiotic and epileptic children are overflowing; in fact, this class of cases is increasing at a much greater ratio than we are increasing in population. What the cause is I am unable to determine but it is certainly an alarming outlook.

I believe, however, that if we were to examine the inmates of our asylums and public institutions, not excluding the jails, would find many there confined, who have been brought

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\*Read before Englewood Homeopathic Society, November, 1904



there through some physical condition that might have been relieved by surgical measures. Why not prevent insanity, idiocy, imbecility, yea, even criminality, by looking into these cases more thoroughly before we commit them to our asylums, homes and jails. It is a duty we owe to our patients and to the community at large. I am not recommending surgery as a specific for these troubles, but as one of the means we should not overlook.

I shall take the liberty of citing a few cases, that have occurred in my own practice, every one of which would have undoubtedly, in due time, been a public charge in some of our institutions, had they not been cured by operative measures.

CASE I. Harold B., age 9 years, apparently well in every respect until five years of age, when he began to develop epileptoid spasms. No history of anything of the sort in the family. The spasms increased in frequency and severity until they became of a true epileptic nature. They usually occurred at night, very seldom in the day time. Some nights he would have two and three attacks, which left him exhausted for the next day.

This boy had all kinds of treatment until his skin looked as if he had had chickenpox. Homeopathy high up and low down as well as Christian Science, until he began to look and act like an idiot, but all to no purpose; he still had epileptic fits. In due course of events, after all other doctors in the town had been tried, it came my turn to see what I could do for him.

I examined the case thoroughly, and found a long adherent prepuce, one that was adherent almost to the tip of the glans, with a pinhole opening. I advised circumcision and was allowed to do it, and much to my chagrin the boy had four fits the first night, more than he had ever had before. He had three the following night, and has not had one since to my knowledge, and this occurred about three years ago.

His fits were simply reflex in character and no doubt would have become habitual as his nervous system developed,

and would then have persisted even though the primary cause had been removed.

CASE II. Fannie C., aged 15, a strong, healthy appearing girl physically. Family history good. Began masturbating at twelve, and was persistent in it. Was attending Christian Science school, and under their treatment for it she became worse, until she was practically an imbecile, unable to continue her school work. A nurse was employed to be with her constantly, but she evaded the nurse and ran away every chance she had. She was finally taken to a prominent homeopathic physician of the city for examination, who advised a vaginal hysterectomy, for what purpose I never could find out. The case later drifted into my hands for examination. I found the labia minora fully three inches long, red and excoriated. The clitoris hooded and nearly as large as the penis in a new born boy, and a profuse leucorrhœa. The question now was, did the masturbating produce the hypertrophy of the labia and clitoris, or did the abnormal appendages cause the irritation that led to masturbation. I decided the latter, and advised amputation of them both.

My advise was accepted, and the clitoris and labia were accordingly removed. The indicated remedy was given for the leucorrhœa, and the patient made a good recovery. She improved mentally, took an interest in her school work, ceased masturbating, and now, four years after, appears like a different girl. I am satisfied she would have gone on and become a half imbecile at least, and perhaps a prostitute as well, had the irritation continued.

CASE III. Mrs. P., aged 36, mother of three healthy children, never had a miscarriage. Family history good. I attended her in her last confinement, April 13th, 1898, which was apparently normal in every respect. In two weeks she was up and about the house. About the end of the third week she developed the most desperate case of phlebitis I ever saw. It had apparently affected all the veins of the body. The large veins of the legs and those of the arms to the finger tips, stood out like whip-cords, and were exceed-

ingly painful. I called Dr. Allen in consultation, and he agreed with me that there was but little chance of the patient's recovery.

The case ran along, however, from day to day, and from week to week, but with little change. At the end of three weeks slight improvement began to be manifest, and from this on she continued to complete recovery, after a siege of seven weeks in bed. The baby, of course, had to be fed artificially, as her milk disappeared entirely after the second week of the fever.

In due time this woman began to menstruate regularly at first, but later became irregular and scanty. Her husband noticed that she became hypochondriacal and moody and at times did and said very queer things at her menstrual period.

About one year after her seven weeks in bed, she became actually insane, so much so that she had to be watched constantly. She tried to kill herself by drinking a quantity of bedbug poison, that she found and hid away until the nurse was absent from the room a few moments. In this she was unsuccessful, as the prompt use of an emetic rid her of a larger part of the poison. She was kept under medical treatment and a close watch for several weeks with no improvement. Dr. Tomhagen was called in consultation and he gave a bad prognosis.

At this junction I examined her and found the uterus retroverted, atrophied to a virgin size, and of a stony hardness. From these conditions and from the fact that her insanity was always worse at her menstrual period, I concluded that here was the cause of the trouble.

I explained the matter to her husband, and he directed me to do as I saw fit in the matter. She was accordingly taken to the Baptist Hospital to be made ready for the operation the following day. That night her nurse just caught her in the act of jumping from the third story window. The next day a vaginal hysterectomy was done, the ovaries and tubes being left. She made a good recovery from the operation, cleared up mentally, and in three weeks

left the hospital, and has been as sane since as she ever was in her life. A healthier, rosier, better matured specimen of womanhood than she is today would be hard to find.

Now, why did I remove this uterus? Because it was atrophied, and because of its stony hardness. These are the kind that give us trouble. Byron Robinson says: "Where insanity is caused by uterine troubles, it is nearly always the small, atrophied uterus. It is almost never the large baggy congested uterus."

Again, laying this uterus open with a knife, we found a large scar upon its endometrium, an inch and a half in length, that looked as though the uterus had been ruptured at this point. Here was undoubtedly the starting point of the phlebitis a year before, and contraction of this scar tissue and consequent impingement of nerve terminals was the cause of the insanity. Was I justified in removing this uterus? I believe the pathology I have tried to describe, and result obtained from its removal answer emphatically, Yes! I believe also, that this woman would still be insane had it not been removed. I have every reason to think that she will never have a recurrence, as she is now safely past the climacteric, and six years have elapsed since the trouble began.

Case IV. Farris B., aged 14, a strong, healthy boy physically, but has never developed mentally. Family history excellent. His mother had an unusually difficult labor at his birth, and this boy was born only after considerable hard work with the obstetrical forceps. His skull was evidently fractured at this time. The child lay for several weeks perfectly unconscious, and oblivious to all surroundings and apparently unable to move. This condition gradually passed away, and for his age, he has developed, physically, into a giant, mentally he is far from it. While not an idiot, he is an imbecile, and has been a great care to his parents, as he could not be allowed to run and play with other children. Until recently, was unable to move right arm well and for this reason could not dress himself. Also

had an inability to articulate well, showing an involvement of the speech center of the brain.

Upon examination of the cranium we found a slight depression of the skull just above and in front of the ear, which the parents informed me some years ago was much more pronounced than now. Otherwise the head was well shaped and well developed. This child could not read, never learned well, but did remember nearly everything that he saw or heard, played the piano well by ear, but could not learn by note.

He had been under some of the best specialists in this and other cities. His parents, who were prominent, well educated and highly cultured people, spared neither money nor pains in having everything possible done for this boy. Two or three of the best surgeons of this city had examined him and said nothing could be done for him. Last spring he fell into my hands for other troubles that were soon dissipated. It was then that I obtained the history of the case, and began its study. We had an X-ray of his head taken, which I am able to show you. Nothing is to be seen on the left side, but on the right you will notice distinctly a V of the inner table of the skull pressing down upon the frontal lobe of the brain. This I concluded was the cause of the trouble. I could easily comprehend how this might be the cause of the mental difficulty, but to account for the motor disturbance of the right arm, which is supposed to be controlled by the left half of the brain, and the trouble with the speech center, which is also on the left side of the brain was a problem I was unable to solve. I will leave this to be answered in your discussion of the paper.

However I advised removal of the bone that was pressing on the brain. The boy was taken to the Lakeside Hospital last May, and a piece  $1\frac{1}{2}$  inches in diameter was removed by trephine forceps. This removed bone was broken into small pieces, and a layer of these fragments was placed in the opening, the periosteum stitched back over them, and the scalp flap sewed down, with a few strands of cat gut in the angle for drainage.

The boy made an uneventful recovery from the operation. In three weeks he dressed himself for the first time in his life. He has cleared up a great deal mentally. Is now taking music lessons, learning to read, and is developing at a rapid rate.

The case has been one of interest to me, and certainly a satisfactory one. I promised the parents nothing under one year from the operation, and it goes without saying that they are more than delighted with the results achieved.

He now moves the right arm as well as the left, and articulates much better than he did, and the latter will no doubt improve with practice and as time goes on.

Here are four cases: one practically an imbecile from epilepsy, another from masturbation; one from pressure on the brain and a case of insanity, all relieved by surgical measures.

So, in conclusion, I only wish to say, look this class of cases over carefully with a surgical eye, before you give them up, or commit them to any of our public institutions.

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### MALARIA OFFICINALIS

By A. EUGENE AUSTIN M. D., Chicago.

Mr. W. H.—Student, aged 35, had been treated by old school physicians until completely discouraged. As he tried one after another until they had him walking around on crutches, owing to the massive doses which they were giving him and which were hastening him into the grave, he said if he must die, he would not die from drugging; with which he threw all of the medicine out of the window. Several years later he was recommended to me although he had had no physician in the meantime and had been a constant sufferer.

#### SYMPTOMS.

Wants to fight and swear, feels cross, sleepy and drowsy, dull headache, bitter taste, nausea, belching, flatulence, pain through hypochondriac region, severe pain in lumbar region, continual sense of weariness, gaping and yawning

almost constantly, feels chilled, then feverish, has taken large quantities of quinine, phenacetine etc.

I gave *Nux vomica* high at intervals alleviating slightly some of the superficial symptoms. But I was disappointed in this remedy yet could not find the similar, until one day when studying the *Materia Medica*, I found *Malaria officinalis* and quickly saw that the provings made by Dr. Bowen of Indiana were the similar of my case. Several doses of *Malaria officinalis* given high at long intervals completed the cure.

#### LACHESIS AND ITS COMPLEMENT

Mrs. M. W.—Aged 45, nervous, sensitive temperament, enjoyed fairly good health until her climacteric period, at which time she was taken one day with severe hemorrhage, which continued more or less severe for some three years before she came to me. Her husband being one of the first surgeons in the U. S. Navy, had taken her to some of the most eminent physicians and surgeons in the school of his choosing but they did not agree on diagnosis. Some claimed that she had a tumor, some said not, and still others said that they did not know what was the cause. When I saw her she was obliged to sit down several times in going up a small flight of stairs. She had lost so much blood, during these three years that her heart was greatly embarrassed. Her husband brought her to me, not because he had any regard for our school, for the homeopaths that he had met were mongrels of the first degree. He said that after an experience of over forty years among the blue jackets and officers he would not dare use the large doses of old school medicine which he saw them give. When he brought his wife to me he promised that all my instructions should be followed to the letter. I began by giving grape juice to which bovine was added, pushing it as fast as I dared with large quantities of distilled water. She was given a liquid diet, to stop the embarrassment of her heart. Midnight oil was burned, as my reputation, and far dearer, the reputation of the school of all schools, was at stake.

#### SYMPTOMS

Great forgetfulness, makes mistakes in speaking, for-

gets what she is saying while yet speaking, sees an old woman looking in her face, vertigo on walking in morning almost with fainting by 10 a. m., severe headache in early morning, going upstairs dimness of vision, want of appetite, constipation, flushes of heat during day, palpitation of heart, numbness of fingers in morning, can not bear anything to touch neck or waist, likes to wear clothes loose, stands at window and longs for sleep, all symptoms < after sleep. Lachesis cm. was given once a month for three months after which Lycopodium 1m and the following month Lyc. cm. Soon after this the case was dismissed as cured. Her husband very gratefully gave the praise where it rightfully belonged to Hahnemann's great law of cure.

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### PLEURO-PNEUMONIA DURING PREGNANCY

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By JAMES WATSON, M. B., C. M., Liverpool.

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I have not supplied a diagnosis, because the patient was so sharply ill, that physical examination had for some days at least taken a back seat; but I believe the case was one of pleuro-pneumonia, which when coupled as it was with pregnancy was a very critical one to tackle.

Oct. 13th, 1902, Emma B—age 24. At 9 p. m. Oct. 12 patient was taken with a severe shivering attack, was sick and vomited freely. I saw her at 1 a. m. on the 13th and found her in a dry burning heat, breathing short with sharp catchy respirations and severe sharp, stitching pains at precordia, going through to the back. The pains were intermittent, but of very frequent occurrences. They were associated with severe palpitation and gave impression that the heart was about to stop.

Restlessness of limbs extreme and her mental anxiety was most evident, and in order to breathe at all was obliged to sit bolt upright.

Temperature 104.4; pulse 140; respiration 55; all of which speak eloquently of severity of the attack. The serious nature of it was increased by the fact that the



patient was seven months pregnant. She is of a short stout build, phlegmatic temperament and her mother died of phthisis. Kali carb. 200. October 13th seen at 12 noon; patient had had no rest, on the go all the time; pains still severe, restlessness still pronounced; tongue dry and hard as a board; thirst very great. Continued Kali. carb.

Again seen at 3:30 p. m. in consultation with Dr. Mahoney. Patient had by this time grown somewhat easier, less pain and restlessness, and palpitation much less frequent, and the tongue showed some slight appearance of moisture, very marked tenderness was elicited all around the left side of the chest, patient could not withstand the pressure of the stethoscope.

Sudden and profuse diarrhea started up to-day, so sudden can hardly get "slipper" in situ. Placebo. October 15: Patient has had no sleep and is now nearly crazy for want of it. Pulse 160, scarcely countable and thirst as pronounced as ever. The patient's immediate surroundings were most unfavorable, the premises adjoining her house being an almost constant source of very offensive odors. Arsenicum 200.

Patient seen at 8 p.m. has had no sleep but feels better in herself than at any time since the commencement of attack, pains not so severe, bowels still loose and sudden, light colored. Placebo.

October 16. Got no sleep until 5 a.m. when she took a change for the better, settled down and slept for three hours; left chest still pains her; temperature 102.8, pulse 140, respiration 50. Placebo.

October 17. Had several short catchy sleeps throughout the night. An examination of bases of lungs found marked dullness of base of left with other signs pointing to pneumonic consolidation in that region; no friction sounds, yet pains still present, sharp and stitching in character. Today her eyes have become very inflamed and sore, the left especially blood shot with both lachrymation and photophobia, pain behind left eye, in left temple and left frontal region. Sulphur 200.

October 18th tongue very dry, with scattered whitish fur with raw beef stripe down the center. Respiration still

short, sharp and quick, 55 per minute, but can lie with head lower; cough, short, sharp and patient smothers it as much as possible on account of pain in left chest and base of left lung which it excites; sounds loose but phlegm is very difficult to dislodge. Temperature 101, pulse 145, bowels moved three times, stools not so loose and of a better (darker) color.

October 19th. Had a better night, was able to sleep with head quite low, complains of the bed feeling as hard as bullets.

Eyes improving, cough troublesome, < after eating or drinking, speaking does not affect it. Placebo.

October 20th had a return during the night of the pain, not very severe but sufficient to prevent sleep; slept from 9 a. m. till noon, cough still troublesome. Placebo.

October 21st bowels did not move on 20th, have moved today, well formed stool, tongue dry and feels quite sore, yet not so thirsty; complains of a bruised feeling all around left chest < by movement or cough, temperature 98.4, pulse 120, respiration 46. Placebo.

Oct 24th patient improved steadily each day, she was able to be moved to a friends house on the 24th, as her sister who had acted as nurse had a very similar sharp attack of illness on the night of the 22nd. Placebo.

Oct 31st seen for the last time today. Been on placebo and steadily improving since the 17th, and is now practically recovered; respiration is quicker than normal, but eats and sleeps well and is up and about her household duties and in December was delivered of a fine healthy baby.

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## HOMEOPATHY IN DENTISTRY

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HARRY E. BALLARD, Chicago.

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If those obliged to patronize the dentist could have the benefit of Homeopathy in connection with it, there would be less suffering both in and out of the dentist's chair.

The average dentist of the day has no intelligent method of treating pyorrhea, yet how quickly could the patient be relieved, did he understand our law of cure.

And again the relief he could give those suffering from the effects of tooth extraction, tooth filling, etc.

Often times the effects are worse than during the operation.

Many a nerve have I restored to its normal state after a seige in the dentist's chair.

There may be homeopathic dentists. If there are, I certainly am ignorant of their whereabouts.

I heartily agree with you, we do want a Journal of "Homeopathic Surgery" so do we want a Journal of "Homeopathic Dentistry," and we need it badly.

The Homeopathic Colleges of this country should make a special effort to bring out this part of Surgery from under cases where it has been submerged from its conception.

Will some bright mind take up this question and give it the prominence it deserves through the ADVANCE?

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Dr. H. Peterman, Ardmore, I. T., is much pleased with the MEDICAL ADVANCE. He says:

The article by Dr. Stuart Close "The Hahnemannian as a Specialist" is alone worth \$20.00, to any reader. It is said of me that I am a good prescriber, and I am happy to know it. Sometimes I think the present fad for ultra science will snow Homeopathy under. But Leonidas and his brave Spartans fell, yet Xerxes did not get Greece. The Jewish Prophet said he had it from the Lord; "I have left me still 10,000 in Israel who have not bent their knees before Baal." I find no fault with our Materia Medica; when there is a fault in the cure of a patient it is with me. "O! Timothy, keep what is committed to thy trust and avoid vain babblings. I was told this forty-five years ago, when I began practice, and have held to it ever since. The similar remedy is equal to every medical emergency, if we only know how to use it.

# THE MEDICAL ADVANCE

AND

## JOURNAL OF HOMEOPATHICS

A Monthly Journal of Hahnemannian Homeopathy

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

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Subscription Price - - - - Two Dollars a Year

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We believe that Homeopathy, well understood and faithfully practiced, has power to save more lives and relieve more pain than any other method of treatment ever invented or discovered by man; but to be a first-class homeopathic prescriber requires careful study of both patient and remedy. Yet by patient care it can be made a little plainer and easier than it now is. To explain and define and in all practical ways simplify it is our chosen work. In this good work we ask your help.

To accommodate both readers and publisher this journal will be sent until arrears are paid and it is ordered discontinued.

Communications regarding Subscriptions and Advertisements may be sent to the publisher, The Forrest Press, Batavia, Illinois.

Contributions, Exchanges, Books for Review, and all other communications, should be addressed to the Editor, 5142 Washington Avenue, Chicago.

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FEBRUARY, 1905.

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## Editorial

### INDISCRIMINATE VACCINATION AN IMPEDIMENT TO PROGRESS IN THERAPEUTICS.

The prevalence of variola in Illinois and adjoining states at the present time, again calls the attention of the profession to the question of prophylaxis; for all admit that prevention is better and safer than cure. The chief question, however, is to obtain the best preventive methods with the least danger to the susceptible individual. For every physician of any experience will readily grant that some patients are much more susceptible than others, both in preventive treatment and in the cure of the case after it occurs.

An illustrated poster just issued by the State Board of Health calls for more than a passing criticism. It is evidently issued with the best of intentions, the guarding of the public health, but there is a broad distinction between theory and practice.

The Poster states; "That a proper vaccination is a safe, certain and absolute preventive against smallpox." This may be true in certain cases, but as a general proposition is far from correct, and is altogether too sweeping in its character.

"Physicians, nurses and attendants in smallpox hospitals who have been properly vaccinated never get smallpox, their sole protection is vaccination."

What the Board means by "proper vaccination" is a question, and whether it be a "certain and absolute preventive" is another statement which we think should have been modified before publication.

The records of the office of the Surgeon General of the United States Army do not justify or correspond with this statement, and we do not think that any one can for a moment dispute the correctness of the statistics of the Army Surgeon. The following is from a late report of the Surgeon General:

The report of the Surgeon General of the U.S. Army up to June, 1901, records for the year 246 cases of small-pox with 113 deaths, a mortality of about 46 per cent! During the three years preceding there were among the successfully vaccinated 705 cases of small-pox with 220 deaths. "Yet every enlisting soldier is vaccinated at the time of being recruited, and re vaccinated, not only on entering the U. S. Army, but also as often after as seems advisable to the army medical authorities."

In the two years preceding June 1900, "13,811 cases needed hospital treatment on account of vaccination." From such a record where the "ancient rite" has had the best opportunity to demonstrate its prophylactic virtues, is it any wonder that intelligent people who read the daily papers are clamoring for better or safer protection.

It is a fact that little change in the methods of performing vaccination has taken place in the last hundred years. The methods adopted by Jenner are practically the methods of today plus modern antisepsis and perhaps more carefully selected virus. But no matter what care may be taken in

the selection of the animal from which the virus is propagated, occasionally a diseased animal will be found, and the innocent patient is the sufferer.

Every physician will readily admit that the protection by vaccination is better than none at all, but if the advances in therapeutics that have been made in the last century are in the interest of the health and longevity of the race, why not apply the same rules to the prophylactic measures against small-pox? One of the ablest writers, and perhaps the best known clinician in America today, makes the statement that he has completely changed his methods of practice four or five times in the last twenty years, and yet vaccination remains practically today what it was in the time of Jenner.

A serious objection to the broad and emphatic statement of the Board of Health is to be found in its indiscriminate recommendation without any reference whatever to the health, the tubercular or other vitiated diathesis of the patient; vaccination is methodically recommended, although the patient may not recover from the effects of vaccination, or if some do recover it is at the expense of ill-health for a life-time. Surely in the 20th century it should not be necessary to make such a statement. We do not believe that a child with a tubercular inheritance should ever be vaccinated; and an adult is only a grown-up child. The bad effects, often life long, are a stinging rebuke to indiscriminate vaccination, and it is this indiscriminate use of this prophylactic measure that has incurred such opposition to vaccination. When a patient, who has fondly taken for granted the assurance of the physician that it is safe, protective and preventive, loses his child by vaccination, it makes him very suspicious, both of the value of vaccination and the honesty of the physician, in fact, it tends to break down respect for the opinion of medical men in regard to its preventive measures. The vacant place in the family circle, the empty chair at the table, is a telling argument against the assurance of the physician that vaccination is "a safe and absolute protection." It is all very well to say that the

germs of tetanus or sepsis or something else have interposed, the fact is no less patent, the shock no less severe, the grief no less profound.

In the discharge of our professional duties, it has fallen to our lot, in the last year or two, to attend many cases of the ill effects of vaccination, and we regret to say that some of them are among the saddest in an experience of over forty years practice. Here is a sample:

Miss Ruth G., a bright, active child of nine years, recently came to Chicago from Iowa, where she had always enjoyed good health, never had a day's sickness. On September 26th she was vaccinated by the Public School vaccinator, before she could attend school. The doctor was one of the most careful operators in Chicago, and the virus, presumably, of the best, as her younger brother was vaccinated at the same time, with only temporary ill effects.

A few days after the operation, the arm began to swell from point of infection, was of a dark purple color from elbow to shoulder and was twice its normal size. A large dark vesicle formed which, without any discharge whatever, gradually became a thick, heavy crust, at least half an inch in thickness. This was attended by severe pains in the joints and limbs; intense backache; chills, beginning in the inter-scapular region, running up and down the back and attended with intense weariness. The chills gradually assumed an intermittent type, coming on at 11 or 12 A. M.; continuous, dry hacking cough with the chill, which lasted from one to two hours, followed by a high fever until 11 or 12 P. M. when the temperature gradually declined from 104 or 105 to 100 or 101; no sweat following. Intense thirst during chill, but not during heat; high pulse rate--120 to 130. Circumscribed hectic spot on both cheeks, alternate sides; epistaxis and bloody sputa.

Before I saw the patient she had been attended for some time by one of the best prescribers in the city, and I was called because of change of residence. Dr. E. A. Taylor visited the patient nearly every day with me in consultation. A week or two before the final scene, at the request

of friends, Dr. Farnham was also called in consultation.

When the father described the case to me, before I saw the child, I told him I thought it was a fatal case, and in spite of all that we could do, the best selected remedy only palliated, and she died December 17th.

This was the second case within three months, directly due to vaccination, and yet, apparently, no fault could be found with the vaccinator or the virus. It is one of those cases that never should have been vaccinated.

But why should the homeopath, who has his license to practice medicine according to the law, be compelled to use virus by scarification, because that is the only known means of prophylaxis of our colleagues of other schools? We have a safer, much more effective method, one entirely devoid of danger, either septic or constitutional, and infinitely more prophylactic; then why not use it? Why should we be compelled to use crude vaccine virus, when we have a better remedy with which to protect our patients?

As well compel us to use Antitoxin in diphtheria, when it is not indicated by the symptom totality; Quinine in malaria, when the symptoms do not call for it; or Mercurius in syphilis, whether it be a Mercury case or not.

Why not allow the homeopath to use his own means as a prophylactic in variola, just as he uses them in scarlatina, measles and pertusis?

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### MORTALITY OF AMERICAN CITIES.

The Census Bureau has compiled a report upon the Public Health of the United States, giving the death rate in all cities of 25,000 population annually for the decade 1890-1900.

The factor that probably will be of most interest to the profession is that the lowest death rate is to be found in the Mississippi Valley. St. Joseph, Mo., is the most healthful city in the United States, with a mortality of 9.1 per 1000 and that Portland, Oregon 9.5; St. Paul 9.7; Minneapolis 10.8 follow closely after.

The report has been compiled under the supervision of Dr. J. S. Billings, formerly a surgeon in the army, Director



of the Army Medical Museum in Washington, Editor of the Surgical History of the Civil War, and for the last thirty years has had charge of the Census office; hence probably no man in the United States is better qualified for such work, or is considered a higher authority. Dr. Billings, however, throws some doubt upon the accuracy of the returns from St. Paul, Minneapolis, Duluth and Seattle, in that he thinks that all the deaths in these cities were not registered during the census year, and hence useless for comparison. In this he may, or may not be mistaken, but the comparison of the figures will raise many questions that should be of vital interest to the profession. If the death rates in these cities are correct, it is of vital interest to other large cities to know the cause.

Dr. Billings does not question the accuracy of the returns of Portland or St. Joseph, and the annual reports from St. Paul, Minneapolis, Duluth and Seattle, upon which he casts doubts, for the last ten years seem to justify faith in the figures he questions. The returns show that the rate in St. Paul in 1899 was the same as in 1900, then in 1896 it was only 9.5 per 1,000 and that in 1897 it fell as low as 9.0 which is the lowest recorded for ten years in any city in the United States except Omaha, where, in 1890, the rate is reported as 8.7 per 1,000, the lowest on record. In Minneapolis the same rate has been running for five years and for seven years it has been very low.

Chicago is the most healthful of all of the large cities (14.7), and ranks with Milwaukee, Erie, Buffalo, Toledo, Dayton, Evansville and cities of that size.

Nearly all the large cities show a decided decrease during ten years. This Dr. Billings says is due largely to a lessening mortality from consumption, diphtheria and diseases of children. Within the last ten years much has been done, especially in Illinois, to instruct the public as to the means by which pulmonary tuberculosis is spread, and as to the proper methods of prevention. The Health Departments of most of our large cities have given much attention to this subject.

The greatest diminution was in the mortality from con-

sumption, which in 1900 was 187 per 100,000 of population, while in 1890 it was 245. The death rate from pneumonia remains about the same, having an average of 220 per 100,000 for ten years, being 223 for the year 1900, and perhaps as high as 225 for the last five years.

The report also shows that there has been some diminution in the death rate from typhoid fever, but it ought to be much greater than it is. Dr. Billings says; "It is a preventable disease, but in many cities it is not prevented."

There are many other interesting items which will well repay study, for instance, the high death rate in smaller eastern cities in comparison with those of similar population in the West is believed to be largely due to the old fashioned unsanitary tenement houses, occupied by factory hands and other wage earners. It is also asserted that the new cities of the West have better sewerage systems, and purer water supplies than the manufacturing towns of the East.

The high death rate in southern cities is largely due, according to the report, to the unsanitary condition of the colored people. In Charleston, for example, the death rate among the whites is 25.6, while among the colored people it is 37.5. In New Orleans it is 23.8 among the whites and 28.9 among the negroes. In Savannah it is 24.7 among the whites, and 34.3 among the negroes.

The highest death rate in northern cities is found in Troy, N. Y., 25.2. While next in order come Sacramento, Pueblo, Portland, Me., Salem, Mass., Fall River, Washington, D. C., and New York City. According to a recent report of the New York Board of Health, there were 141,564 deaths in 1904, or a rate per thousand of 18.2, the largest ever officially recorded. Pneumonia was one of the chief causes of mortality, of which there were 8,000 deaths in the first five months, 12.5 per cent of the total, and 2,000 more occurred in the same months of 1903. Consumption caused over 14,000 deaths in New York, or about 10 per cent of the total, being nearly the same as pneumonia.

The cities most free from consumption are New Castle, Pa., Bay City, Saginaw, Mich., St. Joseph, Omaha, Duluth,

Portland, Or., Schenectady, St. Paul, Salt Lake City, Superior, Wis., Scranton, Wilkesbarre and Williamsport, Pa. The remarkable fact is here recorded that consumption is largely due to local causes; for during 1900 there were 343.7 deaths per 100,000 from that cause in Troy, and 245.3 in Albany, while in Schenectady, only a few miles distant, the rate was only 111.

The cities most free from typhoid fever are Atlantic City, Bridgeport, Detroit, Elizabeth, Haverhill, Manchester, N. H., Minneapolis, New Britain and Taunton, of which New Britain had the fewest deaths of any.

Those most free from pneumonia are Bay City, Canton, O., Dayton, Jackson, Portland, Or., St. Joseph, St. Paul and Tacoma. Portland has fewer deaths from pneumonia than any other city; and Tacoma fewest deaths from intestinal diseases.

Philadelphia has a very high death rate for diseases of the nervous system, urinary system, consumption, heart disease and pneumonia.

Chicago, at present, has the lowest death rate of any large municipality, and with the completion of the Drainage Canal in the near future, this in all probability will be still further reduced. Westward the course of Empire takes its way, and the wisdom of many of our homeopaths is seen in the establishing of Sanitaria in the Missouri Valley the health center of the United States.

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E. H. Pratt A. M., M. D., LL. D. will give his spring Post-Graduate course in Orificial and Operative Surgery in Hering College (the late Chicago Homeopathic College) corner Wood and York streets, the first week in April. The lectures and surgical demonstrations will be given every forenoon, while in the afternoon hours from 1 to 5 or 6 o'clock will be devoted to Materia Medica, the Philosophy of Homeopathy as expounded in the Organon, Clinical Medicine and the use of the Repertory by the Materia Medica corps of Hering faculty and other well known teachers. If the attendance and interest warrant, the course will be extended another week. For particulars address Dr. E. H. Pratt, 100 State St.

## IN MEMORIAM

**Dr. Charles C. Ellis** died at his home in **Somerville, Mass.**, Saturday, January the 28, at the age of fifty seven years. As a preceptor of my boyhood days, it is my pleasure and honor to acknowledge my appreciation of his ability and my indebtedness to him as a preceptor and a friend. Born in **Berlin, Vermont**, in 1867, he entered the medical department of the University of Vermont and passed his final examinations with a high standard before reaching the age of twenty years. His first location was at **Barnard**, and from there he removed to **Claremont, New Hampshire**, the boyhood home of the writer. From that time, when he was but a young practitioner, to the time of his death it was my privilege to know him and his work. He practised a few years in **Nashua, N. H.**, and completed his work in the city of his death.

He was an unique character—an unusual blending of those qualities that reach out to the rest of the world and mingle genially with them, and of that other type, that are strong in themselves and must and do have certain depths which are really deep and tender and yet which others do not always understand, and hence are often misunderstood. How well I remember the rides over the **New Hampshire hills**, both in winter and in summer, and how he did not curb but guided my youthful enthusiasm, and how he gave to me strength and confidence because of his own confidence in me, and how with every move of mine that seemed in the right direction, he seemed to take the same satisfaction and pride that he would in that of a son. He was really to me an ideal in medicine, because of his tenderness, which was well concealed, of his intuitiveness, which must be possessed by all the most successful physicians and which was possessed by him in a far greater degree than is usually found. He was a man of profound judgement and kindly motives and of intensely practical trend. He was a student, but of that practical type that is almost entirely American. He seemed to grasp the kernel of the nut and

to assimilate an enormous proportion of the useful mental nutrient which came into his hands.

He did not mingle much with medical societies and it seemed to me did not always altogether understand the trend of some other noble colleagues whose enthusiasm lay in somewhat different directions, and yet of whom is this not to a greater or lesser extent true? It will be many a day before I shall know a man of greater kindness of heart and of more adaptability and usefulness in the sick room than this one who laid well the foundations of my future medical life. Almost strangely successful in his work, among the sick and suffering he shone at his best. A little rugged and brusque perhaps among the well, with those who were frail he was as gentle as a mother and had a touch of kindness that used to sometimes remind me strangely of the divine in man.

Though so widely separated from him in these last years, nevertheless in his loss I mourn him and again I know that I loved him, and the memory of my boyhood days is undimmed. That he may live anew in the eternal days to come and that comfort may come to the heart of her whom he has left, to whom he was ideal, while in his heart she was ever the love of his youth, is the affectionate wish of his old student.

BENJ. F. BAILEY.

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CLARENCE WILLARD BUTLER, M. D. At a meeting of the Essex County N. J. Homeopathic Medical Society held on February 3rd., 1905, the following resolutions were adopted.

*Whereas*, it has pleased God to remove from earth Dr. Clarence Willard Butler, one long and favorably known, not only in the community in which he spent his mature years but throughout the whole state, president of the N. J. Homeopathic Medical Society and the International Hahnemannian Association, 1887, and an active member of the American Institute of Homeopathy and always as a staunch adherent of Hahnemann and the Organon,

*Resolved*, that we hereby express our sorrow at the loss

thus sustained by the people among whom he practiced and by those who held him dear.

*Resolved*, that we deem it fitting thus publicly to express our appreciation of the heroic fortitude and uncomplaining courage with which this brave man, for a year, faced, without a murmur, the prospect of a terrible death, showing to his patients and to the profession how "to suffer and be strong."

*Resolved*, that these resolutions be printed in the minutes of this Society and fittingly published.

Signed,

B. H. B. Sleght, M. D.

H. K. Burnet, M. D.

L. Dennis, M. D.

Committee.

**ALPHA SIGMA FRATERNITY**:—The grand council convened at Philadelphia, December the 1st, as the guests of Beta Chapter. Every chapter of the fraternity was represented, either by active or alumni members. During the first day the delegates were chiefly occupied with the sights of the City and inspecting Hahnemann College and Hospital, with a banquet in the evening. The report of the extension committee was that applications for charters from several of the Western colleges including Hahnemann of Chicago, has been made.

Iota Chapter of Hering College was represented by G. I. Bidwell, 1905, and A. C. Stone, 1907.

The last year's work in drug proving which has been done by the Fraternity has resulted in the addition of several valuable remedies to our *Materia Medica*. The great work which the Fraternity has undertaken, is the proving of new remedies and reproving the old ones of *Materia Medica* under the direction of some of the best-known *Materia Medica* teachers in the country, and it bids fair to revive the flagging interest in the grand arch of Homeopathy, and revive the study of a purer and better Homeopathy in the future, and a closer and more comprehensive study of the teachings of Hahnemann.

The annual banquet of Iota Chapter will be held in Chicago, February 22nd, which will also celebrate the installation of the new chapter in Hahnemann Medical College.

## COMMENT AND CRITICISM.

**The Practitioners Course** of the New York Homeopathic Medical College and Hospital begins May 1st, and ends May 20th. This three weeks course of Post Graduate work embraces every subject in the regular college course, both medical and surgical. In the session of 1904, 232 hours of clinics, lectures and demonstrations were given, and this year as many or perhaps more.

In the Flower Hospital, the Metropolitan, the Ophthalmic and Laura Franklin, abundant clinical material for bedside demonstration is to be had, and while every effort will be made to illustrate diagnosis, medical and surgical, homeopathic therapeutics will be pushed to the front, The announcement suggests that "it behooves us to remember that the remarkable degree of success which has attended us as a school has been the result of the excellence of our therapeutic methods." Excellent illustrations of the Hospitals with which the New York College is connected is given in the announcement.

We heartily commend the work of the New York College. Write for a copy of the announcement if you have not seen it.

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**Our Society Work.**—The time has arrived for the commencement of papers for our National and State Societies, and the value of the Annual Transactions of each will largely depend upon the work which these papers and the discussions of them will receive. The paper may be written by a member and read by the secretary, but one half its value will be gone, because he will not be there to take part in its discussion.

The benefit to be derived from attending a Medical Society is lost to those who never go, and there is much to be learned at the Medical Society that can be learned in no other way, because here we get the gist of the personal experience of our best authors.

The following appeal to the profession is from the live

Secretary of the New York State Society, Dr. Dewitt G. Wilcox:

If there were no State Medical Society of the homeopathic school the 'stay-at-homes' would be loudest in their lamentations over the lack of *esprit du corps* and the gone-to-seedness of our homeopaths. We have as good (if not a better) medical society as there is in the country, yet the 'stay-at-homes' outnumber the "get-theres." If our school is worthy of maintenance and has enough merit in its fundamental principles to justify its separate existence, then in the name of duty and loyalty, let us support the exponent by which the public judge our strength. Remember, that however enthusiastic over the work you may be at home you are doing but a small fraction of what can be accomplished by uniting your enthusiasm with that of all the brothers in the state.

Remember those words of Archimedes: "I could lift the world if I but had the fulcrum upon which to place my lever." We have the fulcrum and the lever, but we want a few more "hearties" to help lift.

**A Picturesque Materia Medica.**—Dr. Addison Kendall of Cottonwood Fall, Kansas, writes as follows: "In studying a remedy it behooves us to get hold of the red strands of that remedy as soon as possible, and try to retain this clearly in mind, for a remedy is not ours to use successfully until we have a mental picture of it in our mind, to which we can refer at any time, and not until the walls of memory are well covered with these symptom pictures can we hope to easily detect the indicated remedy in a given case."

**Nine Triplets.**—The following from a daily paper refuses the charge of "race suicide" in South Dakota at least

Washington, Feb. 2.—President Roosevelt will be introduced next week to the father and mother of twenty-seven children, and it is expected he will present them with an autographed photograph.

George W. Dunville, the father, is but forty-three years old and his wife thirty-eight. They live at Yankton, S. Dak. They expect to arrive here on a visit next week, and the Senators and Representatives will take them to the White House.

The twenty-seven children are nine sets of triplets. Twenty-four of them are boys and three are girls.



## NEW PUBLICATIONS.

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**A Clinical Repertory to the Dictionary of Materia Medica;** together with Repertories of Causation, Temperaments, Clinical Relationships and Natural Relationships. By John Henry Clarke, M. D., Editor of the *Homeopathic World*; author of the Dictionary of Homeopathic Materia Medica and numerous other works. 360 pp. Super Royal. 8 Vo. Buckram, 21 Shillings net. Half Morocco 25 Shillings net. The Homeopathic Publishing Co., 12 Warwick Lane, London, E. C., 1904.

The practice of Homeopathy consists, in the first place, of a more or less extended knowledge of *Materia Medica*, and then that greater and more practical knowledge of how to use it in the cure of the sick, and this study of the remedies of the *Materia Medica* and the comparing of symptoms of other remedies is the constant work of the practitioner.

Bönninghausen claimed that a repertory is intended to facilitate the study of the *Materia Medica*, the ultimate object of which is the cure of the sick. A cursory glance of Clarke's Repertory would lead the student to think that it was very defective, when compared with the repertories of the Guiding Symptoms, the Encyclopedia, Hull's Jahr and Kent's. But the author has accomplished his work by a systematic method of condensation which is simply wonderful. How he succeeded in getting so much matter in such a small space seems a mystery until you have studied the arrangement. In addition to the general repertory he has added a clinical repertory and the sub-divisions of causation, temperaments, natural and clinical relationships.

Acute observers from the time of Hahnemann have noticed that some remedies act well on some temperaments or types of persons, and imperfectly or not at all on others; for instance, the respective types of Calcarea, Ignatia, Nux Vomica and Pulsatilla are well known, but other remedies have more or less well marked preferences for particular temperaments. These the author has mentioned under the head-

ing "Characteristics" as the types of constitutions the remedy is especially suited to.

The author says:

In the Repertory of Temperament they will all be found completely indexed. This I think is of no little importance, since type of constitution is very often a determining factor in the choice of a remedy. There are some patients whose constitution corresponds so accurately to a particular medicinal type, that the corresponding remedy will cure almost any indisposition they may happen to have.

Under the heading "Suited to" he has included not only temperaments, persons and constitutions, but also complaints occurring in persons of particular age and type, so that this section becomes, in a way, the complement of the Clinical Repertory, the first and more important division of the work.

The Repertory of Relationships, clinical and natural, may have a very practical bearing on the selection of the remedy. In natural relationships, the repertory shows at a glance the place in nature of any remedy in question, mineral, vegetable or animal, and how it stands in relation to its nearest congeners; and here is an alphabetical list of all the natural orders represented.

Individualization is the chief function in homeopathic practice, and it cannot be done too completely. After it has once been done, then the grouping of the remedies in the study of the *Materia Medica* sometimes becomes invaluable. but the grouping must not be done first. This is where many homeopaths have made a fatal error, thinking it might prove a short-cut in mastering the *Materia Medica*. This grouping and individualizing was used with masterly success by the late Drs. Burnett and Cooper, of London, and gives us an inkling of what may be done by careful study of our remedies.

Another factor in drug relationship becomes very important if we desire to become accurate prescribers, and that is clinical relationship. Some remedies like *Carbo veg* and *Opium* have been observed to prepare the way for others, and these are termed compatibles. Others again spoil the effect of the preceding remedy, and these are inimicals or in

compatibles. When a remedy has improved a case and ceases to be any longer indicated, the choice of the remedy to follow can be found in the Clinical Relationships, and here the author gives a tabulated list as in Jahr, of all the remedies in the *Materia Medica*, with their antidotes, complements, duration of action, follows well, or followed by, its related remedy.

In the Natural Relationships will be found grouped the metals or elements, the vegetable kingdom, and animal kingdom, sarcodes and nosodes, and for this grouping every student of *Materia Medica* will thank the author. It is correct, practical and placed where it can readily be found. Like all repertories in order to use it well it must first be studied thoroughly and carefully, and then will be seen the admirable and practical condensations found in Clarke's Repertory of 360 pages.

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**Text-Book of Insanity Based on Clinical Observations.** For Practitioners and Students of Medicine. By Dr. R. Von Kraft-Ebing, late Professor of Psychiatry and Nervous Diseases in the University of Vienna. Authorized Translation from the Latest German Edition by CHARLES GILBERT CHADDOCK, M. D., Professor of Diseases of the Nervous System in the Marion-Sims Beaumont College of Medicine, Medical Department of St. Louis University, St. Louis, Mo. With an Introduction by FREDERICK PETERSON, M. D., President of the New York State Commission in Lunacy. P. 638. Royal Octavo. Price, Extra Cloth, \$4.00, net; Half-Russia, \$5.00, net. F. A. DAVIS COMPANY, 1914 Cherry Street, Philadelphia.

This work of Professor Kraft-Ebing on Insanity has long deserved to be clothed in English, and there are few works on Psychiatry that bid likely to become as popular among students of insanity as this. The author's clear and succinct exposition both of Psychology and Psychopathology should make the American edition especially useful to students in this specialty; and his masterly descriptions will greatly facilitate a practical understanding of insanity in the clinic. The present volume is based upon thirty-three years of observation of the insane, and presents disease-

pictures in the light of the author's personal experience on the continent. The teachings of the author have long been considered as near the truth as it is possible to make a science of this character; for, as he claims, there are certain fixed laws which permit the establishment empirically of distinct disease-pictures. He has long been known as one of the ablest writers on Psychiatry, and the publishers have conferred a lasting benefit on the medical profession by bringing out this work.

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**Physician Versus Bacteriologist**, By Prof. Dr. O. Rosenbach of Berlin. Translated from the German by Dr. Achilles Rose. pp 402. Funk & Wagnalls Company, New York and London. 1904.

On the title page is found the maxim quoted from Goethe: "The truth should be constantly repeated, because error all around us is preached again and again, and not only by the individual, but by the masses. In newspapers and encyclopedias, in schools and universities, everywhere error has the upper hand, and it feels happy and comfortable in knowing that the majority is ranged on its side."

With this trite but truthful text the author has given us one of the most thoughtful works that has appeared in the last decade. He has conferred a boon upon his English speaking colleagues by giving them an opportunity to read, and we trust digest, practical conclusions of an original mind, as well as an independent and original investigator of some of the great problems of medicine of today. The work is written in an effort to restore the rights and reestablish the position of the general practitioner, which many think have been seriously encroached upon by a morbid craze for specialism, hence a one sided organotherapy. The reader will soon perceive that the author fully appreciates the value of bacteriology as a biological science, and the importance of the study of the microscopical world. But he raises his voice against the unjustified and unwarranted claims of the bacteriologists, especially of those whom he calls "nothing-but-bacteriologists," the diagnosticians *in absentia*, with their disinfectants and so-called therapeutic measures based

on unsupported theory. This shaft is aimed at Tuberculin and the legion of serums. And, if we mistake not, by its sharp criticisms, the present serum therapeutics has received a staggering blow.

The translator says:

"For years the bacteriologists, by means of fallacious conclusions, and in opposition to all common sense, have established the dogma that all infectious diseases are caused by bacteria, and that all diseases in which so-called specific bacteria are found are infectious diseases. Since this unsubstantiated teaching has become so popular that it is matter of common comment in the daily press, and all the world is thus driven to really dangerous bacteriphobia, it is certainly opportune to have the author's views on such aberrations."

Here is food for thought for the so-called scientific wing of the homeopathic school, who are vainly trying to establish advanced homeopathics therapeutics on the basis of bacteriology.

In every chapter in this work will be found verifications of the truth of the law of similars in therapeutics, and to none will the gratification be greater than to those who hold with Hahnemann, that the germ is the product, not the cause of disease.

Here are a few of the chapters:

On the doctrine of the efficacy of specifics.

Disinfection in the Test-tube and in the Living Body.

Constitution and Therapy.

Care of the mouth in the sick.

Critical Remarks Concerning the Method of Koch.

The Comma Bacillus, Medical Science, and the Medical Profession.

Should Drinking-water and Milk be Sterilized?

Significance of Seasickness with Reference to the Theory of Infection and Immunity.

In How Far Has Bacteriology Advanced Diagnosis and Cleared Up Etiology?

Orotherapy and Statistics.

Here will also be found some facts underlying the principles of vaccination.

Under Orotherapy the necessity for individualization in

the treatment of diphtheria, it is set forth with great force and earnestness, and the facts and conclusion arrived at appear to be incontrovertible, and especially is this true—the author claims—in the use of antitoxin in diphtheria, of which he says:

“If he does not inject, because he is convinced that the case is a simple inflammation of the throat, he will undoubtedly be always accused in case diphtheria should develop, as happens so often in doubtful cases and take a fatal course of having recognized the danger too late. But if he does inject, to escape this reproach or being misled by his own anxiety, even in doubtful and simple cases, then he renders himself guilty of a deception in that he aids in establishing and furthering the efficacy of a remedy in cases in which no proof whatever of this efficacy is furnished.

“We know of no efficacious remedy which, analogous to the substance employed in the animal experiment as curative potencies, could be used in the same manner in all human beings without deleterious by-effects. Possibly fifty persons of one hundred possess the same susceptibility, whereas, unquestionably, the most varying degrees of susceptibility prevail among the remaining fifty, and among these fifty are even five only who react to a remedy in an unexpected form (i. e., with disagreeable or dangerous symptoms), a physician assumes not a small responsibility who incorporates such a remedy into the organism without urgent cause especially into the infantile organism, for which it does not constitute a remedy, but a severe danger.

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**Practical Pediatrics.** A Manual of the Medical and Surgical Diseases of Infancy and Childhood. By Dr. E. GRAFTZER, Editor of the “Centralblatt Fur Kinderheilkunde” and the “Excerpta Medica.” Authorized translation, with numerous Additions and Notes, by HERMAN B. SHEFFIELD, M. D., Instructor in Diseases of Children, New York Post-Graduate Medical School and Hospital; Visiting Pediatricist to the Metropolitan Hospital, etc. Pages 544. Octavo. Flexible Cloth, Round Corners. Price, \$3.00 net. F. A. DAVIS COMPANY, 1914 CHERRY STREET, PHILADELPHIA.

This work on Pediatrics is as near *multum in parvo* as any work on the medical and surgical diseases of infancy and childhood to be found; in fact, it is a miniature encyclopaedia. It presents in a condensed form an abundance of practical and clinical material, pathological and bacteriological data, with elaborate details of etiology and diagnosis.

We congratulate both author and translator in avoiding

much superfluous material with which many similar works are well filled, such as discussion of nursing bottles, family scales, silver baby spoons, theoretical diet lists and cooking recipes. Also, instead of thread-bare descriptions of the typical course of diseases, he has laid special emphasis upon the numerous deficiencies of the type which so often baffle the skill of the general practitioner. In this work the busy doctor will be more likely to find a discussion of an unusual case than in any other work on diseases of children in his library.

The translator has added some suggestions on intubation; Lorenz's operation for congenital dislocation of the hip; for broncho pneumonia; achondroplasia; home modification of milk; tinea tonsurans; hydrotherapy; massage and electricity; climatology; antitoxin; gonorrhoeal ophthalmia; thus making this volume an up-to-date reference work. For these additions the translator will receive the thanks of every American reader.

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**The Mnemonic Similiad.** BY STACY JONES, M. D., author of "The Medical Genius" and "The Bee line, Therapia and Repertory," 347 pages. Cloth \$1.00. Postage, 7 cents. Philadelphia and Chicago. Boericke & Tafel. 1904.

This work is an attempt to memorize the symptomatology of our remedies by placing in rhyme some of the chief characteristic symptoms. There may be some readers who will find this method of memorizing the *Materia Medica* very attractive. It is certainly novel in invention and completion; how effective it will be in its objective remains to be seen. It does not appeal to us as being either practical or beneficial, but perhaps others may think differently. Some, without poetry in their souls, may object to have their *Materia Medica* presented in doggerel.

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**Transactions of the Homeopathic Medical Society of the State of New York for the year 1904.** Published by the Society. Pp. 350.

This volume of 350 pages contains many able articles on current up-to date work by some of the best practitioners

ablest authors in our school. Some articles are illustrated, and, taken all in all, the work is abreast of the times both in surgery and therapeutics. The frontispiece is a very good likeness of President Buck G. Carleton of New York.

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**Transactions of the Homeopathic Medical Society of Ohio, 1904;** edited by the Secretary. 250 pages.

The volume is well printed and contains some valuable papers in almost every department of medicine and surgery. The discussions on some of the papers are very instructive and that feature alone is conclusive proof of the advantage of being a member and attending our medical societies.

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**Transactions of the Homeopathic Medical Society of Pennsylvania, 40th Session, 1904.** with a Frontispiece of the President Dr. David Campbell Kline.

This volume of nearly 500 pages is the largest issued in several years. Many of the articles, especially in surgery, are well and profusely illustrated which render them especially valuable for reference.

We congratulate the Society on the issue of one of the largest and perhaps best printed volume of transactions issued by any State Society in 1904.

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**PHASEOLUS.**—The urine is diabetic; there is soreness to touch of eye-balls, right ribs, epigastrium, right humerus, irregularity and weakness of the pulse; failure of the heart; headache, chiefly in forehead and orbits from fullness of brain; headache aggravated by any movement of head or mental exertion; *fearful palpitation and feeling that death is approaching; dropsical effusion into pleura or pericardium.* If diabetes be associated with the above mentioned symptoms Phaseolus will often cure.



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### ON THE USE OF REPERTORIES,\*

BY JAMES B. BELL, M. D. Boston, Mass.

If I could offer you something upon this subject commensurate in value with the time and thought which I have devoted to it, I should be in some measure satisfied; but I found the subject assigned to me, a rather difficult one, and I am afraid that the product of my thought will not seem very valuable.

When one is asked to make some suggestions upon the use of repertories one is tempted to reply, as William Hunt the celebrated artist is said to have done when being asked a hundred curious questions by his students as to lines, colors and effects, his answer was; "Do! do! do! Let your picture go and do another."

And John Hunter, the famous physician used to say to his pupils; "Don't think, try."

The use of repertories can certainly only be learned by experience. We shall have to do some thinking however, as well as trying.

And the first thought is, what is a Repertory?

It is an index of the Materia Medica

It is a concordance of the Materia Medica.

Some repertories are more concordance than others, but all partake somewhat of that character, particularly when a symptom is found only under one remedy.

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\*Read before the Boston Society of Homeopaths.

It may be difficult for us now to picture to ourselves a time when there was no index to the *Materia Medica*.

It would take us too far now to enter upon the history of repertories, but we well know that, in the earlier years of Homeopathy, while the *Materia Medica* was already assuming a systematic form, there were no indices to its treasures, so that each case had to be studied out by consulting nearly all the remedies then proven\*. This would now however be impossible, and we may therefore be very grateful that we have a full repertory, which is also quite a concordance, to the Guiding Symptoms, and as a similar work for Allen's Encyclopedia.

These, with the general repertories of Kent and Lippe, with Bönninghausen's precious Pocket Book and Repertory, (that on Anti-psorics only, translated by Boger), Gentry's Concordance Repertory and the various repertories connected with the Monographs on Cough, Fever, Diarrhea, Gonorrhoea, Headache, Eyes, Uterus, Vaginal Discharges, the Cypher Repertory, etc. All these make up a set of treasures which we ought to thoroughly appreciate. I am sure that those of us do, who had to do all our earlier work with Hull's *Jahr* alone.

Perhaps I ought not to omit that mental repertory and *Materia Medica* which we all carry with us after long experience and on which we often have to chiefly rely at the bedside, especially in emergency cases and for the simpler ailments.

Our next thought concerns itself with our central topic. How shall we use these implements of our art? It might seem at first that we might as well ask how shall the artist use his pencil, the painter his brush, or the surgeon his scalpel? All according to individual skill and style, and this is, in a measure, true of the use of repertories. All will proceed upon somewhat individual methods. Some will write out in chronic and difficult cases, a careful scheme,

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\*An interesting reference to those times is found in *Jahr's* preface to his *Forty years' Practice*.

as we have seen illustrated in various ways, including all the remedies from every repertory having any of the symptoms of the case, and then by a system of elimination of the least important and least characteristic, reduce the choice to a few remedies, and finally determine one which has the greater number of the symptoms.

There is value in this method, but there is also danger in it, that the choice will not be made upon the most important or peculiar symptoms, or those of most recent occurrence, or therefore, those most essentially important. It is this method which is most open to the charge of "Symptom Covering" as it is sometimes urged against us. It is also the method which is most likely to lead to the error, which will be spoken of later, of making the prescriptions upon the repertory without study of the *Materia Medica*.

Another somewhat freer and less mechanical method is the one probably most frequently followed. It consists in a search of all the necessary repertories, beginning with Lippe, and ending up with the Pocket Book, and then from the mental comparisons thus made, aided with a few notes of the most suitable remedies the work is finished with the *Materia Medica*.

In this connection Dr. Kent's advice, in the preface to his great work is excellent.

"As is well known to older practitioners, the method of working out a case from generals to particulars is the most satisfactory. If a case is worked out merely from particulars it is more than probable that the remedy will not be seen, and frequent failure will be the result. This is due to the fact that the particular directions in which the remedies in the general rubric tend have not yet been observed, and thus to depend upon a small group of remedies relating to some particular symptom is to shut out other remedies which may have that symptom, although not yet observed. By working in the other direction, however, i. e., from generals to particulars, the general rubric will include all the remedies that are related to the symptoms, and, if after having done this the particulars are then gone into and the remedy which

runs through the general rubrics is found to have the particular symptoms, this will aid in its choice as the one to be prescribed. Take, for example, that particular symptom, "blueness of fingers during chill." If this symptom alone were consulted in a special work, we would be limited to *Natr. m.*, *Nux v.*, and *Petr.* But if the general rubric "blueness of fingers," regardless of the name of the disease, be consulted, it will be seen that twelve remedies are to be noted. Even this is a narrow way of looking at the symptom; to be certain of finding the remedy we may have to consult the rubric "blueness of the hands," giving about forty remedies, among which the one sought may be found, whereas it was probably not included in the groups of twelve and three."

For the term "Generals" which Kent uses, Berridge uses "Collectives" which I think is better and he also advises the same method, about twenty-four years earlier (1873) than Kent. The most excellent Cypher Repertory uses the term "Collective Headings" and follows the same method as early as 1859. All the other symptoms in this Repertory are grouped under Conditions and Concomitants.

In no case of importance however is the study complete until every probably appropriate remedy has been examined in the *Materia Medica* itself. This brings out the general relationship, and many minor lights and shades which go to make up the picture.

As Knerr says: "Although the repertory is a faithful reproduction of the Guiding Symptoms, its contents classified and indexed, as a matter of course, in no way can it take the place of the larger work. In a repertory we have separation by analysis for the purpose of classification and ready reference; in *Materia Medica*, combination by synthesis to enable us to study drug-effects in their grand unity and relationship."

In a note to the 2nd vol. of Bönninghausen's Repertory, not yet translated, he says; "not for a moment would I give the slightest occasion (i. e. by publishing this Repertory) for the neglect of the dilligent study of the pure *Materia Medica*."

“If any one should have the idea, that all he has to do, as an artist in homeopathic healing, is to barely run over the single symptoms without any broad survey of the totality of the same, and that he hereby fulfils his duty, such an one has not the slightest grasp of the essential nature of the new Science of Healing, and for these, least of all, is this Repertory written.”

It might be advantageous for us to consider the various characteristics of the different Repertories, but to do that properly would require too much time.

If possible one should own them all, but if not, one should certainly have Lippe, the Pocket Book, and Kent.

I will now present a recent case, chosen somewhat at random, that may serve as a sort of object lesson. It may at least illustrate some of our difficulties. I am afraid it will remind you only by contrast, of a companion picture given us by Bönninghausen in the Introduction to his Pocket Book.

#### A DIFFICULT CASE.

A physician about 50 years of age, always in excellent health, was taken about February 5th with pain and stiffness in the back and right side, of the neck. He had had his hair cut recently and had been driving much in the cold wind. On February 7th the symptoms were as follows:

Neck very stiff.

Cannot turn to the left or lie on the left side.

Can turn a little to the right.

A soreness and dull ache extending from the top of the head, right side, and down back of the ear into the neck.

Throbbing in this whole region and occasional sharp dabs of pain.

Neck has a sensation of being swollen with much throbbing back of the neck on each side.

Scalp and side of the neck very sensitive to the slightest touch, but not to strong pressure.

All the symptoms much worse at night.

And then must sit nearly upright.

Much worse from stooping, or straining at stool, (the throbbing pains).

Feels all the time, when resting back upon the pillow as though lying on a hard board. Sometimes thought the moulding of the wooden head board was pressing into his head, when it was only the soft pillow.

Worse after sleeping, or perhaps only from getting into a cramped position.

The pain is worse on movement, but feels obliged to move often. Had two doses of Bell. 4 m, and had also taken Arn. 200 several doses.

A repertory was apparently not necessary to lead us to turn at once to Glonoine in the *Materia Medica*, where we found; "Consequences from cutting the hair:" Results from taking cold. "Dull pressure, pain in occiput and neck worse from moving the head or twisting the neck.

"Headache worse from stooping, bending it backward, lying down."

Nape of neck stiff with headache."

As the most marked symptom was the hard throbbing in the occiput which is so characteristic of Glon. and the other symptoms agreeing very well this remedy was given; Swan's cm. in water every three hours.

The first night seemed rather better, but there was no real improvement. The patient was out of town, and I was unable to visit him for several days, but we kept in touch by telephone and he wanted to take China because of these symptoms; "aggravation from slight pressure and better from hard pressure," and I assented.

I visited him again on the 11th and there had been no improvement, and as the night aggravation was so marked from evening till daylight, that I gave Syph. cm. in solution.

There was no relief from this and before I was able to see him again on the 15th, he took some remedy which I omitted to note and have forgotten. The throbbing was now somewhat better, but the other symptoms about the same. He was now much worse from gentle touch, but better from firm rubbing, and had a nurse rub his head much of the night. On this indication chiefly I gave Ign. cm. in

solution, as this remedy has this symptom in Bönninghausen's Pocket Book in the highest degree, with China.

He had also at this time: "Feels as though a thumb was pressing in spots on the top and right side of the head." Ign. has "pain in small circumscribed spots." "Pressing pain as from a hard pointed body."

Ignatia in the *Materia Medica* has; "Throbbing in occiput when pressing at stool." And no other remedy has it (Kent) and this has been a persistent symptom with him. He also had, very markedly; "Bruised feeling" of the affected parts, and Ign. has "Head feels sore, bruised." It has also; "Stiffness of the nape of the neck."

He had also a sensation, "as though the hair were pulled" (although almost entirely bald). This symptom I found under sixteen remedies none of which were however, otherwise similar, except Arnica which had done no good.

Ignatia had also in the highest degree, "aggravation from turning or twisting the affected part."

Two days later, on the 17th, there had been a little improvement the first night but the second was as bad as before.

I now made a new study of the case chiefly with the Pocket Book.

Beginning with "aggravated from lying with the head low," I found only two remedies otherwise suitable, China and Spigelia and the former had been already given.

Under "aggravated from turning or twisting the affected part" I found the only otherwise suitable remedy, that had not been given was Spigelia in the second degree.

The sensation "as of lying on a board" is found under twenty-three remedies, but none of them otherwise similar except Arnica.

Bruised sensations are found under many remedies including Spigelia. in the second degree.

"Throbbing", "Pulsating", in inner parts, has about one hundred and fifteen remedies of which the only unused and similar one was Spigelia. in the second degree.

The amelioration from rubbing is found under many

remedies, and under *Spigelia* in the lowest degree.

It seemed to me that the amelioration from keeping the head upright, was equivalent to "aggravation from stooping" which *Spigelia* has with nine other remedies in the highest degree.

The location and time of the pain did not seem to throw much light on the remedy, and there were absolutely no other symptoms and nothing in the patients constitution, habits or history to aid in the prescription.

A thorough study of these points with Knerr's Repertory disclosed nothing conclusive, but *Spigelia* seemed to be as well indicated as any other remedy in these particulars.

Turning now to the *Materia Medica* we find the following symptoms of *Spigelia*:

"Pulsating Stitches."

"Painfulness of cerebellum with stiff neck."

"Pulsating headache, better lying with the head high."

"Many throbbing pains of the head, all worse from stooping, and better lying with the head high, from pressure, and laying the hand on it.

"Rheumatism of nape of neck, worse lying on the back.

"Continual restlessness during the night."

"General relief lying with head high, and bolstered up in bed."

"Aggravation of many of the pains at night.

"Dreadful banging, throbbing pain, in face and neck.

After *Spigelia* 200 in solution there was immediate gradual and progressive improvement. The last symptom to disappear was the stiffness of the neck, which was not wholly gone in ten days.

I do not present this as a model case, even if I were capable of achieving such a thing, and perhaps you will think that in some aspects of it, it is an example of how not to do it, but even so it may do you some good.

This case of course raises one of the greatest questions in the use of the Repertory, viz. how shall we estimate, not the number, but the value of the individual symptoms, as revealed in the Repertory. In other words, how shall we



divine the real inner relation of the remedy which is suitable to the case, and which alone yields any proper curative action?

Of course we all know the general, and very true answer to this question; that it is by selecting the remedy most similar to the characteristic and peculiar symptoms of the case, which are usually the modalities, and to the totality of the symptoms, but even though we seem to do this most carefully, how often do we fail, until as in this case, we seem to find the remedy which really touches the button, and the vital force does the rest.

In this case the controlling symptom would seem to have been the great aggravation from lowering the head, or in other words the necessity to sit bolt upright, but why were other symptoms as the great aggravations at night, the feeling as though lying on a board, the aggravation from light touch and relief from pressure and rubbing, all of them striking and peculiar, and therefore characteristic symptoms, of such minor importance in the choice of the remedy? A full discussion of this great question would however lead us too far at the present time.

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### SUBKATABOLISM: CARCINOMA.

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P. W. SHED, M. D., New York.

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Few things in modern regular (?) medical literature have afforded so much pleasure in the perusal as a pamphlet entitled, *The Pathology of Katabolism in Relation to the Etiology and Pathology of Cancer and Allied States*, originally published in *American Medicine*, Nov. 22 and 29, 1902, by Dr. Homer Wakefield, N. Y.

It is gratifying to acquire a new, comfortable theory, one, too, whose contours and characteristics arouse pleasant memories of a more ancient philosophy, which it serves to amplify or corroborate, and a brief review of Dr. Wakefield's pamphlet, which apparently created no furore in the "rational" school, may profit and encourage the homeopath,

who for a hundred years has pursued a therapeutic course guided by procedure and law as immutable as that which holds Ursa Major against the northern skies.

From the pamphlet of 64 pages may be culled some interesting statements of the following tenor:

1. Neoplasms are not growths of normal or embryonic tissues, are not of bacteriologic or parasitic origin, but are accumulations of subkatabolized tissue, the result primarily of systemic subkatabolism, secondarily localized at the point of greatest subkatabolism (often traumatic).

2. Subkatabolism is a condition of metabolism, where cells which have fulfilled their functions, are not normally oxidized, digested, dissolved, eliminated, but remain in the body in stasis, gradually passing into various forms of degeneration, waxy, colloid, gelatinous, fatty, etc.

3. Subkatabolism is due to (a) suboxidation, from lack O; (b) hyperacidity of tissues (metabolic digestion of tissue requiring an alkaline medium;) (c) lack of light; (d) lack of heat.

4. Normal katabolism requires therefore (a) oxygen and oxidation; (b) alkalinity of tissues; (c) light; (d) heat.

5. Neoplasms, as cancer, do not grow by a building up of tissue, but by a stasis of superannuated, useless tissue, which, under normal vital conditions would be digested, dissolved, eliminated.

6. The "growing" edge, the "infiltration," the metastases of neoplasm are due to these unremoved obsolescent cells, which, acting irritantly as foreign bodies, induce similar change and stasis in neighboring tissue.

7. The underlying cause of neoplastic formation and of other diseases, including most infections, is constitutional, i. e. a state of subkatabolism due to lack of oxygen, lack of alkalinity of tissue, lack of light, lack of heat; e. g. tuberculosis, pneumonia, all catarrhal conditions, anemia, chlorosis, scrofula, leukemia (stasis of subkatabolized white cells,) etc., etc.

8. Absolutely normal tissue cannot be bacterially infected, unless the bacterial mass be sufficiently large to in-

duce (as a foreign body) a local, and possibly sequent general, subkatabolism; e. g. Walker Cheyne has determined that 250,000,000 cocci must be injected to produce an abscess, and Bujwid holds that even 1,000,000,000 is insufficient.

Some degree of katabolic stasis always precedes and invites contagion, infection; and pathogenic bacteria are able to live, grow, and propagate only in among necrotic tissues and blood cells that have failed of normal katabolism.

9. External etiologic factors in cancer are those shutting off oxygen, heat, light.

Internal factors are those inducing hyperacidity of tissue, as excessive ingestion of sweets; alcohol; acids; illy or difficultly digested foods, which, acted upon by acid-fermentation microbes, contribute to hyperacidity; vices of eating; also sexual excesses, which by exhaustion induce subkatabolism; also accumulation of superannuated tissue (mammas, uterus) from lack of function as sexual power declines;—Cf. the notorius and frequent relation of the obsolete breast and uterus at or after the menopause, to that condition—*malignancy* of neoplasms—which would logically be expected to bear a relation to the extreme condition of suboxidation.

10. Pneumonia, arterio-sclerosis, apoplexy, diabetes, cancer, rheumatism, gout have all either increased or failed to decrease with the general advance in medical development, and not until the profession becomes satisfied that *infection is a secondary factor in the etiology of these diseases*, and will go back of it and combat the primary causative factors, will it achieve therapeutic success.

11. Therapy recommended in carcinoma. Cod liver oil. HCl dil. (to replace the lack in the stomach.) Alkalis (to combat the acid toxemia.) Iron (to enhance oxygenation in cases of deficient hemoglobin.) Iodine (as oxidant, and hence absorbent.) Phosphorus and phosphates, in small doses (to aid nuclein and lecithin synthesis, and hence peripheral and general tissue oxidation. A restoration of sexual power is noted.) Glycerophosphates. Nucleoalbumin. X ray (oxidant.)

We affirm that these excerpts, which are the fundamentals of Dr. Wakefield's theory form excellent Hahnemannian philosophy.

If Dr. Wakefield will peruse the Organon of Medicine with care—doubtless he has never seen the book—he will discover in Hahnemann a worthy MASTER, and one whose therapeutic hints will arouse Dr. Wakefield's sincere admiration.

In considering Dr. Wakefield's train of thought we observe that he has grasped the homogeneity of the body, where any form of disease (tinea versicolor or tuberculosis) implies a disturbance and affection of the whole organism. Hahnemann in 1810 declared.

The adherents of the old school, moreover, believe that by putting a ligature on polyps; by cutting out, or artificially exciting suppuration by means of local irritants in indolent glandular swellings; by enucleating encysted tumors; by their operation for aneurism and lachrymal and anal fistula; by removing with the knife scirrhus tumors of the breast; by amputating a limb affected with necrosis. etc. they cure the patient radically and that their treatment is directed against the cause of the disease; and they also think, when they employ their repellent remedies dry up old running ulcers in the legs with astringent applications of oxide of lead, copper or zinc (aided always by the simultaneous administration of purgatives which merely debilitate, but have no effect on the fundamental dyscrasia;) cauterize chancres; destroy condylomata locally; drive off itch from the skin with ointments of sulphur, oxide of lead, mercury, or zinc; suppress ophthalmias with solutions of lead or zinc, and drive away tearing pains from the limbs by means of opodeldoc, hartshorn liniment or fumigations with cinnabar or amber; in every case they think they have removed the affection, conquered the disease, and pursued a rational treatment directed toward the cause. But what is the result? The metastatic affections that sooner or later, but inevitably, appear, caused by this mode of treatment (but which they pretend are entirely new diseases,) which are always worse than the original malady, sufficiently prove their error, and might and should open their eyes to the deeper-seated, immaterial nature of the disease, and its dynamic origin, which can only be removed by dynamic means.

How gratifying this will be to Dr. Wakefield,—so well agreeing with his idea of subkatabolic processes and the necessity of treating primary causes.

"Systemic subkatabolism with its neoplasm and other disease-forms" is perhaps a good modern phraseology for Hahnemann's paragraph.

"Are, then, the foul, often disgusting excretions which occur in diseases the actual matter that produces and keeps them up? Are they not rather always excretory products of the disease itself, that is, of the life which is only dynamically deranged and disordered?"

Dr. Wakefield's microscopic and chemic knowledge as compared with Dr. Hahnemann's (obit. 1843, ætatis 89,) have given the advantage of more precise localization of nucleic processes, of anabolism, katabolism, and subkatabolism, hitherto covered by the expression, vital force, dynamically deranged or disordered vital force.

Compare excerpts (nos. 5-7, vide supra) of the modern investigator with Hahnemann's conclusions; "In short the degenerated substances and impurities that appear in diseases are, undeniably, nothing more than products of the disease of the abnormally deranged organism, which are expelled by the latter, often violently enough—often much too violently—without requiring the aid of the evacuating art, and fresh products are always developed as long as it labors under that disease."

In pp 259-261 (with notes) of the Organon, Dr. Wakefield will find remarkable corroboration, greatly amplified, of his statements on regimen and its etiologic factorship in subkatabolic states.

The pamphleteer asserts that even a furunculus is an expression of systemic subkatabolism, to say nothing of the long list of more serious epidermal affections, and consequently to be treated constitutionally. What excellent Hahnemannian doctrine—and one hundred years old at that!

Dr. Wakefield declares that pneumonia, arterio-sclerosis, apoplexy, diabetes, cancer, rheumatism, etc. imply subkatabolism, "deranged vital force," and that infection (even by the diplococcus pneumonia) is a secondary factor in the etiology of these diseases, which must be treated constitutionally, i. e. by the totality of symptoms, comprehending a

psoric (subkatabolic) basis. In Hahnemann's "Chronic Diseases" he will find a marvelously acute exposition of the whole subject.

We now come to the crux of the whole matter so far as therapy is concerned, the point of vital interest for the patient.

Dr. Wakefield may easily prove Homeopathy. Iron is a frequently indicated remedy, and if indicated, produces quick results. Let him study carefully the Ferrum indications in any homeopathic materia medica,—and prescribe Ferrum 30. (a decillionth dilution.) The homeopathic drug theory, however, will delight Dr. Wakefield's philosophic and logical mind (as well as its practice).

How shall be gotten the exact and characteristic action (whether oxidant, acidifying, alkalinizing, nucleinor lecithin-synthetizing, or what not) of any medicinal substance on metabolism, unless you therewith first derange (temporarily) a normal metabolism, and closely observe the pathogenesis?

Experiment on an organism already in a state of disordered metabolism, or subkatabolism, is positively unscientific and lawless.

Common sense asserts that every drug has its peculiar effect on the system.

There are a number of "oxidants;" to apply any one of these because an oxidant is needed, is to assume that all oxidants are alike in action, which is nonsense.

An oxidant is needed, but which oxidant? Clearly, the one fitted to the individual case.

To assume that no law governs the selection of a drug in curing disease is blasphemy in this universe of law.

The ultimate explanation of the law may be beyond man's philosophy, but if a law has been repeatedly proved by numberless exponent cases to exist, man is a fool to neglect or deny it.

Such a law in drug therapy is the homeopathic law of *similia similibus curantur*. ("Homeopathic" is an excellently derived Greek scientific term; it means exactly what its component Greek roots imply, and has nothing sectarian

about it, save as the regular(?) school choose to baptizse it "sectarian)."

Goethe said:— "Manches können wir nichtverstehn, Lebts nur fort, es wird schon gehn."

And how to find the "oxidant" fitted to the case? The oxidant fitted to the subkatabolic case will be the oxidant which, temporarily administered to a normal metabolism will derange it so that the derangement (mental, moral, physical) corresponds to that in the subkatabolic case.

The law which governs, the *similia similibus curantur*, even Hahnemann, difficultly philosophized over. Under the (translator's) heading of "how a homeopathic cure is probably effected," he states:

Whichever of these medicines that have been investigated as to their power of altering man's health we find to contain in the symptoms observed from its use the greatest similarity to the totality of the symptoms of a given natural disease, this medicine will and must be the most suitable, the most certain homeopathic remedy for the disease; in it is found the specific remedy of this case of disease.

A medicine selected in this manner, which has the power and the tendency to produce symptoms the most similar possible to the disease to be cured, consequently a similiar artificial disease, given in a suitable dose, affects, in its dynamic action on the morbidly deranged vital force of the individual, those very parts and points in the organism now suffering from the natural disease, and produces in them its own artificial disease, which, on account of its great similarity and preponderating strength, occupies precisely the seat hitherto occupied by the natural morbid derangement, so that the instinctive, automatic vital force is from that time forward no longer affected by the natural disease but solely by the stronger, similar medicinal disease; which in its turn, on account of the small dose of the remedy, being, like every moderate medicinal disease, overcome by the increased energy of the vital force spontaneously disappears, leaving the body free from all disease, that is to say, healthy and permanently cured.

Perhaps modern medicine may find a better philosophy! Dr. Wakefield has demonstrated his primary fitness for homeopathic practice by his firm grasp of the principle that the entire system is involved and must be treated in disease.

His therapy, however, generalizes, as does all old school therapy. Cod-liver oil may be "burnt in the superficial cir-

culatation, and demonstrated a valuable aid to peripheral oxidation," but, unless among its medicinal ingredients is the *indicated* one demanded by the particular species of subkatabolism, and in suitable dosage, subkatabolism will continue.

HCl may be useful as a palliative, but the subkatabolic system brought back to normal by the indicated remedy will evolve its own HCl.

Arsenic, as an internal remedy, is not favored by Dr. Wakefield (the massive dosage of the old school) as tending to develop subkatabolism. He lays stress upon the conclusions of Jonathan Hutchinson and other writers in declaring Arsenic a cause of cancer. "Even a continuous inhalation of Arsenic from arsenical wall-papers has been observed to produce the characteristic manifestations of arsenical poisoning characterized by the several manifestations of suboxidation." All of which is scientifically shown in the homeopathic pathogenesis of Arsenic. If, however, Dr. Wakefield will investigate homeopathic literature and the homeopathic indications for *Arsenic in potency*, he will, *strangely enough*, find it frequently curative.

All the remedies mentioned by him may be useful, and are included, (with many other) in the homeopathic armamentarium, but the homeopath has his indications for each individual drug, which Dr. Wakefield has not, as he will discover by studying homeopathic materia medica.

Carcinoma has been cured time and time again, but not by the slovenly, slothful prescriber. There must be fine differentiation for such grave subkatabolism.

Certain remedies (e. g. Arg. met., Arg. nit., Ars. Ars. iod., Aurum, Bufo, Calc. Carbo an., Carbo veg., Cistus, Conium, Croc. hor., Elaps, Graph., Hydr., Iod., Kali iod., Kreos., Lach., Lyc., Merc., Mer. prot., Murex, Nat. carb., Nat. mur., Nit. ac., Phos., Phyt., Sab., Sang., Sep., Sil, Staph., Sul., Zinc.) have been found especially useful in carcinoma, for example, but both Dr. Wakefield and the careful homeopath would treat the constitution, i. e. the totality of symptoms, and hence realize that any one of the 1000 drugs of the Materia medica might be indicated.



We feel deeply indebted to Dr. Wakefield. His warning to the old school to *get back of disease names, and combat the Primary causative factors* if it would achieve therapeutic success, is the century-old admonition of Homeopathy, thundered from the medical Mount Sinai by Hahnemann as he inscribed the Law.

Dr. Wakefield's presentation in modern terminology and micro-and chemical exactness of subkatabolism, or deranged vital force, is a comfortable theory to ponder upon, and should be read in its entirety.

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### VERTIGO.

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BY JAMES WALSH, M. D., Cortland, N. Y.

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Vertigo or dizziness is a disturbance of equilibrium. It is a subjective sensation and may be of all degrees of severity, from a slight dizziness to complete loss of equilibrium with falling. The onset may be gradual, or sudden without the slightest premonition. Consciousness is rarely lost or if so, momentarily only. The patient may feel as though he were sinking, rising or circling (subjective vertigo), or surrounding objects appear to do the same thing, while the patient stands still (objective vertigo).

Vertigo may be felt when lying, disappearing on rising, or when turning the head, closing the eyes, opening the eyes, looking upward or downward. In the severe forms the condition is usually of short duration, while in the milder forms it may last for weeks or months. There is giddiness, staggering gait like drunkenness, and it is frequently attended or followed by nausea and vomiting of a hyperacid fluid; the face becomes pale, exceptionally flushed, dependent upon the cause.

Vertigo is a symptom only. It may be the result of a variety of causes. It is very alarming to the patient and he seeks the physician in great trepidation. It may or may not be of grave import, according to the condition of which it is a manifestation. It is therefore, of the highest

importance to seek diligently for the basic condition for the purpose of prognosis and treatment. Intelligent, scientific homeopathic prescribing cannot be done without a knowledge of diagnosis. It is absolutely essential to understand causes as well as present conditions to prescribe successfully.

And again the homeopathic remedy is not all that is necessary to treat a case of vertigo. If the vertigo be due to a disturbance of the digestive function, obviously we must correct improper living and give explicit instructions in regard to diet. Vertigo due to arteriosclerosis, contracted kidney or valvular disease would call for their respective specific, adjunctive treatment. Vertigo due to ocular defects require the appropriate optical or operative treatment. Also the selection of the appropriate remedy cannot be intelligently accomplished without a knowledge of the existing conditions together with a correct diagnosis of the basic cause.

In his little work "Index of Symptoms," under vertigo, Leftwich mentions twenty-seven diseases of which it is a symptom, and he has not enumerated all. The conditions which most frequently cause vertigo are gastric disorders of various kinds, lithemia, arteriosclerosis, valvular disease, contracted kidney, affections of the labyrinth, eye strain, petit mal, neurasthenia and locomotor ataxia. Among the less common causes are hyperemia of the brain, laryngeal vertigo and brain tumors. Vertigo occurs also without discoverable cause, the so-called essential or idiopathic vertigo.

#### *Gastric Affections.*

(a) Vertigo coming on after an over-indulgence of food in an individual past the middle age, with cardiac distress and which is relieved by vomiting or purgation, is due to acute indigestion.

(b) Vertigo is a common symptom of hyperchlorhydria. A burning pain in the stomach two or three hours after a meal, with pressure in the epigastrium, eructations of a bitter and sour nature, regurgitation, severe headache and sudden vertigo, together with relief of pain upon in-

gestion of proteid food, with the finding of an excess of HCl after a test meal, will differentiate this affection.

(c) A constant, mild vertigo, together with a history of epigastric distress and fullness covering a long period, nausea and vomiting, coated tongue, constipation and a decrease or absence of HCl point to a chronic gastritis as the cause.

*Arteriosclerosis,*

A patient past middle life with a constant mild vertigo, or severe attacks with syncope, presenting a high tension pulse, hypertrophy of the left ventricle and accentuated second aortic sound, is suffering with arteriosclerosis.

*Contracted Kidney.*

If in addition to the above, the patient passes large quantities of a pale urine of low specific gravity, the night urine exceeding the day urine, together with slight albuminuria and a few casts, we have contracted kidney.

*Valvular disease*

Dizziness, headache, flashes of light and a feeling of faintness on arising quickly, together with the detection of cardiac hypertrophy, displacement of the apex beat downward and to the left, with a diastolic murmur over the second right interspace propagated toward the ansiform cartilage point to aortic incompetency.

*Neurasthenia.*

A mild, frequent vertigo in a man or woman over twenty years of age who suffers from a constant headache, usually occipital, associated with great muscular weakness, mental hebetude and depression, relaxation of sexual organs, with partial or complete impotence, palpitation of the heart, cold hands and feet, is due to neurasthenia.

*Lithemia.*

If in addition to the above symptoms, the urine is of a high color and specific gravity (1025-1035) with a strongly acid reaction and an excess of oxalates and urates, lithemia, which is frequently associated with neurasthenia is present.

*Meniere's disease.*

Sudden, severe vertigo with nausea and vomiting,

staggering gait with a tendency to move in a circle in the direction of the diseased side, together with tinnitus and partial or total deafness, indicates Meniere's disease. The vertigo in this affection may be so severe as to cause the patient to fall abruptly as from a blow.

*Labyrinthitis and Syphilis.*

Inflammation of the labyrinth, also syphilis of the internal ear, may give rise to nearly the same group of symptoms, except that the onset is gradual; the former is most frequently found in children from middle ear complications following the exanthemata. Meniere's disease occurs usually in individuals over forty.

*Petit mal.*

In petit mal the vertigo is sudden but with faintness and momentary loss of consciousness; the patient does not fall; the features become fixed and pale. There is quick recovery and the condition is unaccompanied by the tinnitus or deafness which characterizes Meniere's disease. A definite aura in petit mal is rare, yet I have a case under observation in which the aura is very marked.

*Locomotor Ataxia.*

The vertigo of locomotor ataxia is characteristic. Upon closing the eyes or going into a dark room, there is loss of equilibrium, the patient cannot close the eyes to wash the face without incoordination. This condition, together with loss of patellar reflex, the lightening pains and the Argyle-Robinson pupil, make a clear clinical picture.

*Ocular vertigo.*

Mild, persistent dizziness often accompanies over use of the eyes, errors of refraction, strabismus and asthenopia. Evidences of eye trouble, such as blurring of vision, headache, pain in eyes, hyperemia of conjunctiva, cornea or iris, and an excessive secretion of tears will be present, especially following over use of the eyes. Examination will reveal errors of refraction, strabismus or asthenopia. If the vertigo disappears upon absolute rest, the application of glasses or operative treatment, the diagnosis is positive.

*Laryngeal Vertigo.*

Butler describes this as a rare disease, allied to epilepsy. He says it is probably a reflex neurosis. It manifests itself in middle aged neurotic men who suffer from laryngitis, bronchitis, bronchial asthma or phthisis. The attack begins with laryngeal tickling or irritation followed by short cough, spasm of the larynx, dyspnea, transitory syncope and slight convulsive movements. The attack may occur every day for intervals of a month.

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**DRUG ATTENUATION AS I UNDERSTAND IT.**

BY PHILIP RICE, M. D., San Francisco, Cal.

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When we say that Hahnemann reached scientific conclusions without very scientific processes of reasoning, at least so far as we can read him, we do not for a moment question his ability to do so. He was unquestionably one of the most scientific men of his time, and few in this day and generation can be compared to him. His keen foresight led him to reach scientific conclusions without drudging through long and tedious processes of reasoning and experimentation. In fact, the imperfect understanding of matter, of forces, and a great many other things in his day, things that modern laboratory experiments have made us perfectly familiar with, precluded all possibility of his fully explaining the *modus operandi* of all the facts he gave us.

So in the matter of drug attenuation, what he said in the sixteenth section of the "Organon," though not at all explained by him, is nevertheless absolutely and scientifically correct, and so proved to be science of to-day. This section seems to me to be the all-important one for us to study while investigating this problem of drug attenuation. He says: "By the operation of injurious influences, from without upon the healthy organism, influences which disturb the harmonious play of the functions, the vital principle, as a spirit-like dynamis, cannot otherwise be assailed and affected than in a spirit-like manner; neither such morbid

disturbances, or in other words, such diseases be removed by the physician, except in like manner, by means of the spirit-like countervailing agency of the suitable medicines acting upon the same vital principle, and this action is communicated by the sentient nerves everywhere distributed in the organism; so that curative medicines possess the faculty of restoring, and do actually restore health, with concomitant functional harmony, by dynamic influences only, acting upon the vital energies, after the morbid alterations in the health of the patient which are evident to the senses have represented the disease to the attentive and observant physician as fully as may be requisite to effect a cure."

The note preceding this section states the point more tersely. It reads thus: "It is only by means of the spirit-like influence of a morbid agent, that our spirit-like vital power can be diseased; and in like manner, only by the spirit-like operation of the medicine, that health can be restored."

Thus Hahnemann in a very few words raises the entire system of the therapeutic art from the low level of crude materialism to the high plane where ultimate principles alone hold sway, where the art becomes creative through influence over the creative forces.

Here we strike the very core of the whole matter of potentization. Hahnemann says that only the immaterial forces have power to derange the health, and that only the immaterial or "spirit-like dynamis" of a drug have power to re-establish health. If this be true, then matter, *per se*, has nothing whatever to do in the curing of sickness, and the question is hereby raised, does matter cure? Is it the material in the remedy that rights the disturbance?

Before we can give an answer to this question it will be necessary to define matter; and here we will call upon the men who have studied matter in all its various manifestations, for an answer.

Few, if any, scientists are better able to give us a definition than that eminent English student and scholar Sir Oliver Lodge. This is what he says: "Matter is composed

of electricity, and nothing else." Certainly a plain, direct and positive statement, and one we cannot misconstrue. He defines electricity as being both positive and negative. As to what positive electricity is, he says; "we do not know. For myself I do not even guess, beyond supposing it to be a mode of manifestation, or a differentiated portion, of the continuous and all pervading ether. But concerning negative electricity we know a great deal more. This exists in excessively minute particles, sometimes called electrons." After further description of the size of the electron, he says: "From every kind of material the same and no other kind of electron can be obtained, and we have reason for asserting that no other kind exists." In other words, all material in its ultimate principle is one and the same thing, viz. force. Truly a startling statement.

In this definition of matter, the true homeopath should find a cause for congratulation. Here is stated in plain yet forcible language the fact that only spirit-like force, and not matter, counts for aught in this universe. Is not this what Hahnemann taught? Likely the question now occurs to you that, if all matter is but a manifestation of but one force, why not give Nux for an Aconite fever, and Aconite for a Nux dyspepsia? Are not, if this be true, all drugs alike. Not at all. Matter, though a manifestation of force only does not confine this force to a single manifestation. This force is manifestation in an infinite number of different ways, different activities. To illustrate. We have here, say, the substance we call water. On one side of it we have ice, and on the other steam. Here are three different ways in which force is manifested. Or take, if you wish, hot and cold water. The effect produced by each upon the tissues when applied is certainly very different; and yet it is always water; the material substance has not been changed. Where, then, lies the difference? Soley in the action or activity of each individual atom and in the force generated thereby, which differs in degree according to the activity. And so throughout the whole material universe we have different kinds of matter simply because we have different

degrees of vibrations of force. On this point let us once more listen to the gentleman from whom I have already quoted. He says: "These electrons are extremely energetic and forcible, though in bulk mere specks or centers of force. Every speck is exactly like every other, and each one is of the size and weight appropriate to the electron. Different atoms, of different kinds of matter, are all believed to be composed in the same sort of way; but if atoms of a substance are such as each possesses twenty three times as many electrons as hydrogen has, we call it sodium. If each has two hundred times as many as hydrogen has, we call it lead or quicksilver. If it has still more than that, it begins to be conspicuously radioactivity."

A certain substance, then, has its own peculiar characteristics solely and only through the force created or generated by the aggregation of a certain number of electrons or centers of force. Aconite, therefore, is Aconite because there are in each atom of material substance a certain number of electrons, which number differs from that found in every other substance. Nux has its own particular number, Sulphur its own, and so with every remedy.

Now the question arises, How does matter form from energy? The answer "we do not know" comes from every quarter of the globe. Lodge says. "The formation of an atom of matter out of electricity is a new idea, and has as yet no experimental justification. The breaking up of complex atoms into simpler forms, and the partial resolution of an atom into dust or constituent electrons, is all that is as yet experimentally justifiable and all that ought to be mentioned; but the inverse process seems to me naturally to follow, and I look for the time when some laboratory workers will exhibit matter, instead of, as now, only recognizing the transmutation of some pre-existing complex atoms into simpler forms."

For our present purpose, it is not at all necessary to have an answer to this question. What we are after is to prove that force is the basis of all matter, and that in the dividing and subdividing of matter we still retain the same,



if not greater degree of energy than we had in the mass. The idea that matter is indestructible has been held for many years; yet just what form matter took after a certain degree of divisibility has been obtained has been a mooted question.

Sir Wm. Crooks, in an address before the International Congress for Applied Chemistry, held in Berlin in 1903, said; "Chemists now admit the possibility of resolving chemical elements into simpler forms of matter, or even refining them away altogether into etheriel vibrations of electrical energy." Disassociating, in other words, the force that created from the thing created.

I might continue with these quotations along this same line, but these will suffice to show the trend of scientific thought of today.

It strikes me that in the statements of these two great scientists we, as homeopaths, find cause to feel proud of our position. We can understand what Hahnemann meant when he said: "The effect of a homoeopathic dose is augmented by increasing the quantity of fluid in which the medicine is dissolved preparatory to its administration." We thus divide and subdivide the mass until we set in motion, into activity, not only molecules and atoms, but still more that electrical energy that gave birth. This view is upheld today by the consensus of opinion based upon chemical experiments. The chemical laboratory says that the mass is not changed in the quality of its reaction, but augmented by this process of attenuation in its activity.

How, you ask, does a molecule act more energetically when finely divided? Let me use a homely illustration. We see before us a struggling, fighting, mass of dogs, say a dozen or more. As long as they are bound together in this mass, intent on destroying each other, everything about them is safe from attack; but separate and set them to work in as many different directions as there are dogs to work off this fighting energy, and see what happens. So with a molecule. This is composed of a number of atoms drawn together by a force. So long as the force of the atoms is

spent staying together, little effect have they upon things about themselves; but when you break them up, divide them and set them free, and so permit them to attack with their own peculiar energy other things, you will find that they possess very different properties. Hence we see why *Calcarea carbonica*, *Natum muriaticum*, *Graphites*, *Silicea*, and many other remedies, which are practically inert in their crude form, work more effectively in the attenuation than in the crude state; and this must of necessity apply to all remedies if it applies to any, for all are composed of molecules of matter. It is true that some are more readily broken up than others, and so can not be attenuated as highly before they are reduced to their ultimate principle, to which state or condition all matter can be reduced according to Crooks and Lodge.

Now, our ability to reduce elements to their ultimate principle, in my judgement, precludes the possibility of attenuating a remedy beyond the point of usefulness or efficiency. But this also proves to my mind that after we have reached this point that further attenuation is useless, for it does not seem to me that we can change the nature of this principle.

Just when we have reached the point where matter ceases and pure and unadulterated "vibrations of electrical energy" alone exist, I do not believe anyone will ever find out, but it does seem natural to conclude that matter as we know it will sooner or later be lost in the process.

The question now arises, do all remedies become alike when we have reduced them to this point? I believe not. We reach this point by a process which involves the gradual separation of force from matter, or better say the separating of atom from atom, and electron from electron, thus liberating force, liberating that vital principle that created that particular element or remedy, and which existed in the thing even in its crudest state. This we transmute by the process of trituration or succession to alcohol, water or milk sugar and retain the same force we had in the beginning. This we can illustrate by a magnet. We magnetize

a knife-blade on a magnet, and from this blade another, and from this last one still another, and so on ad infinitum, always retaining the same peculiar force. Thus the force that made Aconite what it is will always be retained, no matter how completely the molecules of matter are broken up. It is true that we are not able to detect any difference between the ultimate principles of the different elements existing in this universe, but that is no argument to prove there is no difference. Is it not a fact that all living matter can be reduced to the single protoplasmic cell and no difference detected between the cell that forms a man and the one that forms a monkey? Yet who denies that there is no difference. Beal says: "Neither the most careful microscopical observation, nor the most skillful chemical analysis, would enable us to distinguish the living matter obtained from the body of an ape from that taken from a man, dog or fish." Herbert Spencer, on the same point, says: "It is proved that no germ, animal or vegetable, contains the slightest rudiment, trace or indication of the future organism, since the microscope has shown that the first process set up in the fertilized germ is a process of repeated spontaneous fissure, ending in the production of a mass of cells not one of which exhibits any special character." We cannot see the forces that create, and create in their own peculiar way, but we see the difference readily enough in the things after they are created.

So with our drugs. We reach a point where they apparently lose their identity. Yet, when they are introduced into the system we see that there is a marked difference in their action upon the living cell by the symptoms they produce.

This may all seem dreamy, vague, volatile to some of you, but if you will stop and get into your minds the fact that force is a substance as real, as absolute as iron, wood or lead, and is as capable of being handled, you will find less difficulty in retaining your grasp. It seems strange to me why we cannot all appreciate this fact. We talk glibly enough about the persistence of energy, the conservation

of force, and the like, yet immediately accuse an individual of having a pipe dream (pardon the slang) when he deals with energy as if it had a material entity. Nothing can be preserved or conserved unless it exists. And how is it possible for a thing to exist unless it is a substance of some kind! How is it possible to convert a force from one form into another, a thing we constantly do, unless it has a substantial basis? It is not possible. It must have such a basis. Because we cannot take cognizance of the constituent elements of a force is no valid reason for denying its existence. Who has seen electricity, magnetism, gravity, etc? No one. Yet who is so ignorant as to deny that they exist? We, however, see only their manifestation in matter, as has already been said, and not the forces themselves. These manifestations we see with our senses, but the forces we recognize with our higher faculties of reason by what they accomplish.

So with the life principle in man. No one has ever seen it, yet we all must admit that it is the most powerful thing about him. Separate it from him, and we have nothing but a mass of dead matter. It is the only active thing in him. It is the all governing power in every living cell. It is the only thing that can utilize the various elements that are introduced into the body in the form of food, drink or medicine for its nourishment and upbuilding. Some wise-acres say that the body is but a chemical laboratory; that life is a chemical process. True, but all is under the direction of a very wise chemist. Put this chemist out of commission and what becomes of the chemical laboratory?

It is true that what has been said is from the laboratory standpoint, and much that the laboratory has contributed to medicine as a curative art has been utterly worthless at the bedside. Yet there is a deal of satisfaction in the fact that what Homeopathy has stood for and effectively applied at the bedside for over one hundred years is now being proven to have a substantial and scientific basis capable of being demonstrated in the laboratory as well as at the bedside.—*Pacific Coast Journal of Homeopathy.*

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Every little while I come across a homeopath(?) who sneeringly refers to the action of the higher potencies as coincidences. I have a few of these coincidences which to my mind are rather peculiarly associated with the administration of the homeopathic remedy. No doubt others of my brethren have had somewhat similar experiences and if they have felt that the results were at all those of the remedies given it is high time that they learned the truth, for it were a pity that wise men should be so misled.

FIRST COINCIDENCE—About two years ago a young lad came into my office and said, "I want some medicine for the agger." Questioning brought out the fact that today he would have a severe chill at or about 7 or 8 o'clock in the morning, but tomorrow it would not come on until about noon or one o'clock, and with it an "awful" aching in the bones all over. I gave him two doses Eupatorium perf. 200 with the request that he report results. In about a week he came back with the request for "Some more of that stuff for the agger." Of course I asked if he had any more chills. "Only one and you said I would have that the next day. Them's the stuff for the agger alright." I report this because say so many would call it a cure. Remember, however, it is but a coincidence.

SECOND COINCIDENCE—A few days ago I was called to see a young girl sick with tonsilitis. She lay back of the stove covered with two or three heavy quilts. The flesh was tender and sore. Creepy chills ran all over the body. The throat ached, was red, swollen, and patchy. The breath was foul, Tongue covered with a thick yellowish coating with the marks of the teeth plainly apparent and the mouth full of a sticky saliva. Pulse very rapid, temperature 102. 5. When I practiced medicine under the principles of the other school that case was good for at least five or six calls. But by a mere coincidence I gave her Merc viv. 1m. and they had difficulty in persuading the young lady that she ought to remain at home from school the next day.

I am very sorry that I cannot report this case as a cure. It is a coincidence and you will remember that cures and coincidences are hard to differentiate between. Let us be more careful in reporting cures. If we report coincidences as cures some one is sure to be misled.

**THIRD COINCIDENCE.**—A boy, aged 6, sick with scarlet fever. From the beginning the case was malignant, the temperature after the usual prodroma went to 106.5, eruption receded, pulse exceedingly rapid, child wild with delirium, screaming and crying out in a frightful manner. Competent counsel agreed as to the gravity of the prognosis and said that little could be expected from any treatment. But the coincidences got in their work again. By a coincidence I noted after five or six days of this high fever and delirium that the throat, the soreness and swelling of which had been most marked on the right side, began to swell on the left, the next day it was noticed that when the little fellow was seen at five in the afternoon he was wildly delirious and apparently very ill indeed, but when the doctor called about 9.30 or 10 P. M. the child was always sleeping quietly in spite of the intensity of the fever, save for a little jerking and an occasional low cry. Now further coincidences came into play. The doctor remembered that there was a medicine called *Lycopodium* that had this same peculiar condition, troubles extending from right to left and worse between four and eight P. M. A small powder of the medicine was dissolved in a few teaspoonfuls of water and a dose given every time the boy roused enough to permit it. Lo! what coincidences followed! By the strangest coincidence imaginable that temperature took a notion to cease its ascensions from that night, it never even raised itself above normal, the boy ceased his screaming and in a few days was out of all danger. And not a sign nor a mark remained to show for his illness. But others who were sick with the same sickness and who were reported not nearly so grave had paralysis, and sore ears and all sorts as complications (?). I tell you, brethren, when you have a grave case never forget the possibility of a coincidence coming along to cure

your case even if you do give it what you think is the right medicine. The medicine cannot cure the case. Always it is the coincidence.

I do not want to tire you with my coincidences. But these things are beginning to happen oftener than they did formerly in practice and always I have been led to consider them as the results of my remedy. I was taught that the remedy, if it was a perfect similimum, would do all this. And for years I believed that it was the medicine. Now I am glad to know that it is only coincidence and when I give my medicine I do it only in hopes that when it enters into the economy a coincidence may happen along and begin to act at the same time. My patients and their friends are kind enough often to say that these things are the results of my skill and the good medicines which I employ. But I know better; it is my fortunate association with a brilliant series of coincidences. Thankful I am that I am in the stream of these things. And what a wonderful thing the homeopathic remedy must be that it can find so many coincidences and that they should work so well together. My brothers of the high potency persuasion, please do not think that your medicine can do any good. If you can get on the track of a coincidence to go with it all right, but be on the lookout for these, because coincidences should always have the credit. Above all things let us be honest.

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### ARE OUR CURES, CURES?

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W. D. GORTON, M. D., Austin, Texas.

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Many a time we read of brilliant cures, many a time in our own practise we think we have made them, but time undeceives us, opens our eyes to perceive that a chronic miasm is not to be vanquished by a single or several doses of a well selected remedy. A pathological condition may be so removed many times, but we should be cautious in leading a patient to think that he is free from further danger even though appearances point that way.

The following case will illustrate. Aug. 4, 1890, Mrs. C., psoric, decided to try once more to recover her health. She is thirty years old, and has been an invalid for some years. Has four living children and for past three years has miscarried at three months. Sepia was her remedy and made, apparently, a perfect cure. For years thereafter, patient was wont to remark that she was as well as when a girl of sixteen. Three more children were born with no miscarriages. The cure(?) of this case brought to my office several thousand dollars worth of practise from old school families. Insisted that further treatment was necessary, but patient would not listen to it. Up to the present time I have had the practise of the family.

April 6th 1898—Patient came for an eczema of face that had been troublesome for about six months. Confined to cheeks, red pimples, exfoliation of skin, redness of skin in spots with paleness between the spots, scratching causes itching. Many constitutional symptoms presented and were readily removed by the remedies prescribed, but the face grew steadily worse, except for a few weeks at a time when we would get a little palliation. During the summer of 1898 had an abscess in left axilla.

April 28th 1902—Patient had a miscarriage at three months followed by several days of desultory hemorrhage, when a fibroid tumor was discovered attached near the fundus of uterus, an inch in diameter, broadest at base and extending to cervix. Symptoms and flow were checked temporarily by Bell., Cham. and Nat.m.; but a nausea with thirst for much cold water, vomited as soon as warm in the stomach etc, led to the selection of Phosphorus, which cleared up all the symptoms and caused the tumor to detach and come away in pieces during the few days following. After this the patient was well except the face which was no better.

Nov. 16, 1903.—Itching late in the p. m., < getting too warm, especially over hot stove, < perspiring. Rubbing caused burning. Redness has extended to chin and forehead with pale intervening spaces. Pustules remind one of



tubercules. Patient feels well. Tuberculinum dmm.

Improvement set in and continued until at the end of five months none of the eruptions remained. The remedy was repeated when the case came to a stand still. To the present time there has been no return of this trouble and patient enjoys good health. Face will flush when getting too warm. I cannot decide that this patient will not at some future time need further treatment for other manifestations of the chronic miasm.

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## IS BRILLIANCE AND GENIUS IN SURGERY HARMFUL?

BY DR. NICHOLAS SENN, Chicago.

An American daily has recently published a short extract of an address of Sir Frederick Treves, which appeared in the *Young Men* under the startling heading, "Brilliant Surgeons Not Wanted." Among other things this distinguished surgeon said:

"Genius is some sort of neurosis, an uncalculated nervous disease. The few men of genius I have met were exceedingly impossible persons. They are certainly entirely out of place in the medical profession, where even cleverness is not to be encouraged. Indeed, of all desperately dangerous persons the brilliant surgeon is the most lamentable."

The source from which this quotation emanated attracted my attention. For many years the medical profession has regarded Sir Frederick as a genius for good and substantial reasons. A genius in the sense in which this term is used in the quotation consists in a distinguished mental superiority; uncommon intellectual power; especially superior power of invention or origination of any kind, or of forming new combinations, or making new applications of existing principles or facts. Has the medical profession made a mistake according Sir Frederick such an enviable distinction in its own ranks? I think not. If it had not been for a liberal amount of inborn genius he never would

have attained the worldwide reputation he so well deserves.

The man who speaks so disparagingly of the brilliant surgeon and genius as an attribute of medical men is an indefatigable investigator, a skillful anatomist, a prolific author, a pathfinder in the unknown fields of surgical pathology and operative technic, and certainly a clever operator. Sir Frederick is a man of genius, and, as such, will serve for years to come as an inspiring example for our medical students and physicians to emulate. Men with ordinary talents will never reach the position he now occupies, but the few men of genius may.

The last line, in which he refers to the brilliant surgeon, merits a more extended notice. If reference is made here to that class of surgeons who operate for effect with a view of displaying their operative skill and dexterity of manipulation, then I am fully in accord with his views. I am sure Sir Frederick has seen, as I have, enough of that kind of vain display in many clinics and hospitals all over the world to warrant such a pessimistic opinion of the so-called brilliant surgeon.

There are surgeons who, in their morbid desire to appear as brilliant operators, forget their responsibility to their patients, and only too often to their detriment. Personal vanity has no place in the operating room, and any attempts to gain notoriety as a brilliant surgeon cannot be too strongly condemned.

In my estimation the brilliant surgeon is the one who is free from any selfish motives and whose sole interest centers on the welfare of his patients—the surgeon who studies his cases with the requisite care, who weighs the clinical witnesses disinterestedly in order to enable him to decide when to operate and when not to operate, and who, after having decided upon an operation, lays out his plans and executes the different steps with precision and care regardless of time and effect on the audience or colleagues.

If the adjective brilliant is used in this sense I am sure that Sir Frederick will agree with me that we have many brilliant surgeons who are conservative, honest, modest, skillful, and who are entitled to confidence and a prominent position in the ranks of the medical profession.—*Daily Paper.*

**IS THE KNIFE EVER NECESSARY IN APPENDICITIS?**

JOSEPHINE HOWLAND, M. D., Auburn, N. Y.

I do not believe it is, notwithstanding the opinions of physicians of larger experience to the contrary. It is so much easier to resort to allopathic means in difficult cases than to study our *Materia Medica* and find the indicated remedy that we smother our conscience and say to ourselves, the "Knife is the only remedy in this case" and resort to it. If perchance a patient should live, we make a brilliant record, but if she or he die we console ourselves by the hackneyed saying, "the best that could be done has been done" and then we throw the responsibility on the Lord.

My experience has been limited in appendicitis but I have had both acute and chronic cases and cured them with high potency Homeopathy.

I cannot imagine a worse case than the following:

Jennie L. age 63 years. Has been under treatment of high potency Homeopathy since 1897. During that time she has had thirty-one remedies. No one remedy would go to the root of the disease and wipe out all of the symptoms. Is my homeopathic knowledge at fault, or is this patient incurable? These are questions which I have not as yet been able to decide. On August 18th, 1904, I was called to the case which presented the following symptoms.

Taken sick at 7 P. M. yesterday with vomiting and purging followed by ineffectual attempts at vomiting and tenesmus, soreness in both inguinal regions on motion. N 45 M.; worse next day. Temperature 100 1-5 and pulse 103.

Bry. Col. Rhus, Bell., Puls., Sul., Lyc., Ars. and Mer. cor. were given at short intervals according as I thought I saw the symptoms with little or no benefit.

August 20th, 1 P. M. temperature 101. Pulse 117. She was then on Sulphur. No stool. At 10 P. M. the pulse became weak and intermittent. There was a cold clammy sweat on arms, hands and face; body cold. Stercoraceous vomiting. Thirst constant for only a teaspoonful at a time;

just enough to wet the dry tongue. At this point Arsenicum was given. No better; at 3.15 A. M. I gave Merc. cor. At 4.45 A. M. pains continued. Still vomiting, Phos, 200. was given. Shortly after this prescription she was some better. Pains not so hard and less frequent. Pulse regular but weak, 117. 8 A. M. temperature went down to 97 and pulse went up to 122 and very weak; something had broken in the body. It must have been an abscess which was not palpable. Vomiting continued. I now had a condition of septicemia. What was to be done? Dr. Kent taught us that when the pulse was very high and the temperature subnormal we should give Pyrogen which I did immediately, 50 m. potency. In one hour the patient was better. The temperature went up to 99.2 and the pulse went down to 117. No pain, vomiting continues. Before improvement began Dr. Grant was called. He did not arrive until evening, when the patient was much better. At 11 A. M., August 21st, the temperature and pulse remained the same, but the vomiting was less often. Bowels still confined, and injection of castile soap water followed by olive oil was given with very little result.

August 21st, evening. No pain all day. slept some, still vomiting but less often. Feels very comfortable.

August 22nd, 6 A. M. Passed a very comfortable night, vomited coffee ground three times; pulse 112, temperature 98. Sharp pains in hypogastric region once or twice.

Aug. 22nd, 5 P. M.; 2 to 3 small stools this afternoon. Stools thin, watery, brown. 9 P. M. vomited once since 5 o'clock. Pulse 110.

August 23rd, 6:15 A. M. Pulse 99, temperature 97.4 Nausea with ineffectual attempts at vomiting during the night. Tongue milky-white coating. 6 P. M. temperature 97.4, pulse 110, two to three stools today. No vomiting. There was a slight fluctuation of temperature and pulse. The patient seemed to be at a stand still. On August 29th I thought I saw symptoms of Ant. crud. and gave it. The tongue presented a strawberry appearance.

Sept. 1st the pulse went up to 112, and temperature

100.4. I then gave Sulph. 55 m; no better. Bry. and Gels. were given. Sept. 8th, Dr. Grant thought that the condition of the tongue called for Bell.; I therefore gave Bell. 50 m.

Sept. 9th considerable improvement. Tongue began to clear. Temperature went down to 99.2; but later rose to 100.6

Sept. 10th, as the patient was again at a standstill Stramonium was suggested and given. Temperature then fluctuated from 98.5 to 101. Pulse 100.

Sept. 11th, Phos. was again tried. No result.

Sept. 15th. Psorinum was given on the symptom; "offensive odor from the body despite washing."

Sept. 16th, stool formed today, otherwise about the same.

Sept. 20th Sulph. cm. was given. No better.

Sept. 22nd, Ars. 8 m. No change.

Sept. 23, Phos. c m.

The next day she complained of a pain in the right inguinal region.

Sept. 26th, Calc. 13 m.

Sept. 27th, stool yellow mucus. I now obtained the history that the patient fell a few days before taken sick. Upon this I gave Arnica 40 m.

Sept. 30th; no better. Dr. Grant suggested a higher potency of Calc. but I thought as it did nothing at all before it would be useless to waste time by giving it again. The patient was getting a little impatient.

Sept. 30th, temperature 99. Pulse 90 to 100.

I thought as Bell. had helped the case more than anything else, but did not go deep enough, and Calc. did nothing, and also that Silica was quite as apt to follow Bell. as Calc., I gave Silica 6 m.

October 1st, stool in the night with green mucus. Not much change in pulse and temperature.

October 2nd; temperature 98.6 to 99.2, pulse 95 to 102. Dull pain in right inguinal region extending to hip. The slight improvement warranted a continuance of the remedy.

October 8th, temperature 98 to 99, pulse 80 to 96, show-

ing gradual improvement. Passing yellow or green mucus with every stool.

October 12th, improving a little every day.

October 16th, temperature normal, pulse 80.

October 20th, improving every day. Walks out every day a short distance.

November 15th, Silica 6 m was repeated.

November 25th, stool more natural, no mucus. Abdomen; side a little sore. Appetite good.

December 7th, better. Bowels normal now.

December 31st, last report, gaining every day, hair falling out.

In the discussion of this paper the surgeon said: "You had a fortunate case. What if the abscess had broken into the peritoneum instead of into the intestines."

I learned in the homeopathic college that when a remedy caused symptoms to take an internal course that we had made a wrong prescription. Anything that tends to make the patient better tends to drive disease to the externals. In a case so serious if the patient is no better in a short time, we should not wait, but change prescriptions often until we see that the patient is better. If the *patient* is better we have no fear of abscesses breaking into the peritoneum. Right homeopathic prescribing tends to open the natural avenues of the body and let the disease out through the natural channels. The alimentary canal is a natural channel. Perhaps the surgeon has not learned that it is as much the external of the body as the skin.

Dr. Ross thought that the patient of Dr. Howland had a narrow escape; had it been his own case he should have opened the abdomen. He had seen many cases that had recovered.

Dr. Johnson thought that the question might be asked, is the knife or surgery ever necessary. He had treated many cases without operation, some had recovered and some had died. Believes in operation when the conditions are questionable.

Dr. Graham thought that cases, such as reported by Dr.

Howland deceived many physicians. He believed that the remedies prescribed had been without effect. He said that physicians were much less often deceived by such cases than heretofore. He had found large quantities of pus in the abdomen six hours after the onset of symptoms. He stated that in operations he did not break up adhesions, but did open the smaller pus pockets into the main abscess, and institute perfect drainage; did *not* remove the appendix if not easily found. He repeated opinions before expressed; "that early operations prevented many fatal terminations;" "that it was a mistake to let a case run along under medication until too late;" "that if every case having a good hard pain in region of McBurney's point was operated upon within 46 hours, there would be fewer fatalities."

Dr. Johnson had learned that many cases which were operated upon early, died. He thought that very acute cases should be given a chance with medicines.

Dr. Follett had never had but one case operated upon, and that recovered!

Dr. Howland thought that many cases were not properly understood and not diagnosed early enough.

Dr. Hussey remarked that although regrettable, the essential point, the exact time for operation, must remain so obscure. He reminded his audience that the tissues involved were not very highly organized, therefore the warnings of trouble were less plain, and the curative effect of medicines less positive, than in suppurative conditions of many other parts of the organism. He said that the curative effect of medicines might be expected so long as the parts had sufficient innervation and integrity to allow reaction that when that point of inflammation, causing destruction of tissue, had been reached, it rendered a curative reaction impossible, and operation necessary; that when that point had been reached in appendicitis it was impossible to know with certainty, therefore, undoubtedly much harm had been done by waiting too long.

Dr. Johnson, of Buffalo, had had the experience of never having had to operate in one of her cases of appendicitis:

She related an extreme case of appendicitis in a woman of eighty years, for whom she had prescribed hot enemas, which after a while, induced reaction and the patient passed large quantities of fecal matter, whole cherries, and other indigestible substances.

Dr. Graham in his early practice had not always recognized cases which he now knows to have been appendicitis. He cited a case of abdominal abscess from which an orange seed was evacuated.

Dr. Johnson objected to laxatives in appendical cases on the ground of injury by increased peristalsis.

Dr. Knapp desired to know just when a surgeon should be called. Had had cases of recurrent attack and liked them operated upon between attacks.

Dr. Johnson believed Rhus most frequently indicated in appendicitis.

Dr. Tretton related the case of a young lady, who had an acute attack one night, recovered next day, and was soon married. She went to Bermuda, returned, was operated upon, and pus found in the appendix.

Dr. Ross had a severe case, relieved by homeopathic medication, but a little tumefaction remained. Three weeks later the case was operated upon and a gill of pus evacuated.

An essay by Dr. Dever was read by Dr. Breseon:

**THE NEED OF THE PURITY OF PRACTICE OF HOMEOPATHIC PRINCIPLES.**

That the future of Homeopathy depends upon the purity of the practice of the primary principles of the science goes without saying. Hering, in his preface to the Chronic Diseases says: "The rules which the experienced founder of Homeopathy lays down, with so much emphasis in the subsequent work, are not always practiced and therefore cannot be appreciated. Our learned author further informs us

[COMMENT: We do not think Hahnemann would recognize this cure as a "Speciman brick," even if made by the President of this noted society which is doing such splendid work. Too many remedies given: too much guessing; a good example of key-note prescribing instead of selecting the remedy on the totality of symptoms. ED.]



that it is the duty of all of us to go further in the theory and practice of Homeopathy than Hahnemann has done."

Hahnemann in his Preface to the Chronic Diseases must have felt doubtful as to the future of Homeopathy, as he freely expressed his fears in speaking of his discovery of the treatment of chronic diseases. in the following words:

"Will they be practiced with care and yield to suffering humanity the benefit which must necessarily be derived from their conscientious application, or will my contemporaries, intimidated by the unheard of newness of my discoveries, prefer leaving them unexamined, unimitated, and therefore suffer them to remain useless."

Hahnemann had already grown old in years, his teachings had been accepted by a small number whom he calls his faithful followers, into whose hands he was about to commit the results of his discoveries, which had cost him many years of painstaking investigation. Nevertheless, the knowledge of which he was sole possessor, must be borne to the profession, let the profession ruin it as they would. Therefore in us, who profess to practice Homeopathy, rests the responsibility for the future of Scientific Therapeutic's.

Homeopathy being founded upon a law of nature is, therefore, not a hoary headed system, or made up practice, to go down with the past or present generation of medical men, who are constantly crying out at the expense of poor, sick, and suffering humanity, "Lo! here is truth," and "Lo! there is truth," when the grain of truth which they may have discovered; constantly evades the useful application of the same, for the reason that they have no law by which they can prescribe with any degree of certainty.

But we are not here to speak of the other side of the question, nor the failures of other systems, but the *future* of Homeopathy, and our duty as homeopathic physicians. Admitting the truth of the law, is it not our plain duty to build our superstructure upon the foundation principles of truth, so plainly pointed out in the Organon and Chronic Diseases.

We should begin, "where Hahnemann left off," and by study, and the practice of the higher, stronger developed

potencies, given at long intervals, in cases of sickness which are not self limited, increase our knowledge of their use, record the results, and give the same to the world.

But especially should we avoid falling into a practice called by some of our brother homeopaths, *Modern Homeopathy*, which is a kind of a "free for all," "go as you please," "kill or cure," practice which existed in Hahnemann's time and was condemned by him. There is but little doubt that there is not a substance in nature, be it mineral, animal or vegetable, which does not have some sick-making influence upon man; consequently, if potentized and proved as directed, §§ 105—114 (inclusive) of the Organon, would yield a rich reward, and in this way build a *Materia Medica* upon the firm foundation of truth as taught by Hahnemann.

Bearing in mind that quantity can never take the place of quality, it is a sight sufficient to sicken the heart, to see a so-called homeopathic physician aping the practice of the regular school, by giving large doses of nauseating drugs, under the delusion that he can do better work with allopathic remedies than the Allopathist himself.

Such are laboring under a delusion, and it would be strange indeed if they retained the confidence of those who have been treated by a homeopathic physician.

With the law of similars for our guide, and the large numbers of well proven remedies at hand, there is no excuse for backward straying; moreover experience has taught that Homeopathy is a safe and certain standard, by which to measure all other medical theories and systems, and, as it is the rule for our faith and practice, we reject all others with benefit to our patients.

A discussion decided that, in the opinion of the members Dr. Dever's paper covered the situation.

Dr. Josephine Howland proposed the name of Dr. Maria Nye Johnson, of Buffalo, N. Y. for membership in the C. N. Y.

Adjourned to meet in Syracuse March 9th, 1905.

E. P. HUSSEY, M. D., Sec. pro. tem.

**CENTRAL NEW YORK HOMEOPATHIC MEDICAL SOCIETY.**

HOTEL WARNER, Syracuse, N. Y. Sept. 15, 1904

The annual meeting of the Central New York Homeopathic Medical Society was called to order by the president Dr. Rollo C. Grant, of Rochester, at 12 M.

Members present: Drs. Dever, Follett, Grant, Gwynn, Keese, Leggett, Stow.

Minutes of the March and June meetings were read and approved.

There was no report from the Censors.

The Organon was postponed because of the necessity felt by some of the members for early departure, and, therefore they need to open the subject of

**RHUS TOXICODENDRON.**

The president asked Dr. Follett to open the discussion.

Dr. Follett said that his experience in the use of this remedy had mostly been in rheumatic cases, where he found it invariably successful when its characteristic symptoms were present. Of late he had cured two cases of ganglion. In one of the cases which had been broken twice he learned from the patient that the ganglion had been caused by a strain from over-lifting. One dose of the cm. potency had cured. He said he was becoming a "noted specialist" because of his success in the treatment of ganglion in Seneca Falls. He had attributed the cure in these cases with this remedy, to the fact that the situation of the town was upon the water edge and the exposure to its influence caused much rheumatic disturbance.

Dr. Howland cited a case of pain in right inguinal region, from lifting a shovel of snow, which had lasted two years, cured with several doses of Rhus tox at intervals extending over a period of a year.

She also reported the case of a woman who had fallen, a week before calling upon her, and had severe pain in the right abdominal region, cured magically, by one dose of Rhus tox. 50 m., and a menstrual pain from which she was

suffering at the time, unknown to the doctor, was cured also.

Adjournment for luncheon.

The president called to order at 2 P. M.

Dr Dever again took up the subject of Rhus tox. He said that in both his office and in his medicine case it was one of the most prominent and most frequently used remedies; that its symptoms were never disappointing because the remedy had been well proven, indeed, proven by Hahnemann himself, and were as much to be depended upon as those of Aconite by the same prover. He said when one came to his office suffering because of an exposure to cold wind, Aconite quickly removed the suffering; when one came suffering from exposure to wet, Rhus acted just as quickly and completely. In siatic rheumatism the doctor said he always thought of Rhus, and in papular eruptions he turned to the same remedy. If a boy appeared in his office, in the summer time with white tongue, raised papillae, triangular tip, he always said to him; "Young man, you have been swimming", and gave him Rhus. When a patient developed a miliary rash, restlessness and fever he at once thought of Rhus.

In a late case of a young woman, from L— F—, he found a lameness and turning inward of foot which prevented walking. She had been treated by old school methods, and the newest discoveries without relief, and with a prognosis that she could not be helped. The doctor learned that the condition was a result of becoming wet while in perspiration, gave her Rhus, which cured perfectly. He had given Rhus in typhoid when the discharges were like the "washings from beef," with perfect satisfaction, and in urinary disturbances, when the patient must "wait a long time" and the "stream falls perpendicularly"(like Hepar). In fact he said that times without number in which Rhus did such wonderful and complete work were past relating.

Dr. Gwynn said that Dr. Dever had covered so wide a field in the various uses to which Rhus could be put, that he would say but little. That when he received notice of the subjects for the day, he had thought to himself, of hay-fever

he knew little or nothing, but of Rhus he knew a great deal. He wished to emphasize the usefulness of that wonderful little book of Dr. Nash. He believed Dr. Nash had said as much in that little book as Hering, Lippe, Burt and all the rest of the *Materia Medica* students. He said that one might have a pocket full of keys and but one would open the lock. Also of Rhus that he wished to emphasize one characteristic, always a key to this remedy, the result of *strain*. He said the boy did not swim without the possibility of a strain, nor without getting wet, and throughout all cases in which Rhus was found useful the element of *strain* was present, and that an erysipelatous eruption was the only exception to this condition, that he knew. To return to Nash: he said he would be glad to recall the days of his students; if he could again have them he would begin them, feed them, drink them, sleep them, *on Nash* for he believed the key of the entire *materia medica* was contained in his little book.

Dr. Grant thought that all had a warm feeling for what Dr. Nash has done and was doing for the *Materia Medica* but felt that if we had his books alone, we should know little of the possibilities existant in homeopathic practice. He agreed that it was an excellent book with which to start students in the genius of the remedy, but that those who had experience needed more and deeper studies to confirm their choice, such studies as Hering, Hahnemann, and others, who had contributed to the knowledge of drug action given the profession. He thought the finer shades, included in provings and confirmations of provings, were necessary to the older practitioners.

Dr Howland mentioned a case of abortion followed by pain and fever, which had been brought about by lifting a piano, and which did not develop the symptoms of restlessness, and yet was cured with a dose of Rhus.

The president then presented the subject of Hay fever. Dr Dever considered that the group of symptoms named hay fever, had their origin in psora, that the sneezing, lachrymation, stuffing up of the nose, with many times a cough

and asthmatic breathing, might often be > by Ipec. Rhus, Ars. etc. according to developments; but that the *cure* must be made by treating the deeper constitutional symptoms of the patient between attacks. He said there was no other way to cure, as the palliation of the attack remedially, or by change of climate, would not eradicate the disease.

Dr Grant said that as homeopaths, we knew nothing of the treatment of disease, hay fever or any other, but asked the doctor if he had any theory as to cause.

Dr. Dever said no; that many theories had been advanced none of which had proven satisfactory.

Dr Leggett asked why there was need of attributing any cause except miasmatic, with time as a factor in this group of symptoms; that it was a periodic manifestation of certain conditions due to miasmatic influence,—probably psoric,—as Dr. Dever had said. She mentioned other periodic manifestations, she also cited a case of hay fever, mentioned by Dr Hussey, as cured in three years by Tuberculinum, the patient in the mean time working in a chemical plant, surrounded by, and breathing the atmosphere of, various chemicals, constantly.

Dr. Keese mentioned the case of Mrs. K—, who had suffered some years, and had been susceptible to the pollen of daisies, dust, etc., and who had a tendency to polypoid growth; both were cured with Marum Verum. He found it applicable in the acute and chronic condition, and had given the remedy every two or three months as required. Last year she had no attack, this year she had no attack.

Dr. Grant had had a case in which Nux had been the remedy in the acute attack, and had also been the constitutional remedy of the patient.

Arundo, the Italian grass, was mentioned as palliative, so also, Euphr, Cepa, Ars. iod. and others.

Dr Keese was appointed to read §§ XIII and XIV of the Organon.

Dr. Dever objected to the theory of the old school, that one could cut out a disease.

Dr. Grant said it was because the old school considered disease an entity, a something grafted on from without.

To the question: could Homeopathy cure warts Dr. Grant said *yes*, but he believed the removal of a wart of long standing, with a miasmatic base either surgically or remedially, without careful attention to the constitutional conditions, would result in an aroused activity of the basic miasm and crop out in some form which would cause the prescriber to wish it had not. He said such prescriptions must include the entire constitutional trouble.

The necessity for an early departure of some of the members led to the postponement of further discussion of the Organon and to the substitution of the election of officers.

Dr Stow moved a nomination of the Vice President, Dr Howland, of Auburn, as president; seconded and carried.

Dr. Dever moved the nomination of Dr. E. V. Ross, of Rochester, as Vice President. Dr. Ross was warmly commended and seconded by Dr. Grant. Carried.

Dr. Leggett was re-elected as secretary and treasurer.

It was moved, seconded and carried, that Drs. Gwynn, Alliaume and Keese should form the Board of Censors for the coming year,

It was moved, seconded and carried, that the President should select the subjects and inform the members at each meeting. This because the President had found some difficulty in getting a committee to respond.

Dr. Grant warmly thanked the members for their cordial support and courtesy in the midst of his many shortcomings, during the past two years. He assured the members of the high esteem in which he held the honor of being their President, and of his hearty support in all their undertakings.

Dr. Stow responded to Dr. Grant by warmly thanking him for the courtesies extended to the society and begged the secretary to put a motion to that effect, which was carried.

The report of the secretary and treasurer was then presented and approved.

The place for next meeting was discussed at some length, Dr Follett suggested Geneva and Dr Howland, Auburn. It was found that Geneva was more easy of access to Rochester and would probably insure a better attendance.

So it was decided to meet at Geneva next.

ADJOURNED.

S. L. GUILD LEGGETT, SEC'Y.

### VETERIANA:—A VERIFICATION

H. C. ALLEN, M. D. Chicago.

Rheumatism since Sept. 1897; first attack "broke up by Dr. H—."

Another severe attack in Jan. 1898, began again and has maintained its hold despite all treatment, local and constitutional. It is in both hips but especially in or around the sciatic foramen and tuber ischii of right hip.

Pain is very sharp, limb feels as if it would break.

Very severe when attempting to sit down.

Pain compels change of position at night, < by sitting up in bed, for an hour.

Cannot walk long at a time.

Stooping or carrying anything in his arms <.

Turning the head suddenly when walking < ; causes knife-like, shooting pain in hip.

Coughing or blowing the nose <.

*Sanding < ; does not believe he could stand still fifteen minutes without fainting from pain.*

Is not effected by weather changes. Has abscess of right antrum; discharging through alveolus of molar tooth, a greenish yellow pus. Has had dilute Carbolic acid thrown into cavity daily for months. It was for this abscess in the antrum that I was consulted, and as improvement in the abscess began the rheumatic trouble returned with increased violence. Veleriana 200. (B.&T.) gave prompt relief and the antrum is better; while in general health the improvement is very marked for over three months on a daily dose of Plabc. The return of the old symptoms in the inverse order of their onset forebodes a cure.



## GALL STONE COLIC.

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DR. E. A. COLLYER, Chicago.

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Mrs. M—aged 60, sanguine lymphatic temperament, had been suffering for about three years with what was diagnosed as “chronic gastritis,” with frequent acute exacerbations, and had been kept on a liquid diet for nearly six months. During an acute attack I was first called late in the evening. She was chasing spots on the wall which she called bed-bugs, and otherwise was over excited and violent. In examination the fact developed that she had been given Morphine. Her daughter stated that she had these attacks frequently. Placebo.

• The next morning the attack had passed, and as she was now herself again I made a careful physical examination finding the ninth dorsal vertebra very tender and slightly subluxated to the right, the liver extending below the ribs nearly an inch, sensitive over its entire surface, but more especially at the point of the ninth rib; skin yellow and covered with liver spots.

Symptoms: The only symptoms I could obtain at the time were the terrible pains beneath the right scapula, their sudden onset and equally sudden relief, after two or three hours suffering. No vomiting or diarrhea following. Chelidonium lm, two doses, with instructions to watch the passages for gall stones.

Two days later, about 4 P. M., she had another attack. When I arrived was shown a collection of gall stones, which confirmed my diagnosis. As she had now recovered from symptoms of Morphine I took her case;

Was very hungry in the morning and had eaten until she was satisfied, this was followed by pressure and tension in the right hypochondrium; a sensation of having eaten too much; borborygmus in hepatic flexure of colon. Sensation of a cord around hypochondrium tightly drawn. This latter symptom was complained of bitterly, and I noticed she had

her clothes thoroughly loosened around her waist, and even tried to get them still more so. Inability to lie on right (painful) side. Severe sticking corkscrew pains running from liver to beneath scapula. I recalled that I had been summoned both times in the evening, and an indirect question elicited the fact that these attacks always came between 4 and 5 P. M. This completed my picture for *Lycopodium*, of which she was given a broken dose of the 10m during the evening.

At 8 P. M. she slept and at midnight awoke with a sudden sharp pain "as if something had given way." The next day I added a large number of gall stones to my collection and the lady has had no return; after six months is perfectly well and can eat anything.

I report this case for the following reasons:

*First*; to confirm the symptoms given in the provings, especially the *sensation of a cord around the hypochondrium, drawn tight*, so marked in this case, and so promptly relieved.

*Second*; to ask is it ever advisable to give Opium in any form to relieve pain, except in incurable or practically moribund cases?

This case shows me it covers up the very symptoms we most desire on which to base a prescription which may cure the patient.

*Third*; If this potency was too high to act, what cured my patient? It appears to me like the blind man who had received his sight: "This thing I know, whereas I was blind I now see."

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### "IS THE KNIFE EVER NECESSARY IN APPENDICITIS?"

T. D. Stow, M. D., Mexico, N. Y.

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The above question seems to require an answer, and we think, admits of one. It is about thirty years since appendicitis came into notoriety as a distinct, local manifestation, of sufficient gravity to require surgical interference.

Forty years ago,—indeed far back of that, the condition

was styled colitis, ileo-colitis, peril-typhlitis, and ileo-peritonitis, but the pathology of the malady, was but 'little understood.

Now it is fully recognized as a malady having its origin in the appendix vermiformis of the cæcum, but by extension, implicating surrounding tissues, often giving rise to adhesions, abscess, perforation, and death of the tissues involved, and death of the patient.

Nestier recorded perforation in 1759; V—in 1824; Mellier in 1827; Dupuytren in 1833; Copeland in 1834. The first operations were performed for appendicitis by Hancock in 1848, and by Willard Parker, of New York in 1867, but since 1883 surgical treatment of the malady has grown into a perfect craze! The condition is known as catarrhal, suppurative, gangrenous; or acute and chronic.

Treatment must obviously depend upon the status of patient when first seen and upon the history of the case. Catarrhal and recurrent appendicitis, and mild suppurative cases, often recover under medication, and, at times, so do those attended with abscess, but we are of the opinion that no time should be lost in questionable meditation, when signs of abscess, of perforation, or of collapse are decided or imminent. Indeed it is not wise to wait the development of grave symptoms, before operating. Without doubt, the sedative, suppressive treatment of the old school is responsible for many such grave conditions; also so is the ignorance and careless indifference of many a patient.

Hundreds of patients are operated upon that might have been cured under the benign influence of pure Homeopathy. Whoever has witnessed operations on desperate appendical cases, must be convinced of the utility and necessity of surgical aid in that class of cases. Pain, tenderness, swelling, rigidity in the right iliac region; vomiting, fever, frequent small pulse, thirst, knees drawn up, anxiety and the hippocratic face show the condition and warrant operative measures. We are decidedly of the opinion that the knife is often necessary in appendicitis, and that many lives have been saved thereby.

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## HERPES IN THE PALMS.

BY DR. KOELLE IN OBERSONTHEIM.

On the 8th of May last a poor woman, thirty-four years of age and the mother of six children, came to me to consult me about tetter and chaps of several years' standing on her hands, and especially on her palms. The most troublesome feature of the ailment was that the finger tips on both her hands were so sore that she could hardly do any work, not even plait her own hair. Every touch of the finger tips caused violent, almost unbearable, pains. The patient was of weakly constitution and had at one time passed through pneumonia and pleurisy. I prescribed *Ranunculus bulbosus* 6, five drops twice a day. There was nothing used externally.

I did not hear from her for a long time, probably because she was in very reduced circumstances and could not pay me. A few months later my daughter had to visit the village where the woman lived, and, meeting her accidentally, she told her that the drops given her at once caused an improvement, so that now she could again do any kind of work.—*Hom. Monatsblaetter.*

## FORMICA.

C. M. BOGER, M. D., Parkersburg, W. Va.

After having been advised by his two allopathic physicians to send for any friends he might wish to see before death, Mr. Jacob Nist, aet. forty-seven, of Filmore, Ohio, consulted me July 14, 1903, for the following symptoms:

1. Liver enlarged, extending one-third of the distance towards the navel, with soreness at the edge of the ribs and a severe pain at every jar as if it would break in two.
2. Ascites: feet also are œdematous.
3. Face dark, brownish and cadaveric.
4. Stools frequent, of light colored foam.
5. Feet and hands feel as if asleep.

6. Sharp, shooting pains in the head, better rubbing.
7. Had malaria four years ago and again for the past seven weeks, for which he took much quinine on both occasions.
8. Easily chilled.
9. Much drowsiness, particularly before storms, but before snow storms he becomes chilly.
10. Much gas in bowels.
11. Great weakness, with pronounced dyspnoea on exertion.

This case contains the grand characteristics of Formica. He therefore received one dose of the cm. potency dry on the tongue. On the 25th inst. he reported improvement, his stools having become brown. He continued to grow better until the 1st of August, when an aggravation occurred, for which he received another dose. From this time on a steady improvement set in, and at the end of six weeks he was working in the field. At this date, December 26, he remains in good health.

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### ORIGINAL THOUGHT.

BY GEO. WIGG, M. D. Portland, Oregon.

EDITOR MEDICAL ADVANCE;—In response to your pleadings for an article containing original thought, I send the following:

Not John Conceit  
 Nor Billy Wise  
 Can tell the reason why  
 When Peter took  
 Those little pills  
 He did not surely die.

Try again, doctor, perhaps you can improve it.

# THE MEDICAL ADVANCE

AND

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MARCH, 1905.

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## Editorial

### COMPULSORY VACCINATION.

The decision handed down by Justice Harlan of the United States Supreme Court in the Massachusetts' vaccination case is of more than passing interest, because it forms a basis for the guidance of state legislatures and boards of health of the entire country. Only two justices of the court dissented on the legal question involved. The Massachusetts' law provides:

That the Board of Health of any city or town may, if in its opinion it is necessary for the public health or safety, require and enforce vaccination of all the inhabitants, and it shall provide them with the means of free vaccination. Whoever being over twenty-one years of age and not under guardianship refuses or neglects to comply with such require

ment shall forfeit \$5.00. But children who present a certificate signed by a registered physician that they are unfit subjects for vaccination are exempt.

Under this law the Board of Health of Cambridge passed a compulsory vaccination regulation, when smallpox was prevalent and increasing in the city, and under the police power of the Board proceeded to enforce it.

Mr. Henning Jacobson refused to be vaccinated or have his family vaccinated, and carried the matter into the state courts, where he was beaten, and the anti-vaccination society appealed to the United States Supreme Court. The appeal was taken on the board ground that the liberty guaranteed every citizen by the Constitution was invaded, and that the law which made the exception as regards children unfit for vaccination denied the same protection to adults, by inference at least, as unfit adults are not mentioned in the act. But the individual freedom supposed to be guaranteed by the Constitution was rudely brushed aside by the Supreme Court. It held that compulsory vaccination is the proper exercise of the police power of the State; that it is reasonable legislation, in view of public sentiment and public opinion, especially of the majority of the medical profession, and that the courts would over step their province in an attempt to overthrow it. The Supreme Court also holds that:

"Persons and property are subjected to all kinds of restraints and burdens to secure the general comfort, health and prosperity of the state." It also held that Jacobson and the anti-vaccination minority should not have the power to dominate the majority, especially when the latter are supported by the authority of the state.

So far as the evidence goes, Mr. Jacobson appears to have been in good health, was fit for vaccination, and consequently had no right to object to the enforcement of the law.

The Supreme Court, however, goes further and guards itself by saying:

Before closing this opinion we deem it appropriate, in order to prevent misapprehension as to our views, to observe that the police power of a state, whether exercised directly by the legislature or by a local

body acting under its authority, may be exerted in such circumstances or by regulations so arbitrary and oppressive as to justify the interference of the courts to prevent wrong and oppression.

This warning deserves attention, and may afford persons suffering from some constitutional dyscrasia legal ground for protest.

This battle has been waged in the anti-vaccination press for years, and the friends of compulsory vaccination are entitled to the satisfaction which the decision very naturally gives them. For years this question, pro and con, has been discussed with an earnestness worthy of a better cause, and the fight eventually decided in favor of vaccination perhaps should never have been made on the plea of personal liberty alone. Prophylactic measures against the acute infectious diseases are necessary, but each Medical school should be entitled to its own method of protection. Compulsory vaccination may lead to compulsory medication in the treatment of other diseases. Homeopathic prophylaxis like homeopathic treatment is generally safe, much more efficacious, and should be applied in scarlet fever, measles, diphtheria and pertussis as well as in variola.

Malignant scarlatina and malignant diphtheria are as much to be dreaded, because often as fatal as variola; and here the dominant school has no prophylactic measures save general a sepsis. It is true that antitoxin has been advocated by some enthusiasts as a prophylactic, but sometimes with such fatal results as to make its general use prohibitive. In this field of prophylactic medicine the future of our school is bright, because experience, thus far, has verified its success in nearly every epidemic in which it has been put in practice. There are many honest men in every school of medicine who are opposed to compulsory vaccination, or the compulsory use of antitoxin in diphtheria; and under the law they are entitled to the use of their own prophylactic measures provided they can demonstrate the substitute as effective a protection.

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## COMMENT AND CRITICISM.

The following extract from Dr. Osler's admirable Val-  
edictory Address at Johns Hopkins University contains the  
pith of his parting joke to the medical profession of America:

**Men Under Forty Great Workers.**—"I have two fixed  
ideas well known to my friends, harmless obsessions with  
which I sometimes bore them, but which have a direct  
bearing on this important problem. The first is the compara-  
tive uselessness of men above forty years of age. This  
may seem shocking, and yet read aright the world's history  
bears out the statement. Take the sum of human achieve-  
ment in action, in science, in art, in literature—subtract the  
work of 'he men above forty, and, while we should miss  
great treasures, even princeless treasures, we would practi-  
cally be where we are to-day. It is difficult to name a great  
and far-reaching conquest of the mind which has not been  
given to the world by a man on whose back the sun was  
still shining. The effective, moving, vitalizing work of the  
world is done between the ages of 25 and 40 years—these 15  
golden years of plenty, the anabolic or constructive period.  
in which there is always a balance in the mental bank and  
the credit is still good.

In the science and art of medicine there has not been  
an advance of the first rank which has not been initiated by  
young or comparatively young men. Vesalius, Harvey,  
Hunter, Bichat, Lænnec, Virchow, Lister, Koch—the green  
years were yet on their heads when their epoch-making  
studies were made. To modify an old saying, a man is sane  
morally at 30, rich mentally at 40, wise spiritually at 50— or  
never. The young men should be encouraged and afforded  
every possible chance to show what is in them. If there is  
one thing more than another upon which the professors of  
the university are to be congratulated, it is their sympathy  
and fellowship with their junior associates, upon whom  
really in many departments, in mine certainly, has fallen  
the brunt of the work. And herein lies the chief value of  
the teacher who has passed his climacteric and is no longer  
a productive factor; he can play the man midwife, as

Socrates did to Thesetetus, and determine whether the thoughts which the young men are bringing to the light are false idols or true and noble births.

**Chloroforming Sexagenarii.**—My second fixed idea is the uselessness of men above 60 years of age, and the incalculable benefit it would be in commercial, political and in professional life if, as a matter of course, men stopped work at this age. Donne tells us in his "Biathanatos" that by the laws of certain wise states sexagenarii were precipitated from a bridge, and in Rome men of that age were not admitted to the suffrage, and were called *depantani* because the way to the senate was *per pontem* and they from age were not permitted to come hither. In that charming novel, the "Fixed Period," Anthony Trollope discusses the practical advantages in modern life of a return to this ancient usage, and the plot hinges on the admirable scheme of a college into which at 60 men retired for a year of contemplation before a peaceful departure by chloroform. That incalculable benefits might follow such a scheme is apparent to any one who, like myself, is nearing the limit, and who has made a careful study of the calamities which may befall men during the seventh and eight decades!"

Dr. Osler is perhaps one of the best diagnosticians that America has produced, and one of the foremost in America if not in the world to day. His own record, however, appears to refute both his theory and the fiction of Mr. Trollope in his little book the "Fixed Period."

This farewell address is certainly a good illustration of what a man may be able to do after he is forty, because it is doubtful if Dr. Osler could have written so well fifteen years ago. His capacity as a "Sprinter" may have been diminished since he left college, but in all intellectual respects he is at his zenith for all practical and professional purposes. He leaves Johns Hopkins University to take up even a more important and exacting work at Oxford, and we predict that his best work and his most useful services are before instead of behind him. But both Mr. Trollope and Dr. Osler could not have studied history very profitably or

such a position as chloroforming men after sixty would never have been dreamed of.

George Washington had completed his great work, and was just beginning his second term as president with his 60th year. Thomas Jefferson served as President of the United States five years after his sixtieth birthday. James Monroe was 60 in the last four years of his presidency, and the celebrated Monroe doctrine was declared when he was 65. Andrew Jackson was 62 when he ended his presidential service. General Scott was 65 when he directed his successful Mexican campaign. Farragut won the battle of New Orleans when he was 61 and Mobile Bay at 63. Dewey was 61 when the sun rose that May day morn on the waters of Manila bay. And what of Marshal Oyama.

Socrates, Plato and Aristotle, the three thinkers who have ruled the world of thought from their own day to this, were all past 60 ere their great was done. Kant's Critique of Pure Reason was written after he was 60. Goethe did not complete the second part of "Faust" until he was 76, Darwin's "Descent of Man" was not published until he was 62, and more than one-third of Herbert Spencer's wonderful achievement was not done when he passed the mark of 60.

Michel Angelo did not begin the building of St. Peter's until he was 72. Milton wrote "Paradise Regained" after his sixtieth birthday. All of Tennyson's dramas were published after he was 60. General Grant composed his immortal memoirs after his sixtieth birthday had been celebrated. Lowell, Bryant, Longfellow, Whittier and Holmes in this country, and Queen Victoria, Bismark, Von Moltke, Wellington, Disraeli, Gladstone and Salisbury, in Europe have left evidence to refute the theory.

In the medical profession Virchow is an excellent example of what may be done after 60, but he is only one in a hundred.

Physiologists tell us that some men are young at 70, others old at 20.

Many a man is better at 60 than he was twenty years before in everything that makes for usefulness. From sixty to sixty-five, speaking approximately, is one of the greatest periods of men's productivity. But in our own school no better example of the fallacy of such a statement than is found in Hahnemann's writings: His essays on "A New Principle for Ascertaining the Curative Power of Drugs"; "Are the Obstacles to Certainty and Simplicity in Practical Medicine Insurmountable"; "Aesculapius in the Balance"; "The Medicine of Experience"; "The Organon of the Healing Art"; "The Materia Medica Pura" and the "Chronic Diseases", were all written after he was 40, and the later ones the key stones in the homeopathic arch after he was sixty years old. And so with nearly all the great works in our school—Dudgeon, Jahr, Bönninghausen, Hartman, Hughes, Helmuth, Lippe, Raue, Guernsey, Hering—and numerous lesser lights, those who have made historic therapeutics in the school are a standing rebuke to Dr. Osler's farewell joke.

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### THE HINGSTON CLAVICLE SPLINT.

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EDITORS MEDICAL ADVANCE:—A well known writer has defined the functions of criticism thus: "The desire to know and to propagate the best that is known and thought."

I am convinced that Dr. Hingston, with his complicated splint, as pictured in the January ADVANCE, is not in line with the best that is known and thought in respect of the treatment of fractured clavicle.

Please permit me to quote from the work of a man who has treated over 23,500 persons for injuries of various kinds. "In *Fracture of the Clavicle* it was the accepted custom, when I commenced feeling my way towards modifications of treatment, to employ an apparatus of restraint which frequently inflicted the most acute suffering upon the patient. A large wedge-shaped pad, with its base upwards, was placed in the axilla, and the whole of the extremity, with the forearm at semi-flexion, was then tightly bandaged to the trunk. The

pad arrested or impeded the circulation through the axillary vessels, and speedily became a source of pain and swelling; while the constrained posture and rigid confinement of the arm, and the swelling of the hand, which was usually suffered to remain outside the bandage, also became extremely irksome. Union was in most cases eventually obtained, but nearly always with marked distortion of the bone; and the restoration of usefulness to the limb was invariably a slow and painful process.

A patient with fractured clavicle, when placed in a position of comfort in bed or on a couch, and sufficiently supported, should be gently rubbed for a time in a direction downwards, that is to say, from the lower part of the neck towards the shoulder, the weight of the arm being carefully supported while this is being done. The fragments should then be brought as nearly as possible into correct relative position and three strips of firm adhesive plaster, each an inch and a half in width, should be applied, from a point immediately above the nipple to a point two inches below the angle of the scapula. The middle strip should cover the seat of the fracture, and should be the first applied; the lateral ones, slightly overlapping it, should extend about an inch and a half on either side. Each strip should first be made to adhere strongly in front, and while it is supported and fixed there by the fingers of one hand, should be carried over the shoulder by the other, with steady pressure, and made to adhere as it goes. These strips will afford firm support to the parts, and will check any tendency of the fragments to project forward, while projection backward will be restrained by the expansion of the chest in inspiration. It is necessary, of course, that the plaster should be of a material which will adhere to the skin with sufficient firmness, and that it should be spread upon a suitable tissue. The subsequent daily rubbing should be performed outside and through the plaster, which will not require to be disturbed until loosened by the subsidence of swelling, but which, in that event, should be taken off and renewed. Except the plaster, no apparatus of restraint is either necessary or ben-

eficial. In order to facilitate dressing and undressing, it is expedient to cut open the shirt down the front, so that it may be put on like a coat, and also to rip up the inner sleeve of both shirt and coat, and to attach tapes by which they may be tied. The patient may get up daily, supporting the weight of the arm by a sling for the whole of the first day or two, and for a few days longer when out of doors. This, as a rule, is sufficient; but in exceptional cases the employment of the sling may be prolonged. It is sometimes useful out of doors as a danger signal. Sometimes, too, the weight of the arm will drag painfully, especially when in bed and the muscles are relaxed in sleep, so that the patient may be awakened by a pain which he does not experience in the day time. Apart from such conditions the sling should be abandoned as soon as possible, and the arm should be left free to fall into its own position and to do its own work. From the first moderate underhand movements are to be permitted and encouraged, but nothing heavy should be lifted, and the arm must not be raised, although there may be free play from the elbow downward, and a somewhat more limited backward and forward movement of the humerus from the shoulder joint. Special attention should be paid to the performance of the last mentioned movements in all cases in which the injury has been attended by any contusion of the shoulder, and in which, therefore, there would be more than ordinary liability to stiffening within or around the joint. By the end of a week, quite free movements in all downward directions may be allowed; but still no lifting, especially no lifting of a weight; and care must be exercised in such a proceeding as putting on an overcoat. The patient will gain confidence as he gains strength, and will before long become a competent judge of the efforts which he may safely endeavor to make. The plaster should be worn until perfectly firm union has been obtained; and it will generally be found that the shape and relations of the bone have been well preserved. "The time required will depend, of course, upon such conditions as the age, health, and general reparative power of the sub-

ject; but, in the majority of cases, a month will suffice for the restoration to the freedom of health.

The best pattern of sling, for nearly every condition in which such an appliance is required, is formed of two strips of cloth or webbing, about two inches wide, and of length proportionate to the size of the wearer united about the junction of their middle and upper thirds by a transverse band of the same width and material, long enough to reach nearly across the back. Where the transverse band joins the longitudinal ones the latter should be cut or stitched in such a manner as to be set out a little both above and below the joint, so that each longitudinal band should have a buckle of its own width, through which the upper end may be passed. The transverse band rests on the back between the shoulders and supports the weight of the suspended limb, and each longitudinal band can be tightened independently according to the position in which the hand and the forearm are to be retained."

Now, Messrs. Editors, compare this with the methods proposed in the January *ADVANCE*, and say which is the better; which the more humane? The book from which the above is extracted contains instructions for treating injuries of all kinds, and should be in the hands of every progressive physician.

Very truly, yours,

GEO. H. CLARK, M. D.

116 West Walnut Lane, Germantown, Philadelphia.

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## NEW PUBLICATIONS.

**Transactions of the American Institute of Homeopathy.** Sixtieth session, Niagara Falls, N. Y., June 20 to 25, 1904.

This portly volume, of over one thousand pages, contains the best thought and the matured experience of the homeopathic profession of today. The articles are well written, and of the scientific character of which we may well be proud. In every department of medicine are able representative papers. This is especially true in the department of *Materia Medica* and *Clinical Medicine* of which the readers of the *ADVANCE* are more particularly interested. Perhaps the most striking paper in the bureau of *Materia Medica* is that of Dr. R. S. Copeland, of the University of Michigan. The paper was received with marked attention at the institute, and it reads very much better in type, and is by far the best argument presented of the power of the dynamic remedy beyond the demonstrable divisibility of

drug matter. It should be carefully read by every member of the institute.

"Liberty of opinion and action," advocated by Carroll Dunham, in his Presidential address, was disregarded by the Chairman of the bureau of *Materia Medica*, when at the close of his paper, he introduced the following:

*Resolved.* That the American Institute of Homeopathy officially recognize as the proper territory of homeopathic posology, the prescribing of only such drug strength as lies within the range of demonstrable divisibility of drug matter,

This resolution, in its attempt to place the American Institute in a false position in scientific therapeutics, met with a fitting rebuke, which will, we trust, be the last effort ever made in the Institute to limit the potency, prescribe or fix the dose, or interfere with the "liberty of opinion and action" of its members in this vital question.

We also note that Dr. Goodno expunged the offensive term "hayseeds" from his remarks in closing the discussion on his paper. We congratulate him, not only on his good taste but for the sake of harmony.

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**The Surgery of the Abdomen.** Part 1. Appendicitis and other diseases about the Appendix. By BAYARD HOLMES, M. D. Professor of Surgery in the University of Illinois, etc. Pp. 368. 8 octavo, 39 illustrations and 7 plates, two of which are in colors. D. Appleton & Co., 439 Fifth avenue., New York, and 203 Michigan Ave. Chicago. 1904.

This work is the authors second volume on Surgical Emergencies, a portion of his forthcoming volume on Surgery of the Abdomen. It follows out the general plan adopted in his well known work in surgery of the head. Each topic is fully illustrated by clinical reports, which are intended to make a vivid and lasting impression on the reader or operator. The work is based on his experience and presents vivid pictures of the specified disease, with its threatening possibilities. It is especially clear and instructive in the attempt to warn the physician against the errors into which the attending physician may be led.

The book is well written, and its surgical teachings



clear and instructive. The author now appeals to his colleagues for clinical assistance in the completion of the second part of the work on Surgery of the Abdomen, especially on the diseases of the liver and organs in the upper peritoneal cavity. For these clinical cases he has made special arrangement at the Chicago hospitals, and our surgical colleagues may be assured of every facility needed in the work. The more thorough this work the more complete and valuable the book will be as a guide for the future.

**A Philosophy of Therapeutics.** The foundation of which rests upon the two postulates: First, that it is the human organism that is the active factor in the healing of the sick, and not drugs; and second, that there are two therapeutic laws. By ELDREDGE C. PRICE, M. D. Pp. 336. Munn & Co., Baltimore, Md.

"The book is gratefully dedicated to the memory of those immortals, Galen and Hahnemann, and the two schools of medicine spoken of on the title page, are *contraria, contrariis curantur* and *similia, similibus curantur.*"

The author of this book is a well-known writer and teacher in the Homeopathic school, and claims in his preface that his object in submitting the work to the medical profession is because he believes such a work is needed. He attempts to harmonize what he calls "the two schools of medicine." Had he carefully studied the Organon, he would find that Hahnemann, as an allopathic physician, from the natural course of disease demonstrated that there is but one law of cure. The arguments of Hahnemann are conclusive and the reading logical, and while *contraria* may be a method it is far from being a law of cure.

With much of his writings the profession is already thoroughly conversant. Several chapters in the work were written for presentation at the American Institute or the International Homeopathic Congress, and have all been published in the current literature of the day. These essays speak for themselves, and for the principals and practice advocated by the author.

On page 130 the author upholds the illogical practice of alternation, when he says:

"As one diseased condition can exist fully developed synchronously with another dissimilar diseased condition—as an old leg ulcer and an acute attack of gastritis or smallpox—so can one drug produce its effects upon the organs synchronously with the effects of another drug which produces dissimilar effects; hence we find that when two dissimilar morbid conditions exist in one organism at the same time, it may be necessary, or not improper, to prescribe a drug for each condition."

There is certainly room for criticism, and the author should not object if his colleagues protest against such teachings. The beginning of the 20th Century is too late to return to empirical methods, and alternation is only another form for empiricism, and thus consider that he is benefiting the profession by such a work.

Hahnemann affirms that: "The best good to the patient can never justify such illogical and unscientific procedures, for alteration, no matter what excuse may be made for it, is only another form for ignorance, or want of study on the part of the physician." His interpretation and practical application of the law of similars is as valuable as the authors.

On page 164 the author claims: "The totality of symptoms, as a necessary foundation for a homeopathic prescription, impracticable in our present state of knowledge." We presume he would substitute the pathology as a foundation for a prescription.

This is not the first time that this plea has been made by those who know little of what they are talking or writing or at least have little practical knowledge of Homeopathy as explained and practiced by its founder and those whom he terms "its true followers."

We can not agree with the author that this book is needed by the medical profession or that any number of the medical profession will ever be benefitted by its study. At least it can never aid the true practice of scientific therapeutics, and if a member of the dominant school ever attempts to apply it as directed by the author, it can only end in disastrous failure.

It has an extensive bibliography.

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# THE MEDICAL ADVANCE

## AND JOURNAL OF HOMEOPATHICS.

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### CHININUM ARSENICOSUM

JAMES T. KENT. A. M., M. D., Chicago.

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Complaints come on at night. Open air aggravates most complaints. General increasing anemia. Inflamed parts turn black. *Chlorosis*. *Sensitive to cold*, and complaints are worse from cold and from becoming cold. Tendency to take cold.

This is a useful remedy in weakly constitutions. Cold, pale, emaciated people. In prolonged suppuration; after hemorrhages. Chronic diarrhea, when the weakness is the most prominent feature. Fulness of blood vessels. Dropsy in sacs, or *edema*. Emaciation. Cannot sustain a physical exertion. Faints on slight provocation. Wants to be warm; wants warm drinks and warm food. Warm room ameliorates. Wants to lie down. Aversion to motion. Stitching and tearing pains. Periodicity is most marked. Pulsation all over the body. Pulse fast, *feeble and irregular*. Relaxed and flabby (Calc.) Sensitive to pain. Many symptoms came during sleep. Standing increases many symptoms. *Sensitive to touch*. *Trembling*. Walking in the open air aggravates. Weakness from walking. Complaints come on in windy stormy weather.

Easily angered, and refuses to talk or to answer questions. Anxiety day and night, but worse in the evening, worse during chill; anxiety with fear. Anxiety during fever, even becomes wild. Anxiety on waking. Desires things

which he cares nothing for after he gets them. Becomes critical with his most intimate friends. Complaining. Confusion of mind in the morning on waking. Over-conscientious about trifles (Silica Thuja.) Delirious at night; after hemorrhage. Many imaginations, illusions of fancy; sees images, frightful images. Despair during chill, heat and suffering. Discontented with everything. Discouraged easily, and faint hearted. Dulness of mind. Becomes excited over small matters. Exaltation of fancy. Fear at night that evil will come to him; fear of ghosts. Forgetful. Mind overwhelmed with ideas at night. Impatience in intermittent fever. Becomes indifferent to all enjoyment. Aversion to work. *Irritable* during chill, and on waking. Jumps out of bed during the fever. Moaning during the chill and the fever. Loathing of life. Weakness of memory. He is easily offended, and looks for insults. Great restlessness at night, and during fever. Anxious restlessness, driving him out of bed; driving to despair. Extreme sadness, especially during chill and fever, and sometimes during the sweat. Oversensitive to noise, and in general. Sentimental. Mental symptoms from sexual excesses, and loss of vital fluids. Refuses to talk, and remains silent. Sits by the hour in silence without moving. Wandering speech. Starting on falling asleep, and waking as from fright. Lies in bed in a state of stupefaction in low forms of fever. Suicidal disposition. Suspicious. Persistent thoughts. Timid. Weary of life. Weeping. The chilliness is brought on by thinking of it. The headache is worse by mental exertion.

Vertigo comes in the evening, with nausea; while walking in the open air.

Cerebral congestion with great heat of the head. The forehead becomes cold and covered with sweat. Constriction of the head. Great heat in the forehead. Heaviness in the head in the morning. Motion is felt in the brain on moving the head. Sensation of rushing in the brain, down right side of the neck and arm becoming convulsive, and ending in real convulsion. Violent darting pains in the

head preventing sleep. Pain in the whole head. Pain; in the morning on waking, in the afternoon, but most severe at night. Nightly headaches. Cold air brings on the head pains. The scalp is sensitive to touch, to combing the hair, and to binding up the hair during the suffering. Catarrhal headache. Pain very severe during the chill and heat, but ameliorated as the sweat becomes free. Pains worse or brought on from becoming cold. With coryza the pain is violent; worse coughing or jarring, after eating. Hammering headaches. Headaches during menses. Mental exertion aggravates the headache. Nervous headache, and headache from *excitement or noise*. Paroxysmal pains. *Periodical* headaches; headache every two weeks Pulsating pains. Pains worse walking. Neuralgic pains, worse in left side, ameliorated by rubbing. Aching felt deep in the head. Pains in the forehead, mostly on the right side; in *occiput* after sleep; in sides of head in the evening; in temples and forehead; in vertex. Bruised pain all over the head after fever, and after sleep. Burning pain in left occipital region extending down the neck in the morning. Bursting pain. Pressing pain. Pressing in the forehead; over the eyes. Pressing in the occiput and temples. Stitching and tearing pains in the head. Perspiration on the forehead. Complaints come on from uncovering the head in cold air.

Inflamed eyes. Lachrymation. Intense photophobia and spasms of orbicularis muscles. Gushing hot tears. Large ulcers on each eye, worse from midnight until 3 a. m. Scrofulous ophthalmia, worse after 1 a. m. Flickering before the left eye. Pain in the eyes at night. *Burning pains*. Pressing. Sunken eyes. Dim vision. Sparks before the eyes. *Weak vision*.

Noises in the ears; buzzing, humming, ringing, *roaring, singing*. Stitching in the ears. Ear ache. Pain burning, *stitching, tearing*. Hearing acute. Hearing impaired.

Coryza with discharge. *Dry coryza*. Nasal catarrh with bloody discharge, or *purulent* discharge. Dryness in the nose. Epistaxis. Nose obstructed. Sneezing. Excoriation of the corners of the nose. Especially useful for

periodical coryza and frequent taking cold in the nose which keeps a catarrh in constant activity.

Chlorotic face. Cracked lips. Bluish lips. Pale earthy face. Circumscribed red cheeks with pale face. Sickly color of face. Jaundiced face. Expression anxious. The pains of the face are worse in the open air; burning, tearing. Periodical pains. Swelling of submaxillary and parotid glands. Perspiration cold. Edema of face. Ulceration of the lips.

Burning canker sores in the mouth. Bleeding from mucous membranes of the mouth. Cracked tongue. *Tongue black, brown, white or yellow.* Dry mouth and tongue. Hot mouth. Burning rawness of the tongue. *Sore tongue.* Salivation. *Swollen gums and tongue.* Taste bad, *bitter* while eating; insipid, metallic, saltish, *sour*, sweetish. Vesicles on the tongue. Pain in the teeth at night, < by biting the teeth together, from touch; cold drinks. Pains come on periodically, are jerking, *pulsating*, tearing, and date back to malarial fever.

Contraction in the throat. Dryness in the throat. Gangrenous inflammation of the throat with putrid odor, in malignant scarlet fever. The throat feels hot. This remedy has been used in diphtheria when the exudation was blackish, and putrid odor from the mouth. *Great pain on swallowing.* Burning in the throat. Stitching in the throat or swallowing. Difficult swallowing. Swollen throat. Constant clearing of the throat.

Appetite diminished, or *ravenous*. No appetite for breakfast. Strong appetite without relish of food. Aversion to rich food and fats; *aversion to food, to meat.* Desires wine, *cold drinks*, sour things, sweet things. Sensation of coldness in the stomach. Emptiness, better by eating. Eructations after eating, *bitter*, empty, of food, *sour*. Water-brash. Sensation of fulness after eating. Heartburn. Great weight in the stomach after eating. Hiccough. Stomach easily disordered. Cannot digest eggs or fish. Water tastes bitter. Nausea after eating, during headache. Pain in the stomach from coughing; *after eating.* Burning; cramp-

ing; *pressing, soreness*; stitching, tearing. Pulsating. Retching with cough. Strong *thirst*, in the evening, during *perspiration*; for small drinks during heat. Vomiting at night, on coughing, *after drinking, after eating*, with headache; of *bile, black, blood, food, mucus; sour*; water. Nausea and vomiting followed by sleep. Sudden inclination to vomit at 2 p. m.

Sensation of coldness in the abdomen during chill. *Distension* morning, after eating, *tympanitis, ascites*; enlarged liver and spleen from malarial influences. *Flatulence* in intermittent fever. Fulness in the abdomen. *Hardness of the liver*. Heaviness as from a load in the abdomen after eating. Great pain in the abdomen during chill, like colic; during diarrhea; after eating; before stool; ameliorated by lying on the abdomen. Great pain in the region of the liver, in the hypogastrium, in the region of the umbilicus. The kinds of pain in the abdomen are burning, cramping, cutting, dragging; *soreness*; stitching. *Much rumbling* and tension.

Constipation, with hard, knotty stools. *Diarrhea*, morning, *afternoon, NIGHT, after midnight*; after cold drinks; from taking cold; AFTER EATING; *after fruit*; in hot weather. Dysentery. *Much flatus*, offensive. Bleeding from anus, Hemorrhoids. Involuntary stool and urine. Itching of the anus. Moisture about the anus. Pain in the anus during stool. Burning in the anus during diarrhea, during stool. Pressing pain. Stitching. Paralytic weakness of the rectum. Ineffectual urging to stool. Stool bilious, *black, bloody, clay colored, copious, frequent, LIENTERIC*, offensive, *liquid, watery*. Diarrhea with intermittent fever.

Spasmodic retention of urine. Urging to urinate, frequent, ineffectual. Involuntary urination at night; after stool. *Urine albuminous, bloody, burning; cloudy on standing; dark, greenish, pale, copious at night, offensive, scanty*. Sediment is red and sandy. Sugar. Clear watery urine.

Erections feeble. Seminal emissions.

Itching of vulva. Leucorrhœa, excoriating, bloody, copious, after menses, offensive, thin. Menses absent; *copi-*

*ous, dark, too frequent, offensive, painful, pale, protracted; suppressed. Uterine hemorrhage. Prolapsus.*

Catarrh of larynx and trachea. Rawness. in larynx. Soreness in larynx, Hoarseness; rough voice.

Respiration quick, *asthmatic*, deep, *difficult* in evening and *night*; difficult with cough; difficult while lying; *rattling; short. Suffocation. Wheezing. Whistling. Suffocation* in the forenoon during phthisis. Must sit bent forward by an open window in the attack of suffocation, worse in any other position. Every day at 9 a. m. suffocation.

Cough, *morning, afternoon, evening, night; after midnight; asthmatic; from deep breathing; from full feeling in chest; during chill. Dry cough, at night, during fever. Cough exhausting. Cough during fever. Hacking cough. Irritation in larynx and trachea. Loose cough. Motion aggravates the cough. Short cough. Spasmodic cough. Suffocative cough. Talking aggravates the cough. Tickling in air passages causes cough. Expectoration bloody, copious; difficult; MUCUS, offensive, purulent; tastes bitter, flat, salty. Expectoration is viscid, white.*

Anxiety in chest, region of heart. Constriction. Hemorrhage of lungs. *Oppression of chest. Angina pectoris* with dropsical symptoms. Pain in the chest, during cough. Pain in the sides of the chest. *Rawness in the chest. Stitching in the chest on coughing. Stitching in the heart. Palpitation of the heart, anxious, aggravated on slight exertion, leaning back against chair; violent. Sensation as if heart ceased to beat. Full pulse. Weakness in chest. Weakness of respiratory muscles. Violent pain in left mammary region, as though part were torn with red hot tongs. Aching in region of seventh rib on inspiration.*

Coldness of the back at night. Eruptions on the back. Pain in the back, during chill. Pain in the cervical region, in scapule, between scapule, in lumbar region, in sacral region, in spine. Aching; bruised; drawing; soreness in spine; tearing. Stiffness in cervical region. Weak feeling in back.

Limbs icy cold. Upper limbs cold. *Cold hands and*



*jeet. Cold knees. Cold legs. Cramps in calves. Blueness of finger nails. Eruption on limbs. Excoriation between thighs. Heaviness of limbs, of lower limbs. After prolonged suppuration in hip joint disease. Stitching in limbs, in lower limbs. Weakness of limbs, forearms, lower limbs, legs. Gooseflesh on lower limbs with chilliness. Palms hot and dry. Pain in limbs, rheumatic, in the joints; gouty joints. Pain in the upper limbs, shoulders. Pain in the knees. Aching pains in all the limbs. Wandering aching pains. Aching of the biceps of left arm. Pain in flexors of left forearm, in radial side near elbow. Burning in the limbs, in the feet. Drawing pain in the limbs, upper limbs; thighs, knees, feet. Stitching in shoulders; upper arms, hips, thighs, knees, feet. Tearing pain in the limbs; upper limbs, shoulders, elbows, wrist, hand, fingers; lower limbs, thighs, legs, ankles, feet. Restlessness of the limbs; lower limbs, legs, feet. Stiffness of the limbs; hands, fingers; lower limbs. Dropsical swelling of the hands and feet. Trembling of the limbs; hands; lower limbs. Weakness of the lower limbs. Weakness of the limbs, joints, upper limbs; lower limbs, knees, thighs.*

Sleep deep. Sleep during fever. Dreams anxious, of death, frightful, misfortune, vexatious, vivid. Falling asleep late, restless until 3 a. m. *Restless sleep. Sleepiness* afternoon, evening. *Sleeplessness*, before midnight. Sleep is unrefreshing. Wakens too early, frequently. Yawns much.

*Intermittent fever.* CHILL, morning, forenoon, noon, AFTERNOON, evening, night, midnight; *open air*; walking in the open air; anticipating; in bed. *Drinking aggravates chill.* Quotidian chill; quotidian or tertian. Hard, *shaking chill.* Chill like cold waves with gooseflesh all over body. Warm room ameliorates. *External warmth ameliorates.* High fever follows chill. Fever without chill afternoon and evening. Fever and chill alternate. Burning fever. Feverish all the time, but more so at night. Dry heat at night. *Hectic fever.* Heat during sleep. Chill, heat, then sweat. During the heat he desires to uncover. *Perspiration, morning, night;* during anxiety; COLD; from coughing; with *weakness; dur-*

ing slight exertion; following fever; from motion; PROFUSE; during sleep; after waking; staining linen yellow. Fevers from living in damp rooms. Malarial fevers. Symptoms increase while perspiring. *Fevers with extreme prostration.*

Anesthesia of the skin. Burning. *Cold skin.* Bluish discoloration; *pale, yellow;* jaundice every summer. *Dryness.* Burning eruptions, boils, pimples. Urticaria after scratching. Vesicles. *Formication.* Gooseflesh. *Itching,* burning. *Skin very sensitive;* a feeling of soreness. Sticking. Dropsical swelling of skin. Ulcers, burning, sensitive, stinging.

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## TAKING THE CASE AND SELECTING THE REMEDY.

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### The Diagnosis of the Remedy.

BY SAMUEL HAHNEMANN, M. D.,

[The work they did 100 years ago. Bryonia can be selected today in the same way and will do the same work as in time of Hahnemann. ED.]

If our school ever gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine. *Constantine Hering.*

Sch—, a washerwoman, somewhat above 40 years old, had been more than three weeks unable to pursue her avocations, when she consulted me on the first of Sept, 1815.

1. On any movement, especially at every step, and worse on making a false step, she has a shoot in the scrobiculus cordis, that comes, as she avers, everytime from the left side.

2. When she lies she feels quite well, then she has no pain anywhere, neither in the side nor in the scrobiculus.

3. She cannot sleep after 3 o'clock in the morning.

4. She relishes her food, but when she has eaten a little she feels sick.

5. Then the water collects in her mouth and runs out of it, like the water brash.

6. She has frequent empty eructations after every meal.

7. Her temper is passionate, disposed to anger. Whenever the pain is severe she is covered with perspiration.

The catamenia were quite regular a fortnight since. In other respects her health is good.

Now as regards No. 1. Belladonna, China, and Rhus cause shootings in the scrobiculus, but none of them only on motion, as is the case here. Pulsatilla causes shootings in the scrobiculus on making a false step, but only as a rare alternating action, and has neither the same digestive derangements as occur here at No. 4 as compared with 5 and 6, nor the same state of the disposition.

Bryonia alone has among its chief alternating actions, as the whole list of its symptoms demonstrates, pains from movement and especially shooting pains, as also stitches beneath the sternum on raising the arm, and on making a false step it occasions shootings in other parts.

The negative symptom 2 met with her answers especially to Bryonia; few medicines (except perhaps Nux and Rhus in their alternating action, neither of which are, however, suitable for other symptoms) show a complete relief to pains during rest and when lying; Bryonia does, however, in an especial manner.

Symptom 3 is met with in several medicines, and also in Bryonia.

Symptom 4, as far as regards "sickness after eating," is met with in several other medicines (Ign. Nux. Mer. Fer. Bell. Puls. Canth.) but neither so constantly nor with relish for food, as in Bryonia.

Symptom 5 is caused by several medicines, as well as Bryonia; but do not produce the remaining symptoms in a very similar manner. Hence Bryonia is to be preferred. Empty eructations after eating, No. 6, is found in few medicines, and in none so constantly and to such a degree as in Bryonia.

One of the chief symptoms in all diseases, Organon § 213, is the "state of the disposition," and as Bryonia causes this symptom also in an exactly similar manner, hence is for all these reasons to be preferred in this case to all other medicines as the homeopathic remedy.

Now, as this woman was very robust, and the force of

the disease must accordingly have been very considerable to prevent her by its pain from doing any work, and as her vital forces, as has been observed, were not consensually affected, I gave her one of the strongest homeopathic doses, a full drop of the pure juice of the Bryonia root,\* to be taken immediately, and bade her to come to me again in 48 hours. I told my friend E. who was present, that within that time the woman would be cured, but he, being but half a convert to Homeopathy, expressed his doubts about it. Two days afterwards he came again to ascertain the result; but the woman had not returned, and in fact never came back. I could only allay the impatience of my friend by telling him her name and residence, about three miles off and advising him to ascertain for himself how she was. This he did, and her answer was: "What was the use of my going back? The very next day I was quite well, and could again commence my washing, and the day following I was as well as I am now. I am extremely obliged to the doctor, but the like of us have no time to leave off our work; and for three weeks previously my illness prevented me earning anything."

COMMENT—Beyond question the more thorough our knowledge of diseased processes, microscopic, as well as macroscopic, the greater will be our opportunities to apply the law to their effectual cure. But just there is the rub. What is knowledge and how shall we apply it unto wisdom? A man may be versed in all the technical rules of a science, yet lack the practical wisdom necessary to the utilization thereof. "Ah!" said a learned professor to an illiterate waterman, "How sad that your life is so far spent, and you know naught of the wonders of nature's laws." Just then a huge wave swamped the boat, and the learned professor sank. "Of what use is your laws

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\*According to the most recent development of our new system the injection of a single, minute globule, moistened with the decillionth potential development, would have been quite adequate to effect an equally rapid and complete recovery; so that the drop of pure juice given by me in the above case to a robust person, should not be imitated.

of nature if you cant swim?" said the boatman, as he helped the hapless professor to land.

Here permit an application of this thought. Are not our colleges reaching the point at which too many technical studies are being crowded into the course of instruction requisite to graduation? Ought not more attention be given to the practical branches? Should not the last year in the college course be exclusively devoted to bedside instruction; a year of clinical and hospital work? Only so much didactic work as will serve to explain and illustrate clinical instruction.

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

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### A CASE OF HODGKIN'S DISEASE.

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BY JOHN V. SHOEMAKER, M. D., LL. D., PHILADELPHIA,  
 PROFESSOR OF MATERIA MEDICA, THERAPEUTICS, AND CLINICAL  
 MEDICINE IN THE MEDICO-CHIRURGICAL COLLEGE  
 AND HOSPITAL.

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*History.*—A physician, 52 years of age, was admitted to the Medico-Chirurgical Hospital on February 1, 1904. He gave the following history: He had never been ill until two years previously, when he had had under his care 19 cases of smallpox. He vaccinated himself in several places, but the operation seemed to be unsuccessful. After six weeks, a rash appeared upon the greater part of his body, remained in existence two weeks, and then disappeared. A few weeks later the eruption again became manifest and lasted for a fortnight. It was accompanied by intense itching.

Since that time there had been progressive enlargement of lymphatic glands in various parts of the body. During the last six months these had become particularly conspicuous. Within this period he had lost 25 pounds in weight. When admitted, he was emaciated and extremely weak, was unable to walk without assistance, was very anæmic, and had an anxious expression. He suffered much from pain in

his back. The heart's action was rapid, but there was no organic disease. His pulse was soft and the circulation poor. The lungs were unaffected. He had lost appetite and suffered from indigestion. His bowels were loose. The respiration was shallow and there was dyspnea. There was no history of syphilis. The patient's father had died of pneumonia, his mother of cancer. One brother died when very young and another at the age of thirty-seven years, of, it was said, aneurysm of the brain. In both groins and in the right axilla were glandular tumors as large as apples. In the left axilla and neck were similar enlargements varying from the size of a pea to that of a walnut. There was also a general enlargement of the lymphatic glands. The tumefactions in the groins were somewhat immovable and of moderate consistency. Those of the axillæ and neck were movable and of the same consistence. The tumors had not been painful. The patient was of the opinion that they were smaller and softer than they had been. In this he was perhaps mistaken. He thought also that those of the neck had lessened in size during the preceding month. Nevertheless, the tumors do sometimes spontaneously decrease in size before death.

There was diminished resonance over the upper part of the sternum, but no other sign of involvement of the mediastinum. The spleen was much enlarged, extending a hand's breadth below the margin of the ribs. It was firm, smooth, rounded, and somewhat tender. The abdomen was prominent and upon its left side was a tumor as large as a fetal head. Another distinct mass, about one half that size, could be felt upon the right side. Other smaller tumors could be detected. The liver extended two fingers' breadth below the costal border.

On the day of admission a fluoroscopic examination by Dr. G. E. Pfahler, Assistant Physician and Skiagrapher to the Medico-Chirurgical Hospital, confirmed the evidence of the physical signs of percussion and auscultation; the lungs were clear. The right side of the diaphragm moved  $3\frac{1}{2}$  inches between forced inspiration and forced expiration. The left side of the diaphragm moved only  $1\frac{1}{2}$  inches, being

displaced upward 2 inches, was on a level posteriorly with the ninth rib, and its curve was somewhat flattened. There were indistinct shadows about the size of a small fist. These latter shadows of the mediastinum are shown in the skiagraph.

The patient's stay in the hospital was sixteen days and was terminated by death. During this period his temperature fluctuated between 97° and 100° until three days before death, when it rose to 101°. His pulse varied from 80 to 120, the respirations from 20 to 30. On February 9th and 10th he vomited frequently and at the same time had troublesome attacks of hiccough lasting about twenty minutes. These symptoms disappeared several days before death. He had from one to six stools a day.

The urine was of acid reaction, specific gravity 1022. Neither albumin nor sugar was present, but a few hyaline casts were found. On February 3rd, an examination of the patient's blood by Dr. Craney, assistant bacteriologist to the Medico-Chirurgical Hospital, showed hemoglobin 58, erythrocytes 2,440,000, leucocytes 5,200. The results of an examination by Dr. Pfahler on February 15th were hemoglobin 55; erythrocytes 3,060,000, leucocytes 20,000.

*Diagnosis.*—From their situation, consistency, and mode of evolution the tumors in this case unquestionably consisted of enlarged lymphatic glands. Tuberculosis is a frequent source of glandular disease, but its influence is, as a rule, strictly localized and confines itself, above all, to the glands of the neck. These usually, in course of time, exhibit signs of inflammation and caseous degeneration. In this case symptoms of inflammation were absent. In syphilis we should have a different history together with the evidence of polymorphous lesions, large pustules, ulcers, scars, and pigmentations. The lymphatic tumors present in this case could be differentiated from gummata. Lymphosarcoma was excluded by the duration of the case and the absence of ulceration.

The pallor of the patient—the evident anemia—suggested an examination of the blood, and it was, indeed, by the

microscope that an exact diagnosis was established. The results of such an examination have shown that this case belongs to the class known as Hodgkin's disease, after the writer who first, in 1832, clearly described it, and which is also called pseudoleucemia because, although there is a progressive diminution in the number of red blood corpuscles with a proportionate decrease of hemoglobin there is no marked increase in the number of whites. The disease has likewise been termed, and has been confounded with, lymphadenoma, lymphatic anemia, lymphatic tuberculosis, lymphosarcoma, and malignant lymphoma. In Hodgkin's disease the red corpuscles may diminish to 1,500,000, with but a slight increase of white cells. Pseudoleucemia is an anemia of the secondary type. According to the researches of Dorothy Reed, of Baltimore, who studied a series of eight cases, the increase of the lymphatic glands in Hodgkin's disease depends upon an overgrowth of the endothelial cells of the glands. The fibrous tissue is enormously increased; in an advanced period of the disease the glands are almost entirely transformed into fibrous tissue. Eosinophile cells abound and giant cells are also seen, containing single or multiple nuclei. The giant cells are derived from the endothelial elements. The microscopic picture of Hodgkin's disease is characteristic and is in itself sufficient to establish the diagnosis. Dr. Warfield T. Longscope, in a detailed study of eight cases of Hodgkin's disease confirms the findings and conclusions of Reed as regards the pathology and its value in differential diagnosis. The changes in the glands appear, at least in the present state of knowledge, to be produced by a chronic inflammatory process. Bacteriology has as yet, however, thrown no light upon the subject.

*Etiology.*—Although tuberculosis of lymphatic glands, as usually observed, presents a very different clinical aspect from Hodgkin's disease, yet there is no doubt that the two affections may coexist. Sternberg, in 1898, advocated the idea that pseudoleucemia is, in reality, a form of lymphatic tuberculosis and this view has obtained credence with certain other authors. A case which well illustrates the possibility



of tuberculosis assuming the guise of pseudoleucemia is reported by E. Hibschiemann and O. Stross (*Deutsche medizinische Wochenschrift* May 21, 1903). There was a general involvement of the lymphatic glands. Those of the neck had been first affected. The patient was a man, 28 years of age. The spleen and liver enlarged, anemia developed and the man died fifteen months after the commencement of the disease. He had had cough but no tubercle bacilli had been found in the sputum. There was caseous degeneration of some of the glands. Some contained numerous bacilli. A polymorphonuclear leucocytosis had existed. T. C. Ely is a writer who inclines to the belief that Hodgkin's disease and chronic lymphatic tuberculosis are identical. The case which he has studied (*Philadelphia Medical Journal*, October 18, 1902) occurred in the person of a child, 3½ years of age. Enlargement of glands had existed for two and one half years and had begun shortly after an attack of whooping cough. At the date of death the glands were enormously enlarged. Examination of the blood showed 3,624,000 reds, 6,066 whites, hemoglobin, 18 per cent. In the cases studied so carefully by Reed, inoculation experiments failed to produce tuberculosis in animals by material taken from patients suffering from Hodgkin's disease. C. C. Simmons has described (*Journal of Medical Research*, 1903, ix, 378) his investigations in nine cases of pseudoleucemia and concludes that it is a separate, distinct, and independent disease with no relationship to tuberculosis, although the latter may coexist as a secondary infection. He believes, furthermore, that Hodgkin's disease can be recognized by examining sections of glands under the microscope. Fischer published in 1897 an account of twelve cases of pseudoleucemia, in which inoculation of guinea pigs with portions of glands failed to excite tuberculosis. In one of Reed's cases the lesions of tuberculosis and of Hodgkin's disease could both be detected and differentiated under the microscope.

If we dismiss the view that Hodgkin's disease is dependent upon tuberculosis we have nothing to substitute in its place.\* Its pathogenesis is still obscure and this is a field

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\*This case appears to prove that vaccination may be, or had been, a substitute. ED.

which needs exploration. In the case which I here report neither the lesions nor the bacilli of tuberculosis were found.

Pappenheim believes that Hodgkin's disease is, so to speak, a preliminary stage of true leucemia. It is true that the clinical features are much the same in both affections. This writer is of the opinion that the alterations in the blood distinctive of lymphatic leucemia do not occur until the bone marrow has been involved.

Pseudoleucemia is a rare disease, much more common in men than in women. About 75 per cent. of the patients are males. It may make its appearance at any period of life but most cases have developed between the ages of 30 and 40 years. In this respect my case was somewhat exceptional. The patient had passed the average time limit.

*Symptoms.*—The symptoms of Hodgkin's disease, are principally those of grave anemia, to which may be added those due to the pressure of enlarged glands upon neighboring structures. Usually the first phenomenon to attract attention is the swelling of the glands, although anemia has been known to precede this manifestation. The cervical glands are generally the first to enlarge, although the disease may begin in the groin or axilla, which are also favorite situations. Some cases have been seen in which the tonsils were the first to become implicated. As the tumors are painless, destitute of signs of inflammation, and grow slowly the true nature of the disease may remain unsuspected for a certain period. The glands continue to augment, however, until they can no longer be overlooked. As they increase in size and others are attacked the skin and mucous membrane become pale and the symptoms of anemia are apparent. In many instances the general health is at first but little affected. The spleen enlarges and, as in this case, may attain huge dimensions, although, as a rule, it is not as large as in leucemia. The constitutional condition is impaired as decided anemia develops. The appetite declines, the digestive functions are embarrassed, strength and flesh diminish, the action of the heart is enfeebled, palpitations occur, with headache, vertigo, and dyspnea. Blood murmurs can

be heard. As the case progresses, epistaxis and other forms of hemorrhage may supervene. In some instances there is metrorrhagia. In other cases, on the contrary, amenorrhea is witnessed. In the latter stage of the disease there may be effusions into serous cavities. W. Broadbent has reported a case (*British Medical Journal*, May 16, 1903) of Hodgkin's disease in which there was a milky effusion into the pleural cavity. Pleurisy is one of the complications liable to occur in pseudoleucemia. Other possible complications are nephritis, fatty degeneration of the heart, pneumonia, and pericarditis.

An irregular fever accompanies most cases. It is not constantly present, but the febrile attacks are separated by intervals of normal temperature. The fever may be of intermittent, remittent, relapsing, or continuous type. A febrile paroxysm may last from three to ten days. My patient gave a history of such irregular attacks and had some elevation of temperature while in the hospital.

The tumors may become as large as apples, oranges, or even pineapples. In these enormous aggregations, the separate glands of which they are composed can readily be recognized and detached from one another, being held together only by loose connective tissue. They are not fused together into a conglomerate mass, but each retains its individuality. The tumors are generally of moderate consistence.

When the masses are large they may cause various symptoms by their pressure upon blood vessels, nerves, or other structures. It is evident that the symptoms must depend upon the situation of the tumors. Those in the neck may produce cerebral anemia if they compress the carotids; if, on the contrary, their pressure is chiefly exerted upon the veins, there is cerebral congestion and, perhaps, edema of the face. The larynx may be pushed to one side, and the impediment to respiration may amount to strangulation. If the esophagus is occluded it becomes difficult or impossible to swallow. Enlarged glands of the neck or thorax may compress the pneumogastric and disturb the action of the

heart. Effusions into the pleura, pericardium, or peritoneum are caused in like manner. Obstructions in the axille or groins may give rise to edema of the extremities. Asphyxia results from pressure upon the trachea, starvation from occlusion of the esophagus. The pressure symptomatology is very variable according to the position of the tumors and the nature of the organs upon which they encroach. Abdominal growths may produce deep jaundice by compression of the bile ducts. Chylous ascites is a result of obstruction to the lymphatics.

In comparison with the size of the tumors, which were present in the case I here recount, symptoms indicative of pressure were conspicuous by their absence. The growths are generally in themselves painless, but they may excite pain if they press upon a nerve trunk, and to this fact we may ascribe the severe pain in the back from which my patient suffered.

There is likewise great variability as regards the course and duration of pseudoleucemia. The majority of cases last from eighteen months to two years. The evolution is apt to be slow at first and more rapid toward the end. As respects duration, therefore, my case followed the usual rule. Dreschfeld has reported three cases in which the general health was so well preserved that the patients continued at their work until a sudden breakdown precipitated death within a few weeks.

In addition to the pallor characteristic of the anemia the skin may be the site of other alterations in Hodgkin's disease. In some cases it has been bronzed, and this effect may have been due to pressure upon the suprarenal capsules. Erythema has been witnessed. There may be pruritus unaccompanied by any visible lesion. In the case which I here record there was intense itching with, and presumably dependent upon, a peculiar cutaneous eruption, consisting of erythema and papules. An eruption of this form I have not seen alluded to by the authorities. The interesting question now arises: What relationship did this eruption bear to the Hodgkin's disease which came into existence,

from the history, at about the same time? Furthermore, the patient had vaccinated himself several times about six weeks prior to the advent of the rash. *Could the latter then depend upon the vaccination?* It is well known that several—in fact, quite a number—of eruptions follow vaccination. One group of vaccine rashes seems to be due to pure vaccine inoculation and a second to mixed infection, but in either class an evidence of the adventitious rash manifests itself long before six weeks have passed. I believe, rather, that the pruritic eruption which so annoyed my patient stood in direct relationship to and was dependent upon the same cause which produced the changes in the blood and the lymph glands. Just as pallor and debility may sometimes precede the glandular enlargements in Hodgkin's disease, so in this case I regard the eruption as one of the early manifestations of pseudoleucemia. Whether the eruption actually antedated the tumors cannot with certainty be said. Small swellings in the beginning of the disease may be overlooked for a time or considered merely as temporary affairs which will spontaneously subside.

[COMMENTS: We publish this case as a valuable contribution to the pathology and symptomatology of vaccination. It is by one of the ablest diagnosticians and clinicians of Philadelphia, and the following data may be noted:

*First.* The patient had never been ill until two years prior to present sickness.

*Second:* He vaccinated himself several times unsuccessfully, though no doubt previously vaccinated, perhaps more than once, and the effects had not "run out in seven years."

*Third:* A rash, with intense itching, appeared after six weeks upon greater part of body, remained for two weeks and disappeared to return a few weeks later for two weeks.

*Fourth:* This was without doubt vaccine inoculation due to mixed infection and preceded glandular involvement.

*Fifth:* Notwithstanding the special pleading of an honest but evidently biased clinician, who says. "I believe the pruritic eruption stood in direct relationship to and was dependent upon the same cause which produced the changes

in the blood and lymph glands. I regard the eruption as one of the early manifestations of pseudoleucemia." That cause was undoubtedly vaccine virus, without which the patient never would have had Hodgkin's disease. ED.]

### MEDORRHINUM: A VERIFICATION.

S. E. CHAPMAN, M. D., Watsonville, Cal.

Mrs. W. N. W., aged fifty two, mother of a large family, always well until the past year or two. She now suffers from shortness of breath on the least exertion, with tumultuous action of the heart.

Feels as if death were imminent.

Very weak and nervous.

Cannot lie upon the left side.

Numbness and tingling of the arms and hands.

Foul taste in the mouth. Dryness of the mouth.

Complete loss of appetite.

Alternating constipation and diarrhea.

But the symptom that led me to the remedy was this:

*She felt as if the left chest were a cavity.*

This last symptom was so constant and annoying that she begged me to relieve her of it if possible. I did not remember ever seeing the symptom under any remedy with which I was familiar, and put her off with placebo until the following day. On consulting Kent's repertory I found the symptom under but one drug in our great materia medica, and that was Medorrhinum. I gave it to her in the 1m potency, three powders, one to be taken every hour. A few days later she returned, smiling and happy, and declared that she had not felt that awful *sense of cavity* where her heart ought to be since I gave her those powders. Her appetite had improved and her heart was acting normally. She could lie upon her left side as well as the right. She now told me something that she had kept back from a sense of shame; and that was that she had been a great user of tobacco, having smoked from girlhood. She had not smoked

for several days before coming to me. Of course I impressed upon her the necessity of quitting the detestable habit forever. All of which leads up to this.

Keep your eye on Medorrhinum in tobacco heart. You will find nearly all the mental, nervous and cardiac symptoms under this nosode that usually accompany that condition.

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### ARGENTUM METALLICUM

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Dr. W. M. FOLLETT, Seneca Falls, N. Y.

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F. W. S., aet. 26, December 26, 1897:

Full and spare, slightly stooped, blue eyes, fair skin.

Present trouble began five years ago. A pain which began in region of stomach, slight at first; then gradually increasing to such severity that can hardly stand, and when possible had a physician give Morphine.

Pain begins in region of pit of stomach, extends downward, then across to each hypochondriac region.

Pain begins as a slight ache and gradually increases to great severity, then *ceases suddenly*.

Has cold hands and feet. Great hunger. Never eats fat. Bitter mouth every morning. Aching hemorrhoids. Sulphur 55 m, one dose.

January 6. No better. Symptoms same.

Argentum metallicum, 200, one dose.

February 6, 1898. Feels better, although has had several attacks the past month.

Argentum metallicum cm one dose.

This cured the patient entirely. This man had consulted many doctors in the past five years. Had been treated for gall-stones, appendicitis, etc.

#### SYPHILITIC CONDYLOMATA: CINNABARIS.

October 22, 1896. Miss—has had a sore on upper lip for two months, and been under the care of two old school M. D's., each treating the case four weeks, neither one of whom recognized the character of lesion.

Symptoms: upper lip ulcer covered with dirty, yellow crust. Upon removal a round, flat ulcer revealed sharply defined edges, indurated border and surrounding tissue inflamed, < no doubt by local application of oxide of zinc.

Ulcer painless. Glands about neck slightly enlarged, also those of inguinal region. Diagnosis: Chancre.

Of course Mercurius was prescribed, my belief being that Mercurius was the only remedy in conditions of this character. For two whole months Mercurius in its different preparations and low potencies was given without the least improvement, and you can imagine my chagrin when a careful individualization of the above symptoms clearly showed Lycopodium to be the remedy. One dose Lycopodium 1m inside of two weeks cured the case, as far as lip was concerned.

Some months later a syphilitic palmaritis developed, which disappeared under Mercurius solubilis 30.

January 1, 1898. Up to this time patient remained well, except for an aching or dragging pain at perineum. Examination revealed syphilitic condylomata with an offensive moisture of the part. Aside from the dragging pain in perineum and the offensive discharge, patient was in good health. Thuja 1m, one dose.

March 30. From January to this date the condylomata rapidly increased in size until the patient was compelled to remain in bed on back with legs separated. Could not sit or walk. The whole perineal region was occupied by the growth, about 6 inches in height, fan shaped, constant aching pain.

Smarting and burning of the condylomata. Profuse, acrid discharge. Odor most offensive. Bleeds upon slight touch.

Up to this time various remedies in various potencies had been used, without the slightest > of any of the symptoms. My patient was getting discouraged, like myself, it being thirteen weeks and getting worse each day. But fortune seemed to favor me; for one day, in looking over a



file of old magazines, I saw reported the cure of syphilitic condylomata with Cinnabaris, and in looking up my case, found most of her symptoms under that remedy.

March 30, Cinnabaris cm, one dose.

By May 19 all trace of the growth had disappeared. Patient has had four doses of Cinnabaris.

Since June 7, 1898, patient perfectly free from any manifestation of disease. Was married about one year ago and is in good health.

GANGLION OF WRIST: RHUS.

Ganglion back of left wrist, large as a hickory nut. Duration about two years. No history as to cause. Rhus cm, one dose. Cured in two months.

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**A THING THAT IS WORTH DOING IS WORTH DOING  
RIGHT.**

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BY WILLIAM L. MORGAN, M. D., Baltimore.

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A little learning is said to be a dangerous thing.

To undertake to teach a student geometry who had never studied arithmetic would be a very bungling business, and fail of success; but not more so than to undertake to teach a student to be a true homeopathic physician without the teachings and principles of Hahnemann's Organon of the Healing Art, for it is the same to Homeopathy that the arithmetic is to mathematics, and there is no better way to learn it than from the Organon itself.

The Organon is the first lessons of Homeopathy; it contains the most minute instructions in that which a physician should know, what he should do and how he should do it. The first section says it is his highest duty to cure the sick: The second says it must be done according to clearly intelligible reasons.

The third says the physician should distinctly understand the following conditions: "What is curable in diseases in general, and in each individual case in particular." Now in order to know what is curative in diseases in general,

or in each particular case, it is necessary to know what is diseaseable in the human race and what is not susceptible to suffering or pain, which is clearly explained in the tenth section which reads:

The material organism without vital force is incapable (sixth section) of feeling, activity or self-preservation, this immaterial being (vital force) alone animating the organism in the state of sickness and of health imparts the faculty of feeling, and controls the functions of life.

Now do not let anybody take alarm and go into a fit of hysterics and jump at the idea that I am going to teach Christian Science. That is just what I am not going to do. Neither will I allow Mrs. Eddy or any one else to crowd me off our solid basis of facts that every thinking person knows to be true before being told; but they have been so allured by the many fine-spun theories of materialists that they have not had any chance to think of the plain facts constantly present. Yes, I am going to relate what you all know to be true when you take a moment to think.

Man like all other organic bodies, is a dual being, a material organism, which is inert, incapable of feeling, activity, or self-preservation. Who does not know that when life leaves the body the material, all that is left behind, is silent, inert? Cut it, prick it ever so much and there is no resistance, but when this immaterial being (vital force) animates the organism, as in a strong, healthy man, then stick, prick or punch him and you will soon be reminded of the invisible dynamis in the arm that makes a sensible impression on your head that will never be forgotten.

This is a fitting similar to a drug proving, which makes impressions of symptoms not to be forgotten. It is this vito-electric force that controls the organic body, and it is this being that is affected by the spirit-like vito-electric force from without which is inimical to life, spoken of in section 11, that interferes with the functions of life, thereby causes changes in the organism of feelings and expressions by which its presence is known to the patient and observing physicians, which constitutes sickness.

In section 16 we read, "that spirit-like dynamis cannot be reached or affected except by a spirit-like (dynamic) pro-

cess". Neither can the physician free the vital force from any of these morbid disturbances, that is, diseases, except likewise by spirit-like (dynamic, virtual) alterative powers of the appropriate remedies acting upon our spirit-like vital force, hence we have a trinity of similars; natural life, the life of the disease, and the life of the remedy. When life is performing its function, and from the debilitating process it is unable to resist the invasion by disease which enters and interferes with life's work, a morbid condition soon becomes manifest by altered functions, feelings and external expressions. The internal secretions become morbidly changed, that of the mucous surfaces being of morbid nature, makes soil for vegetations of various kinds when the patient is sick, then appear the microbes. But when the vital force of the remedy that has been proved to cause a healthy person to have all the symptoms found in the patient, after it has been freed from its imprisonment in the molecules of material matter by the process of potentiation (§269), is then the similar in its power to produce the same effect as the disease and is in the same state of spirit-like vital force, when taken. It pervades the entire system as a magnetic or electric current (§269) and comes in contact with its similar, the disease, and like other cases of electric or chemical affinity, they mutually neutralize each other; or perhaps, combine like material salts in solutions by affinity and form another force differing from either which does not interfere with the functions of life. But it is not our concern how it is done so it cures the patient according to expectation with such certainty, that when we follow the law faithfully, we can afford to publish the failures.

Those who know these facts and the vital dynamic principles of disease as taught in the Organon as one of the distinctive principles of Homeopathy, must feel a sense of shame for the colleges that turn out graduates called homeopathic physicians that never heard of the vital principles of diseases except by way of derision; who always talk of "and damned my dread," of germs, microbes and baccilli; always talks and thinks of germicides, antiseptics, blood

poisons and blood purifiers and how to kill microbes, are to be pitied for paying for instructions in the distinctive principles of Homeopathy, and were never taught how the remedy, which is the similitum, is the most effective germicide, disinfectant, antiseptic and blood purifier ever known, and will do the work without assistance if properly used.

Such little learning is a dangerous thing to the patient

Teaching that is worth doing at all is worth doing right.

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### HOW PHYSICIANS ARE MADE.

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WILLIAM OSLER, M. D., Baltimore.

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“The great difficulty is in the third part of the education of the student, viz., his art. In the old days, when a lad was apprenticed to a general practitioner he had good opportunities to pick up the essentials of a rough and ready art, and the system produced many self-reliant, resourceful men. Then with the multiplication of the medical schools and increasing rivalry between them came the two-year course, which for half a century lay like a blight on the medical profession, retarding its progress, filling its ranks with half-educated men, and pandering directly to all sorts of quackery, humbuggery and fraud among the public. The awakening came about 30 years ago, and now there is scarcely a school in the country which has not a four-year course, and all are trying to get clear of the old shackles and to teach rational medicine in a rational way.

But there are extraordinary difficulties in teaching the medical student his art. It is not hard, for example, to teach him all about the disease pneumonia, how it prevails in the winter and spring, how fatal it always has been, how frightened of it New York and Chicago have become—all about the germ, all about the change which the disease causes in the lungs and in the heart—he may become learned, deeply learned, on the subject of pneumonia, but put him beside a case and he may not know which lung is

involved, as he does not know how to find out, and, if he did find out, he might be in doubt whether to put an icebag or a poultice on the affected side, whether to bleed or to give opium, whether to give a dose of medicine every hour or none at all, and he may not have the faintest notion whether the signs look serious or favorable.

So also with other aspects of the art of the general practitioner. A student may know all about the bones of the wrist—in fact, he may carry a set in his pocket—and know every facet and knob and nodule on them, he may have dissected a score of arms, and yet when he is called to see Mrs. Jones, who has fallen on the ice and broken her wrist he may not know a Colles' from a Pott's fracture, and as for setting it *secundum artem* he may not have the faintest notion, never having seen a case.

Or he may be called to preside at one of those awful domestic tragedies—the sudden emergency, some terrible accident of birth or of childhood—that require, skill, technical skill, courage, the courage of full knowledge, and if he has not been in the obstetrical wards, if he has not been trained practically, if he has not had the opportunities that are the rights of every medical student, he may fail, at the critical moment, a life, two lives, may be lost, sacrificed to ignorance, often to helpless, involuntary ignorance.

#### JOHNS HOPKINS' CHIEF HONOR.

By far the greatest work of the Johns Hopkins' Hospital has been the demonstration to the profession of the United States and to the public of this country of how medical students should be instructed in their art. I place it first because it was the most needed lesson; I place it first because it has done the most good as a stimulating example, and I place it first because never before in the history of this country have medical students lived and worked in a hospital as part of its machinery, as an essential part of the work of the wards.

In saying this, heaven forbid that I should obliquely disparage the good and faithful work of my colleagues elsewhere. But the amphitheater clinic, the ward and dis-

pensary classes, are but bastard substitutes for a system which makes the medical student himself help in the work of the hospital as part of its human machinery. He does not see the pneumonia case in the amphitheater from the benches, but he follows it day by day, hour by hour, and he has his time so arranged that he can follow it; he sees and studies similar cases, and the disease itself becomes his chief teacher, and he learns its phases and variations as depicted in the living, and he knows under skilled direction when to act and when to refrain from action; he learns insensibly principles of practice, and he possibly escapes a nickel-in-the-slot attitude of mind, which has been the curse of the profession in the treatment of disease.

And the same with the other branches of the art; he gets a first hand knowledge which, if he has any sense, may make him wise unto the salvation of his fellows. And all this has come about through the wise provision that the hospital was to be part of the medical school, and it has become for the senior students, as it should be, their college. Moreover, they are not in it on sufferance and admitted through side doors, but they are welcomed as important aids without which the work could not be done efficiently.

The whole question of the practical education of the medical student is one in which the public is vitally interested. Sane, intelligent physicians and surgeons with culture, science and art are worth much in a community, and they are worth paying for in rich endowments of our medical schools and hospitals. Personally there is nothing in my life in which I take greater pride than in my connection with the organization of the medical clinic of the Johns Hopkins' Hospital and with the introduction of the old-fashioned methods of practical instruction. I desire no other epitaph—no hurry about it, I may say—than the statement that I taught medical students in the wards, as I regard this as by far the most useful and important work I have been called on to do."

Farewell Address.

[COMMENTS:—This, hospital, this bedside drill, is the

work decided upon by Hering Medical College for the senior and past graduate courses. The demands of a progressive profession for a higher and more practical education will be met. The course will be of four years of eight months each, the last of which will be devoted to hospital and clinical work, thus fitting the graduate not only theoretically but practically for his life work. Ed.]

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### MONGREL HOMOEOPATHS

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BY J. H. JACKSON, M. D., Danville, Ill.

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By Mongrel Homeopaths I do not mean those who use low potencies. While I prefer the high and highest potencies I am not so narrow as to apply "Mongrel" to any conscientious physician no matter what his idea of dose may be.

But I find that the honorable name of homeopath has been so besmirched by the "traders on a name", and I see such harm to the name of Homeopathy by true mongrels who give morphine, use iodine locally for erysipelas, injections for gonorrhoea, etc., that my blood boils when I come across the cripples turned out by these ignoramuses.

A man consulted me for a chronic ailment resulting from gonorrhoea suppressed by injections, by a so-called homeopath; I have had half a dozen cases from the same source.

The man was impotent, dyspeptic and had a long list of symptoms showing sycosis. Five years had passed since he was *cured?* by the mongrel homeopath and five years of mental distress and general sickness had reduced him to a pretty pass. Anemic, greasy faced, green and gaunt, hollow eyed, hopeless and some of the time partly insane.

Thuja, Medorrhinum and Sarsaparilla all in the cm. potency, re established the suppressed discharge and finally restored his health.

If Mongrel does not sit well on the stomachs of these gentry, how would they like the names villain and scoundrel for such they are, under a false pretense, to take peoples

money, under the guise of homeopaths and give such rank, murderous treatment that ought to be the sole property of the scientific? regular? and liberal? destroyers of health.

I well remember a scientific? liberal? progressive homeopath—he of the scintillating University situated in one of Ohio's cities—he of the Majestic Mien and grandiloquent voice. Yes, I well remember the cadence and mellifluous tones as I sat at the bedside of a case of typhoid.

“Dr.”—I was not a doctor then and I wish to God I had never gone further in the thankless task of medical practice. “Dr.” he said, “We will put forty drops of Verat. Vir. in a tumbler half full of water and give this lady a teaspoonful every hour or two till the pulse comes down.”

There was a beautiful and instructive lesson for a student of Homeopathy to absorb! Fine virus to pollute his understanding!

Think of it; this, under the guise of Homeopathy. Well! the pulse came down. Yes, and a young woman was done to death under the pretense that the sacred system of treatment taught by Hahnemann was being applied. Oh, you poor dupes at the ——— University, I pity your victims!

A woman came to have me treat her for an enlarged ovary and she was so obliging as to tell me what to do for her. “Doctor I want you to apply galvanic electricity to the tumor. Dr. ——— cured it; but for nearly two years I was almost blind, yet my eyes are much better now that the tumor has returned.”

The mongrel homeopath did not know anything about metastasis—of course not, mongrel homeopaths are scientific physicians—hence metastating disease action is not a part of their knowledge, only of their practice.

I explained to this woman that a natural law, the law of metastasis had been violated; that partial blindness was a direct result of the electricity dissipating the disease action. But she would have none of my advice and hied herself off to her dear mongrel homeopath and he cured her again by galvanism, *and now she is stone blind.*

Perhaps we need the mongrels to maim, cripple and



kill the fools. who shed information like a ducks back does water. Who knows but what the mongrels are a part of God's plan along with the Cobras and other vermin. Harsh? *Look into those sightless eyes.*

Mr. J. had a fearful attack of colic of the left kidney, face deathly pale, covered with cold sweat, body cold and covered with profuse cold sweat, constant vomiting. Bell. cm. and Lyc. cm. had cured promptly two former attacks, but the cold sweat was not present.

Nicotine cm. gave prompt relief. Stones had been passed twice before. This time if one passed it was not noticed.

Mrs. J. had been subject to dysmenorrhœa for years. Pain was very severe, cramping, and she was beside herself with agony; accompanying pain was regular Nux vomica urging to move bowels. Nux did no good, nor did Lachesis. This lady remarked to me that if it were not for my persistent advice against Morphine she surely would take it. She said, "Doctor, Morphine always helps me and leaves no ill after effects."

I made a potency of Morphine 30th. centesimal and it cured as by magic. Only two attacks occurred after the 30th. of Morphine had been given. Morphine crude relieved; the 30th permanently cured.

I have never once in thirty years given Opium, Quinine or any allopathic palliatives. *The remedy both relieves and cures pain.*

I have used electricity guardedly and have found it of not much use. I bought a \$225 static machine to back up my word about its application. It is perfectly new and in perfect order; any one wanting a first class static machine can buy it cheap.

A man was carried into my office; he had fallen at my door; it was heart failure. He was pulseless, pale and cold. Phaseolus nana did not help, but Nicotine cm. did, very promptly. But I feel almost ashamed to admit it—how far more scientific and regular it would have been to have prodded into him a hypodermic syringe loaded with nitroglycerine and strychnine.

A case now under treatment by a man claiming to follow Hahnemann was kept under the influence of Morphine for two weeks.

The doctor had failed to control the pain due to inflammation of peritoneum. About a year ago this man told me about a sycotic eruption about anus for which he was using local treatment. I pointed out the danger of metastating the trouble, but my caution was scoffed at and now for a month he has been at death's door from peritonitis, as I firmly believe in consequence of violating the law of metastasis.

The law of metastasis cannot be too much dwelt upon for the enlightenment of both physicians and laymen. Not one in ten of the so-called homeopaths dream of the importance of understanding suppression of disease action.

Lippe, Hering, Hahnemann! Oh, Ye departed shades, so valient, staunch and true, organize a movement and roll in upon us a mighty wave of telepathic influence for the up-building of the art you loved so dearly and so well.

Help us to confound the traitors in the camp, and hold them up to scorn and contempt, to put a mark upon them as that on Cain, that all who behold may see them in their true light.

[The term "mongrel" as applied to the homeopath was first used by Hahnemann in Organon foot note to §149, and while expressed in his vigorous and virile language appears to cover the case as well today as it did when first written. ED.]

But this laborious, sometimes very laborious, search for and selection of the homeopathic remedy most suitable in every respect to each morbid state is an operation which, notwithstanding all the admirable books for facilitating it, still demands the study of the original sources themselves, and at the same time a great amount of circumspection and serious deliberation, which have their best reward in the consciousness of having faithfully discharged our duty. How could this laborious, care-demanding task, by which alone the best way of curing diseases is rendered possible, please the gentlemen of the new mongrel sect, who assume the honorable name of homeopaths and even seem to employ medicines in form and appearance homeopathic, but determined upon by them anyhow (*quidquid in buccam venit*), and who, when the unsuitable remedy

does not immediately give relief, in place of laying the blame on their unpardonable ignorance and laxity in performing the most important and serious of all human affairs, ascribe it to Homeopathy, which they accuse of great imperfection (if the truth be told, its imperfection consists in this, that the most suitable homeopathic remedy for each morbid condition does not spontaneously fly into their mouths like roasted pigeons, without any trouble on their own part). They know, however, from frequent practice, how to make up for the inefficiency of the scarcely half homeopathic remedy by the employment of allopathic means, that come much more handy to them, among which one or more dozens of leeches applied to the affected part, or little harmless venesections to the extent of eight ounces, and so forth, play an important part; and should the patient, in spite of all this, recover, they extol their venesections, leeches etc., alleging that had it not been for these the patient would not have been pulled through, and they give us to understand, in no doubtful language, that these operations, derived without much exercise of genius from the pernicious routine of the old school, in reality contributed the best share towards the cure. But if the patient die under the treatment, as not unfrequently happens, they seek to console the friends by saying that "they themselves were witnesses that everything conceivable had been done for the lamented deceased." Who would do this frivolous and pernicious tribute the honor to call them, after the name of the very laborious but salutary art. *homeopathic physicians?* May the just recompence await them, that, when taken ill, they may be treated in the same manner!

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### CENTRAL NEW YORK HOMEOPATHIC SOCIETY.

Geneva, N. Y., Dec. 8. 1904.

The Central New York Homeopathic Medical Society was called to order by the president, Dr. Howland, for an afternoon session, at Hotel Nester.

Members present: Drs. Bresee, Follett, Fritz, Graham, Howland, Hussey, Johnson, Ross, Tretton.

Visitors: Drs. Knapp, Johnson.

Dr. E. P. Hussey was made secy. pro. tem.

Owing to the lateness of the hour at which the session convened, the reading of the minutes was omitted.

After the reading of Organon, section XV, the subject was introduced by the few following words, sent by Dr. Leggett and read by Dr. Hussey.

It would so facilitate matters if we could appreciate the fact, that the *vital force* and the *ego* are one. That as the *ego*

is the creative force of the material body, or temple of its habitation, so is that force, or vital dynamis that calls and holds together the atoms and molecules which combined we call iron, arsenic, etc. That the something, or force, which coheres the crystals perceptible to our senses as arsenic, is the force which individualizes it from the rest of inanimate nature, and makes it useful in healing, or harmful as poison, in fact, is the force which is *arsenic*, always and forever.

Could we but divest ourselves of the notion that we *have* a vital force and decide that we *are* it, how much more readily should we perceive the indications of disturbance, produced by the emotional or physical nature, in the unmistakable signs and guides needed for healing.

That these exhibitions of disturbance seem to be left for solution to an intelligent process, as a part of our world work, is but slowly comprehended by us.

Insight is but the adjustment of the intellectual with the understanding, and why should we, who have had the counsels and teaching of Hahnemann before us, not adjust ourselves to the understanding of his work of wisdom, as set forth in section XV.

In § XV Hahnemann tries to show us the affections of the vital force, or ego, in conditions that we call sickness; a disturbance of the natural and harmonic relations between the ego and minor forces. His conclusions have been proved correct hundreds of times since this paragraph was written, yet still they are often questioned.

At the bedside names are too often sought for, instead of the deeper meaning of the signals displayed, and names are still too often treated.

Hahnemann does not bring into this paragraph the entire group of dynamic forces, but leaves that for this next paragraph, where his conclusions concerning the imponderable entities of the ego, of the sick making external force, and that of the curative force in the drug, are remarkably set forth.

The entire sum and substance of § XV, seems to me,

to be an effort to demonstrate the fact that sickness is a disturbance, interruption, perversion, what you will, of the harmonic relation between the vital and the minor forces.

Dr. Johnson agreed with the point brought out by Dr. Leggett, "that we are the vital force" and that the sickness is but "the disturbance between the vital and minor forces."

He questioned whether the vital forces did not consist of a mode of vibrations which disordered or disturbed, is sickness, restored or corrected is healing.

The next subject for discussion was:

#### BELLADONNA.

Dr. Graham considered that some people were much more susceptible to the action of Belladonna than others and cited a case in which eye symptoms were produced by the 6th or 12th potency.

Dr. Fritz mentioned that many people employed on the Belladonna plantation in Bellevue L.I. were obliged to leave because of poisoning from the plant.

Dr. Johnson questioned the susceptibility of people to any drug to such extent that it could not be taken.

Dr. Ross mentioned the case of Mrs. Ross who had dry throat each time Bell. was taken. He also referred to the similarity of Bell. and Solan. Nig.

Dr. Follett stated that there was a very great similarity between Bell. and Sil.

Dr. Howland corroborated the statement and cited a case of tooth-ache stopped by Bell. within five minutes.

Some discussion of various potencies followed.

Dr. (W. W.) Johnson reported a case of epilepsy cured by Bell. 3x taken every 2 hours, for about a month. Patient was a young man. A bad case.

Dr. Ross stated that he did not give Bell. after 3 P. M. others agreed in practice.

#### APPENDICITIS

The subject of appendicitis was opened by a few words from Dr. Leggett. She wrote: "The Surgeon has cases over which he has had no remedial control; possibly more cases of consultation than initial cases. He can only listen to the

history of the case and its progress. If rapid, and in his opinion no better reaction to remedial measures can be obtained *under the care of the physician in control*, he has no option, he must operate, and the operation is justifiable. But, he must not be carried away by the surgical view of the subject to such extent that he operates when operation is avoidable.

Homeopathically our best homeopathic surgeons declare that they have never operated upon cases under their own remedial care; cases in which they have had both medical and surgical supervision although operation was necessary in hundreds of cases presented to them.

Theoretically and abstractly there is no need of the knife in either the acute or chronic states of appendicitis, as suppurative conditions in the region of the appendix are as curable as these elsewhere, *cure* depending upon many things besides the kind of sickness with which the patient is attacked.

A physician may be called too late in the progress of the disease to do other than resort to the knife of the surgeon, and although the knife cannot always arrest gangrene as proven by its attacks in other regions, its use may, by causing a traumatic congestion or inflammation, rouse the system to renewed and temporary vigor of the parts, whereby further destruction is prevented. Perhaps because of the grain of truth in the old theory of counter irritation; perhaps by the new one, that of adding fuel to fire, and so burning out the accumulated detritus.

In any case it is impossible that physicians should have equal insight, or equal ability, in the selection of the remedy best indicated. In such a case they can but resort to the adjuvant. I think you all know that my own faith is pinned to the indicated remedy, and the demonstrated fact that patients who can not be cured by the remedy, cannot be effectually cured by any other method.

Dr. Ross considered that cases of appendicitis were very uncertain, that some might be cured, and in others a cure was impossible.

[Dr. Howland's paper was accidentally published in the March issue..]Ed.]

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**TUBERCULINUM IN ECZEMA.**

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H. A. ATWOOD, M. D., Riverside, Cal.

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Two cases of eczema cured with Tuberculinum cm (Swan.) The special indications in each may be of service to others,

CASE I: Baby H. aged 15 months, healthy, except that the face was covered with crusts from under which there oozed a honey-like fluid. I gave Graphites 30, with quick relief; but as quickly it returned. Repeated Graphites 30 with little result. I then gave the 200 and 10m potencies with no result, when I tried several other remedies during the next three months.

About this time I read an article by Dr. J. Compton Burnett on Tuberculinum, and the symptoms corresponded so well with those of my patient that I gave one powder of cm. potency with perfect results. The family moved away and I did not hear from them until the child was cutting the first permanent molars when I received a letter from the mother, asking for more of the medicine, saying the eczema was as bad as ever, and no one there could cure it. One powder of the cm. relieved at once.

CASE II. Baby C. aged 13 months, condition similar to the first. Graphites 30 relieved, but the condition came back. I found I had mislaid my Tuberculinum, so gave Bacilinum 200 (B & T) with no results. I then tried other remedies without results, and the case passed from my hands and through all kinds of treatment. I finally found my Tuberculinum, and finding the child still troubled with the eczema. I gave a powder with perfect results.

Both cases seemed to be Graphites cases, and that remedy, low, relieved, but the Tuberculinum cured. There was no history of tuberculosis in either family.

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## NATRUM MURIATICUM IN SYPHILIS.

K. W. HIGGINS, M. D., Denver, Col.

Mr. W. P., 24 years old, contracted syphilis 18 months ago. Is single, a bookkeeper, dark hair, brown eyes; weight 165. Has been nearly 15 months under allopathic treatment taking Mercury, one quarter grain doses three times a day.

When he came to me his weight was 116; face oily, full of dark red pimples, not sore to touch. On the mucous lining of the lower lip was an ulcer with round smooth edges, half the size of a dime, < by hot drinks.

Profuse salivation. Craves salt on all food. Much trembling; the hands shaking so that he could not drink without spilling the water, < in open air. Could not walk with eyes closed. Hemorrhagic diathesis. For months the pulse has been 120. Dyspnea, with pain in spleen. Hemorrhoids and prolapsus recti. Very restless; drumming with hands or constantly moving the feet, especially at night.

Fear of being alone nights or after dark.

Despondent; feels like weeping, but "takes it out in swearing" which does not relieve. Natrum muriaticum, mm.

Reports in a week some improvement; pulse when at rest 90; still sad and trembling. I gave another dose of Natrum, cm. and from this time there was rapid improvement. The ulcer on the lip disappeared, the hemorrhoids and trembling gave no further trouble and at the end of six weeks, though still weak, he could walk erect with the eyes closed, has gained in weight and returned to his former occupation.

I have had best success in selecting the remedy from the totality of symptoms, paying little or no attention to the disease itself, and using the higher potencies.

• COMMENTS. Here is a case in which Mercury—the supposed specific for syphilis—had utterly failed after a trial of a year and a half, to cure even when given in repeated



and massive doses of the crude drug. It is more than probable that it was also at first applied on the ulcer to kill the germs and prematurely heal the local affection. But there are cases of syphilis in which Mercury fails because it is not the similar, does not correspond to the symptom-totality of the patient, and this was one of them. The case of fig-warts for which Hahnemann successfully prescribed Chamomilla is another example in point. Natrum mur. has never been known to produce symptoms of syphilis when tested on the healthy, neither has Chamomilla been known to produce fig-warts in its provings. But if the symptoms of the remedy correspond to those of the patient it will cure the case, whether the disease be syphilis, sycosis or pneumonia. The doctor is right. Hahnemann teaches what Dr. Higgins has verified, viz; "pay little or no attention to the name of the disease." Select the remedy by symptom-totality and similia will the rest. Mercury is never used on the ulcer in the homeopathic treatment of syphilis. ED.

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### ON THE REPETITION OF THE DOSE.

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BY AD. LIPPE, M. D.

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It has often been asked by beginners of the practice of Homeopathy, as well as by students, how often a dose of medicine should be repeated. *A priori*, no rules for the repetition of the dose can be laid down. In very acute diseases one single dose may suffice, or it may be necessary to repeat the dose at very short intervals; in chronic diseases one dose may act for days, weeks and months, or it may become necessary to repeat the dose daily or oftener for a day, a week, or even for months. In all this the practitioner must be guided by his individual judgment. Individual judgment must not be mistaken for, or confounded with, individual opinion, individual whim, or individual caprice; these mistaken notions of inalienable rights to indulge in a licentious freedom of medical opinion and action are adverse

to the scientific and sure guidance to which individual judgment submits. Individual judgment implies in this, as in every case in which a practical application of fundamental laws and rules is to be made, that the practical application left to the individual judgment of the practitioner of a science must positively be in harmony with the laws governing that science, and with the rules already established governing their practical application. In chemistry as well as in all scientific pursuits, fundamental rules and laws exist which must be followed, if the investigator expects to reach or obtain satisfactory results.

The individual judgment implies, therefore, that the practitioner has to judge in every given case for himself how previously established laws and rules, which he is supposed to have accepted when he attempts to practice, shall and must be applied. It will be clear to his mind that the very first rule laid down by Hahnemann and accepted by his followers respecting the repetition of the dose, is: *The dose must not be repeated till the action of the LAST DOSE administered has been fully exhausted.* Accepting this as a sure guide, other questions present themselves to the thinking practitioner.

*First.*—What are the infallible indications showing the favorable action of the dose administered?

*Second.*—What are the infallible indications that its action has been exhausted?

After the administration of a properly potentized homoeopathic remedy, given singly and in a single dose, we see its effect in an acute disease very soon, often in a few minutes, and the more acute and the more severe the attack the sooner may the development of the action of that dose be expected. The close observer will perceive very soon after the administration of the dose, some auspicious symptom showing him the action of the dose administered. Great distress and pains may suddenly, for a short time, be aggravated, or may cease and sleep set in, or the stomach be relieved of its contents when it had been overloaded and suffering was caused by it, or mental anguish give place to

quietude; the pulse may change for the better, the thermometer may show an improvement. If the action of the dose administered has once begun, and if even the improvement is slow, but steady, then we know that the dose administered continues to develop its curative powers, or we may infer that the *vis medicatrix naturæ* once set to develop its health-restoring office, is still at work and wants no other aid by medicines,

In chronic diseases the action of the dose cannot develop such sudden effects; this would be contrary to the nature of a long-existing and deep-seated disease. If such a sudden exhibition of the drug action follows its administration, if the improvement of the case is very rapid, then either the remedy acted as a palliative only or was not rightly chosen; or, if very similar and carefully chosen, such sudden improvement generally forbodes no good, a repetition rarely ever produces a perceptible improvement, and other ever-so well chosen remedies will cause rapid but short-lasting improvement. It is especially in chronic diseases that aggravations frequently follow the administration of a truly homeopathic remedy; and if new symptoms appear of which the sick complained previously, then we may infer with almost positive certainty that the remedy is developing its curative powers. A very perceptible improvement, such as is acknowledged by the sick, very frequently does not take place in acute diseases before the third day; this is to be accounted for, not by any pathological deductions, but by the fact that the sick-making powers of a single dose of a well-potentized drug, when taken by a healthy person, very frequently do not begin to show their effects until the third day after it has been taken; the very attentive observer will in such cases have perceived very soon after its administration to the healthy the same auspicious symptoms he has learned to observe on the sick. A repetition of the dose before the one previously administered has developed its effects, or before its effects are exhausted, causes an interruption of the internal, hidden, curative process in the interior of the organism, having for its object the restoring

of the sick to health, therefore must be avoided; and furthermore, such an untimely interference is invariably followed by results retarding a recovery, and may even at times so derange the action of the organism, striving to combat the existing disturbances, that the recovery may not only be retarded but be made very doubtful.

We know that the curative powers of a dose administered have been exhausted when the improvement comes to a perfect standstill, especially in acute diseases; a repetition of the same remedy may become necessary if the existing symptoms still indicate it. It was Hahnemann who advised us in his chronic diseases then to administer a different potency, but if new or other symptoms present themselves, then another remedy has to be chosen. In chronic diseases especially will it happen that the symptoms for which the remedy has been administered have been entirely removed, but that in the course of time, often after some weeks, the same previously observed symptoms reappear in a modified form; in this case the action of the previous dose still continues and a repetition would materially interfere with the cure. This can be accounted for by the fact that persons who have suffered from a succession of symptoms from a single dose, found these symptoms disappear for a time, but that after days and sometimes after weeks the same symptoms reappeared in a modified form, without a repetition of the dose of the drug first taken. If a repetition of the dose becomes necessary because the effects of the last dose administered have been fully exhausted, it must again be left to the individual judgment of the physician in what manner this repetition should be made. If a dose has acted for a long time, in acute diseases for days, in chronic diseases for weeks or months, we may reasonably judge that it would be best to again administer one more single dose; but if the action of the dose has lasted only a comparatively short time, has been rapidly exhausted, especially in acute diseases, and a repetition appears still advisable, then it would almost always be better to dissolve a single dose of the remedy now to be repeated

in some few ounces of water, and continue its administration in broken doses till it becomes evident that the action of the dose given in this manner has fully set in, and the symptoms for which it was given are yielding to it, becoming lessened in every respect; in chronic diseases the physician may administer the remedy in daily doses or in many doses a day for a length of time, till it becomes evident that the symptoms are materially relieved, and then the action of the repeated doses will scarcely ever be exhausted in a short time, but will probably last for weeks and months.

The greatest care should be taken not to repeat the dose or administer another remedy till the effects of the dose last taken have been exhausted. This dose may be, and often is, a single dose, or it may be a dose dissolved in water and given at short intervals till some effect of this dose is apparent.—*Organon*.

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### DENGUE: BREAKBONE FEVER.

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BY GEORGE J. AUGUR, M. D., Honolulu, H. I.

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EDITORS MEDICAL ADVANCE:—In response to your request to furnish matter medical to the ADVANCE, assuring me that it will be of interest to the readers of the journal to learn of the experience of a medical brother in the "Isles of the Western Sea;" I will give a description of an affection which was epidemic here one year ago. The disease in question is known as "dengue" or "breakbone fever," a corruption of Spanish for dandy, a name given to the disease by the West Indian negroes on account of the stiff carriage of those affected by it. Commencing in January it continued in decreasing number of cases affected, through the summer and early fall.

The affection usually appears in epidemics and is confined almost exclusively to the tropics or semitropical countries. Little seems to be known as to causation or origin. It is said to have been first noticed in Rangoon in the year 1824. Some authors consider it both contagious and

infectious, and possibly due to a specific germ. Most of the physicians in Honolulu, I believe, were of the opinion that it was contagious, and also conveyed to some extent by means of the musquito. Personally I was unable to convince myself of its contagiousness though attending a large number of cases. As to the communicability of the disease by means of the musquito, those who lived in houses partially or wholly protected from the insect were, in proportion to those unprotected, as often and as severely affected. The possibility of conveyance by inoculation from certain species of infected mosquitos I am not prepared to deny or assert my belief in. I do believe, however, the cause to have been attendant upon certain meteorological conditions peculiar to this locality at that time, and susceptibility to the disease was in direct relation to the inability of the vital force to resist at the time of greatest insistance of meteorological forces.

The invasion of the disease was more or less sudden, and the progress of personal discomfort rapid. The feeling of lassitude accompanied with yawning, sometimes vertigo and nausea with or without vomiting, were among the first symptoms. The latter symptom especially noticeable in children, and apparently to the exclusion of all pain as far as complaint was concerned. In adults a decided sense of coolness but no pronounced chill. While the flesh would feel hot to the observer, the patient would complain of chilliness and desired to be well covered and would derive great comfort from a hot water bag. Among the first symptoms complained of is an aching and soreness all over, accompanied with acute shifting pains, sometimes in knees, ankles, wrists and finger joints; sometimes in all the joints at one time, but usually in only one. The backache is intense but as bad as it is it cannot compare with the head which threatens to burst open with every beat of the heart. The headache is sometimes confined to the forehead while frequently the whole head is involved. There is pressive pain in the eye balls which feel sore to pressure and motion. Accompanying the symptoms mentioned is great

restlessness with some relief on change of position, such as turning over in bed, sitting up in bed or getting out of bed and sitting in a chair, or even walking about for a few minutes. One is sometimes forced to do this notwithstanding the prostration soon compels the patient to sit or lie down again. The temperature ranges from 101 to 105.

While there is a tendency in this disease toward a remission of the fever and pain in about three days, followed by an exacerbation, yet in many cases this peculiarity occurred very seldom, and when it did the recurrence of pain was very slight. In from two to four days after the onset there appears an eruption; beginning as an efflorescence, it usually spreads over most of the body. In appearance it differs in different individuals. In some the rash resembles scarlatina, while in others it is more papule. On the feet and hands it has the characteristics of chilblains, as is evidenced by the swelling, tingling and itching which if not relieved would almost drive one distracted. A bronchial cough is a concomitant symptom in some cases, more especially toward the last.

The tendency of the disease in itself is toward a slow convalescence, accompanied with great physical and mental prostration; a marked symptom being mental depression.

Having reviewed in a more or less imperfect manner the origin, causation and symptomatology of this most distressing complaint, we come to the more interesting and practical part of the subject namely, the selection of the remedy which in its totality and peculiar symptoms correspond to a similar set of symptoms in the patient.

Strumpell, an allopathic text-book says, under the heading of treatment for "dengue," "We are acquainted with no agent capable of aborting or cutting short the disease."

The homeopathic practitioner, I am glad to say, is not compelled to make any such humiliating confession, for the cases under treatment by me were in almost every instance either aborted or cut short; and while it was a frequent occurrence under the old school treatment for patients to have a second or even third attack after recovering from the first

I can recall but two cases during the entire epidemic that under homeopathic treatment had a second attack. And while a rash is characteristic of the disease, but few of my patients, in comparison to the number treated, were thus affected. In many instances when taken in its incipiency it was aborted the first day, In most cases relief of suffering was obtained within six or twelve hours, with a modification of the aching and pains, after the administration of the first, second or third dose of the epidemic remedy which I found to be Rhus, and in every case where Rhus failed to act, Pyrogen acted promptly. In many cases Rhus was the only remedy required during the course of the disease, which is self limited, while in a few Belladonna was used to relieve the cerebral distress, and Pulsatilla for the intense tingling and itching of the feet and hands. If convalescence was slow and the mental depression marked, Psorium promptly relieved.

#### LEPROSY.

In making mention of your reference to leprosy I will state that some three years ago, after having obtained specimens of diseased tissue and serum from leprosy patients confined at the Kaliki receiving station, through the kindness of the bacteriologist, I sent the specimens prepared in alcohol to Dr. Yingling to be potentized. After receiving the potencies I made application to the board of health of the islands for permission to treat one or more cases, believing that inasmuch as no physician in the Hawaiian Islands had ever made trial of this special mode, some good might be accomplished by it. The honorable board, however, saw fit to absolutely refuse my request.

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#### CASES OF COMMON RINGWORM CURED BY CONSTITUTIONAL TREATMENT ALONE.

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BY THOMAS SKINNER, M. D.

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At a boarding school for young ladies, in one of the healthiest neighborhoods of Liverpool, something very



an epidemic of ringworm made its appearance, to the great disquietude of the lady superintendent. The local medical man (an allopath of considerable experience) was called in, and he gave the usual full and particular directions about diet, cleanliness, fresh air, exercise, and the great necessity of isolation in order to prevent extension. In spite of all of his directions, dietetical, regiminal and medicinal, the mischief was not only unchecked, but it actually spread. Besides, the young ladies decidedly objected to being isolated, and, what was very natural, they began to talk to each other, and it is suspected that some of them actually wrote home to their friends.

I was totally unknown to the mistress of the school, but at the suggestion of a lady, a friend of both of us, she was induced to try what Homeopathy could do for the malady.

The first case brought to me was Miss M., aged 16, an exceedingly fine looking girl, *of fair complexion. Her family history was strumous.* She was blamed for being *intellectually stupid and given to tears, which are very easily excited.*

On the back of right thigh, I was shown a large patch of common ringworm,, Herpes circinatus. She told me that it itches most violently at all times, worse towards morning in bed. On being asked, she informed me that she had constantly a sensation in her feet and legs *as if she had on cold damp stockings*, and that she was very *liable to chilblains.* Menses expected every day. As soon as they are well over, she is to take a powder dry on the tongue of *Calcarea carbonica 200 (Epps)*, every or every other morning on rising.

28th October, 1876, fourteen days after visit, and about one week after commencement of treatment, reports herself very much better in every respect, although the patch was still there, but paler and itching much less. By right I should have given no more medicine, but, as they resided a long way off, I repeated the *Calcarea 200* every third morning.

17th November, 1876, steady improvement, patch all but gone; no itching; cold, damp stocking sensation still present. To continue *Calcarea 200* once a week until the ap-

pearance of the next menses, by which time the patch had entirely disappeared.

As soon as the proprietrix of the boarding school saw Miss M. improving, a batch of two or three at a time were brought to me. As it would be tedious for me and for my readers to give the details of eight or nine cases, all so much alike, I shall content myself by summarizing them.

Besides the case already given of Miss M., there were other seven cases, many of them much worse so far as the extent of the skin affection is concerned. In two of them it was on the scalp, especially bad about the edges of the hair, having all the appearance of *Porrigo scutulata*, or *Herpes of the hairy scalp*. To my views of pathology, *Herpes circinatus* and *Porrigo scutulata* are the same in cause and essence, and the one is as easy to cure as the other, *without local treatment of any kind*. One young lady, of exceedingly fair skin, fat and plump, and about fifteen years old, had several large patches over the left breast and arm, also on the neck and thigh. I do not think that in so few patients I ever saw the disease so general over the body. With two exceptions, Sulphur and Calcareo cured every case within one month from the commencement of treatment, without isolation, except that two were not allowed to occupy the same bed, whether ill or well, without change of diet, and without the simplest or the vilest local application of any kind. It is now one year and four months since I was asked to prescribe for Miss M., and within six weeks the disease was altogether stayed and eradicated from the school. When I was consulted it was spreading.

I wonder what the local-parasitocidal-chrysophanic-acid-materialistic physicians have to say to this? Of all the insanities which have ever appeared in medicine there are few to match the parasitic theory of the *origin* of disease; hence the blindness of allopathic physicians, and of "physicians practicing Homeopathy," to the marvelous doctrine of PSORA, which, in their Egyptian blindness, they take to mean the *Acarus scabiei*! It is just possible that routine practitioners and pathological prescribers may imagine that

because Sulphur and Calcareo 200 and mm. cured these eight cases of ringworm, therefore they are specifics for the disease. They are nothing of the sort; they were specific only to the cases which they cured, and they were not given haphazard; each case was carefully individualized and prescribed for according to "minute symptomatic resemblance." In the first place they were all psoric subjects; perhaps the terms strumous, or scrofulous, or scorbutic, may be less objectionable to some; some of them had symptoms *characteristic of Sulphur*, such as a *sinking emptiness at epigastrium*, worse about 11 a. m.; *cold feet or burning hot, the soles especially*; *hot flushes to the face in the afternoons, and frequent feeling of faintness*. If there is added to these symptoms, *chronic headaches, with heat of forehead or of vertex, and having a throbbing tensive character, Sulphur high*—and the higher the better—will cure. Often in a single dose of cm mm. In other cases, the key-note was cold, damp and clammy feeling of the hands, and especially of the feet; or still better, the subjective symptom, "*as if she had on cold damp stockings*," of Professor H. N. Guernsey, which is an all but infallible guide to the selection of Calcareo carbonica, under any and every circumstance in disease where the symptom is present; at least, such is my own and the experience of Dr. Guernsey, however disparagingly Dr. Hughes may allude to it in his "Pharmacodynamics," where Calcareo is classed as a very second rate medicine indeed; whereas it is second only to Sulphur in the estimation of all true Hahnemannians who comprehend and who daily carry out in their practice the doctrine (not theory) of psora as developed by Hahnemann.

One of the cases cured by Sulphur required a dose of Sepia to complete it, and another treated by Calcareo required Carbo veg. to complete it. Both were given in high powers, and according to "minute symptomatic resemblance," never because of the nosological name, far less because of the insane pathological theory of parasites being *the fons et origo mali*.

NOTE.—I do not doubt the existance of parasites in the least, but I look upon them in the light of mere accidents or concomitants of disease. In the relation of cause and effect they are in ninety nine out of a hundred cases much more likely to be the effect than the cause of disease. The very law of their life, the condition of their being is weakness, disease, decay and death. If this is the case, and no one doubts it, how can parasites be the cause of that which is a necessary condition of their own existence, namely, disease. Let the materialists reply if they can.

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### VARIOLINUM.

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#### As Curative Prophylactic of Small-pox.

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DR A S MUKERJEE, Howrah, India.

One youngman of about 35 years of age, caught a very malignant type of small-pox and *Variolinum* 12 was given him 3 times a day for 4 days when the disease came under control. He was nursed by his mother, sister, and younger brother, all of whom had the medicine. as prophylactic, once a day. The brother, who had the custody of the medicine took as subsequently appeared, more doses and he got fever and diarrhea which however went off without the help of any medicine. All these people had been inoculated in their childhoods.

#### HEPAR SULPHUR.

An elderly woman who had mercurial and syphilitic taint, suffered for years with bleeding during stools. She had been given *Nux Vomica*, *Sulphur*, *Nitric Acid* and *Alumina* according to symptoms. The latter remedy brought her much alleviation, but it remained for a dose of *Hepar-Sulphur* 200, to put an end to all her troubles. Now, although more than one year has elapsed since she left treatment, she is quite healthy.

#### A NEW DISCOVERY? A SUBSTITUTE FOR IODIDE OE POTASH.

One of the most interesting things about the progress of medical science is the new light that it throws

on the faces of old and tried friends. Of late the scientific spirit, with its demand for an accurate tracing of cause and effect, has driven us into the attitude of demanding an exact explanation of how a remedy produces its beneficial effects. In fact, we have come to be almost ashamed of using a remedy of whose precise method of action we are unable to give at least a plausible explanation. The mere fact that a remedy has been proven to do good under certain conditions is not enough; we must know exactly the why and the how.

Our wish has already been gratified in regard to quinine in malaria, mercury in syphilis and salicylic acid in rheumatism, inasmuch as these are probably specific poisons for the respective organisms of these diseases. But there are a number of our favorite and most relied upon remedies whose mode of action is not yet explained, and chief among them is Iodide of Potassium. I think most of us are inclined to feel a trifle shame-faced when we write it down on a prescription for anything except tertiary syphilis, and yet we know its benefit by experience, and that it is a most useful remedy in a great variety of conditions. Particularly is this the case in that great group of conditions which are attended in their early stages by the pouring fourth of a slowly organized exudate and later by its conversion into, or substitution by, fibroid tissue, the fibroses, cirrhoses and arterio scleroses generally.

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### OTHER COINCIDENCES.

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BY LEONARD LUTON, M. D., St. Thomas, Ontario.

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I was much amused by an article in the March issue by Dr. F. A. Gustafson on "Coincidences." With your permission I will add a fourth "Coincidence" that took place at St. Thomas, Ontario.

On the 28th of May, 1904, Miss J. S., aged about 30 years called at my office complaining of frequent and painful

urination accompanied by an unpleasant burning sensation. No trouble at night. Gave Cantharis 30 every two hours with the result that in a few hours she was better, and soon all trouble vanished.

On the 22nd of March, 1905, same person called with same complaint. She said that this time she was attacked while on a visit to a neighboring village and made application for relief to the village doctor. He gave her a bottle of medicine which made her quite sick, and she was unable to take it long. I gave her again Cantharis 30 with almost immediate relief. Singular is it not?

[COMMENT:—The doctor, we fear, has met the same question which confronted Hahnemann in the early years of his practice, viz. a tendency to relapse. Though apparently cured with Cantharis it soon returned. It was this relapsing tendency of the ailments of many patients, which to Hahnemann was what the falling apple was to Newton, it arrested his studies and led to his discovery of the psoric theory, the basic cause of the tendency to relapse after an apparent cure. An antipsoric remedy is needed to complete the cure in such cases. ED.]

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# THE MEDICAL ADVANCE

AND

## JOURNAL OF HOMEOPATHICS

A Monthly Journal of Hahnemannian Homeopathy

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

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We believe that Homeopathy, well understood and faithfully practiced, has power to save more lives and relieve more pain than any other method of treatment ever invented or discovered by man; but to be a first-class homeopathic prescriber requires careful study of both patient and remedy. Yet by patient care it can be made a little plainer and easier than it now is. To explain and define and in all practical ways simplify it is our chosen work. In this good work we ask your help.

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APRIL, 1905.

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## Editorial

The American Institute of Homeopathy, through Dr. H. E. Spaulding, Boston, chairman of the committee on new members, is making a laudable effort to double the members of the Institute this year. This is the 150th anniversary of Hahnemann's birth, and it should be properly celebrated in every homeopathic society in our school, and no better, or more lasting monument can be raised than to double the membership in the American Institute in one year. The homeopaths of America have already honored his name in an imperishable monument of bronze in the Capitol of the Nation, but an achievement quite equal to that, especially in the working interest of the Institute, will be the adding of two thousand names to the roll of membership in

one year. It is already the largest representative body of homeopathic physicians in the world, and that it is no stronger numerically is due to the indifference of the individual members. If each member of the Institute would do his or her full duty, by adding only one name to the membership, the work would be accomplished, and how easy that accomplishment would be, if each member felt it a duty. The material is ample; the harvest is ready for reaping, but the workers are few and lack enthusiasm. Let each member resolve to do his or her full share of labor this year, if they never do it again.

"Our friends, the enemy," in their extreme liberality, have offered to receive homeopaths into the American Medical Association and other societies of the dominant school, thus making that membership an entering wedge for the disruption of the American Institute and our state societies. The requirements are apparently simple: all you have to do is to renounce Homeopathy. You may practice what you please, only do not say it is homeopathic treatment, and do not join homeopathic societies, either state or national. The invitation is so child-like, that we fear it will miss its mark, and it certainly will, if the working members of the Institute resolve to double its membership this year. Homeopathy expects that all its members will this year do their duty.

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**The International Hahnemannian Association** will meet at the Chicago Beach Hotel, June 21st, for its annual session. This is the twenty fifth anniversary of the founding of the society. And this year also will be celebrated the 150th anniversary of Hahnemann's birth. The members of the various bureaus are already at work, and every member of the Association is expected to furnish a paper in some department, and to be in Chicago to read it and take part in its discussion.

The officers earnestly request that not less than twenty-five new members be added to the roll of membership—one for each year of the Association's existence—at its coming



session. Let each member constitute himself or herself a committee of one to further the good work. Members are very desirable, but good members are especially so; those who will take an interest in the furtherance of its principles, the advancement of pure Homeopathy, for which Hahnemann and Hering, Lippe and Dunham, Guernsey, Raue, Bonninghausen and others labored. Let every member join in making this the banner year of the Association, so far as members, well written and well digested papers, and attendance at this session are concerned.

Arrangements have been made with the various Railroads centering in Chicago, by which, if one hundred members attend, reduced rates will be granted. The meeting occurs the week before the American Institute, and many are desirous of attending both sessions. and the Railroad certificates for the Hahnemannian Association will be good for the meeting of the American Institute also. Chicago will leave nothing undone to make the meeting not only interesting but the most memorable in its annals and the officers think the four days will be almost equal to a post-graduate course in Homeopathy. The Hotel is only three blocks from the Hyde Park Station and those coming from the East and South over the Michigan Central, Illinois Central or the Big Four will find it very convenient, while the meeting room is as noiseless as a farm house in the country.

\* \* \*

### OUR MEDICAL SOCIETIES.

It is time to begin preparations for the state and national societies which convene within the next three months. If you are not already a member of your state society, it is more important than ever that you should become one, and in this manner help celebrate the 150th anniversary of the birth of Hahnemann.

ILLINOIS:—The meeting of the Illinois society will be postponed this year at the usual time and the sessions will be held in conjunction with those of the American Institute the last week in June. Also, to become a member of the American Institute this year, you must first become a member of

your state society, in order to be eligible, and we cannot urge you too strongly to be a member of both your state and the International organizations.

INDIANA:—The Indiana Institute will hold its next regular session, as usual, at Indianapolis, the last week in May.

KANSAS.—The Homeopathic Society will be held at Topeka, May 3rd, 4th and 5th, and, as usual, a joint session will be held with the State Eclectic Society on one of the evenings of the session.

KENTUCKY:—The State Society meets this year in Louisville, Wednesday and Thursday, May 24th and 25th, head quarters at the Galt House.

LISBON:—The Fifteenth annual Medical Congress will be held at Lisbon in April, 1906. The chairman of the executive committee is Dr. Frank Billings, of Chicago.

MICHIGAN:—The Michigan Homeopathic Society meets in Jackson, May 23rd and 24th.

MINNESOTA:—The Thirty-ninth annual meeting of the Minnesota State Institute will be held in the Senate Chamber of the Capitol, at St. Paul, May 16th, 17th and 18th.

MISSOURI:—The 29th annual session of Missouri Institute will be held in Kansas City, April 24th, 25th, 26th. Extensive preparations have been made, and a large attendance and successful meeting is anticipated.

OHIO:—The Forty first annual session of the Homeopathic Society will be held at the Hollenden Hotel, Cleveland, on Tuesday and Wednesday, May 16th and 17th, 1905. The opening session at 10 A. M. This is commencement week of the Cleveland Homeopathic College as well as the meeting of the Alumni session, thus forming an opportunity to renew acquaintance with Alma Mater and revisit the scenes of college days.

WISCONSIN:—The state society meets on May 24th and 25th, at Milwaukee, and the annual meetings of this society are generally enjoyable and profitable; many good papers are read and the discussions are helpful.

DR WILLIAM A. GLASGOW, of Missoula, Mont., has been appointed, by Governor Toole, a member of the State

Board of Medical Examiners, for a period of seven years. The homeopathic profession of Montana is to be congratulated.

DR. S. C. GHOSE, of Calcutta, has just organized an Institute for the Proving of Indigenous Remedies. There is abundant room for such work in India, and we trust our colleagues will all join in giving the profession reliable pathogeneses of many remedies now wholly unknown. The Hindoostan Institute has our best wishes for its success, and we would gently remind the originator that only work will win.

\* \* \*

Walter Wesselhoeft, M. D., chairman of the committee to frame rules of procedure in clinical research for the American Institute, under recent date, writes that he has no new suggestions to offer beyond those already published in his paper read at the Niagara meeting. They are:

“First. That little progress can be made in the general reform of therapeutics, until our hospitals take up the work of careful and strict homeopathic prescribing, with the practice of comparison with other methods of treatment. The individual practitioner must be at liberty to follow such lights as he has; the hospital should be held to follow a course by means of which accurate and systematic knowledge could be obtained.

Second. That the difficulties in the way of uniting the staff of any one hospital to the staffs of all our larger and smaller hospitals on some plan of teaching and record are great but not insurmountable. The question is, how to get men together to come to some conclusions.

Third. That there are many points to be considered, such as diagnosis of disease; diagnosis of remedy, whether by pathological indications or by keynotes, modalities and similar characteristics, diet, exclusions of other methods, adjustments, etc., and finally the means of recording cases and results. This latter point has caused me more discouragement than all the others.”

In our opinion, the way to cut this gordian knot and make research in our hospitals and clinics uniform, is to take the method laid down in the Organon as our guide, then we will have uniform work, and work that will not only

be homeopathic, but attended with the highest results capable of being achieved. As it is, our hospitals and college clinics are each run on an individual basis, and the reports differ as much as the individuals who made them. The only uniformity possible under the law, is that expounded by Hahnemann nearly one hundred years ago. Perhaps this may be improved upon, but it certainly must be taken as a basis for practice.

\* \*

The Association of American Colleges in its meeting this month, at the Great Northern Hotel. in Chicago, aimed, what it thought, a body blow at the members of the homeopathic and eclectic schools. Action was taken to advance still further the requirements for admission, a high school diploma certifying to a four years' course being decided upon as an extra requirement. Heretofore three years had been sufficient. Graduates of homeopathic and eclectic colleges, hereafter, will have no standing as applicants for advanced work in medical colleges affiliated with the association. There is evidently concerted method in this last step of the association of American Medical Colleges. The intention evidently is to raise the standard, so as to curtail the number of students and graduates. This hint is found in an address of Dr. Frank Billings, Dean of Rush Medical College of Chicago, who says: "This country is already overcrowded with colleges, and far more students are turned out each year than can find places in which they can practice medicine with prospect of gaining even a living."

The condition above quoted may be literally true, so far as the dominant school is concerned, but the opposite is equally true in the homeopathic school. The officers of every homeopathic college in the country will bear evidence to the fact that there are ten good openings awaiting every homeopathic graduate, and this in cities of from 2,000 to 50,000 population. We have now on our list a large number of applications for physicians of the homeopathic school which we are utterly unable to fill; consequently the homeopathic schools are perfectly willing to allow the present standing to remain for a few years until we are able to fill some of these vacancies.

## COMMENT AND CRITICISM.

“O wad some power the giftie gie us  
To see oursil's as ithers see us.”

The following sharp and well-deserved criticism, by the editor of the *American Physician*, in the April issue, we publish herewith:

The January, '05, *MEDICAL ADVANCE* comes to us a trifle tardily, in a chamomilla-like covered binding, with its imperfect sub-title still holding sway. It is printed and published so far from home that we must make allowance for many typographical errors.

Our attention, especially, was attracted to a paper on “Typhoid Fever: Hemorrhage,” by a prominent eastern homeopath, one of the truly pure kind, and a successful highpotentist. This case came to the hands and attention of this narrator on February 4, and was not discharged until after April 3. The description of the case occupies nine pages of the *ADVANCE*, and nineteen remedies were used.

We are moved to wonder if it is necessary to take eight weeks, nine pages of printed matter and nineteen homeopathic remedies—very high—to cure what reads like an ordinary case of typhoid fever; and if it does then wherein do the pure and high differ from the low and heavy, nay, even the old school itself?

The daily record, if made by the attending doctor, reminds us of the circuit judge and the young attorney who played several games of billiards after tea, in which the young attorney was so successful and displayed so much skill that the judge said: “Evidently you are not an amateur; you must have had lots of time to play.” No very busy doctor in February or March of any year, unless comparatively idle, has the time to keep this minute record of each case as shown in the printed report.

The rapid changing of the remedies is another moot point. How did he dare do this? For Instance, note the order of succession of remedies used in his case: Nat. m., bell., sulph., nat. mur., bry., opium, psor., china, hyos., opium, croc., lach., lyc., cina, phos. acid, bell., pet., bry., berb., and others.

How could he know that a remedy had exhausted its powers for good when, on a succeeding day, he changed it apparently on some mere key-note symptom?

If it be true, as contented by the purists, that the high potency is

more powerful than the lower numbers, then we marvel that this patient recovered at all—for the low potency people wouldn't dare to mix drinks in such rapid and inelegant fashion.

Finally, how will careful reading and study of this case, with its frequent dicrotic pulse, its Cheyne-Stokes respiration, and its nineteen remedies in eight weeks, help any other homeopath student, or practitioner in curing his next case of typhoid?

“For the tardy appearance of the ADVANCE,” and its many typographical errors, we promptly apologize, and we give the editor's promise for better work, both in proof reading and printing, in future.

The frequent change of remedy, in the case reported by Dr B. L. B. Baylies, in the January ADVANCE, certainly merits investigation, if not criticism. The whole trend of the case, as reported, from beginning to end, appears to demonstrate that the doctor did not select the proper remedy, or when selected, did not adhere to it. In fact, while a life was saved and a good recovery made in a severe case of typhoid, the criticism of editor Kraft is timely, for it is an open question, if the majority of his remedies did not do more harm than good. Would not this case have recovered under one single remedy in much less time? It was evidently a deeply psoric or tubercular patient with whom the doctor had to deal, and his deep seated constitutional remedy would have done better work had it been promptly selected and allowed to act

And yet, after all, it is not an easy matter to criticise a colleague, especially when that colleague is known as one of the best and most careful prescribers in the homeopathic profession. Would crude drugs, in massive doses, have carried this patient safely to convalescence? is another question, that may be asked. It is usually considered good treatment, when a case of typhoid can be brought to a successful issue in ten days, or two weeks at most; and this is often done, but much depends upon the character of the patient, for those desperate hemorrhagic cases of typhoid are rarely found, except in deeply psoric or tubercular patients, and then the treatment often puzzles the best of us.

The same criticism may be applied, with justice, to the case of appendicitis, reported by Dr. Howland, in the March number. While the patient was aged and infirm, and eventually recovered through the rupture of the abscess, evidently into the intestinal tract, how much was due to the action of the remedies, when they were changed, and repeated, so frequently, is a difficult problem. Our surgeons may claim, and we think with justice, that the treatment had little or nothing to do with the recovery. In this case, also, we doubt very much whether the patient, especially in the earlier stages, received the proper remedy.

And the same criticism may be applied to this case in the Central New York Society, as was applied in the International Hahnemannian Association. Both Societies are supposed to be representatives of the best and purest homeopathic practice in the country, and the members of the Central New York Society must not take it amiss, if even the president should be criticised for the management of a case. Criticism is always helpful, if given and received in the proper spirit; viz., for the benefit of Homeopathy and the homeopathic profession in general.

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**A Tapeworm Cure for Tuberculosis.**—A recent consular report announces the discovery in Buenos Ayres that the tapeworm is inimical to the tubercle bacillus. A person suffering from consumption is reported to have been restored to perfect health after getting a tapeworm, and the injection of tapeworm juice arrested the progress of the disease in the most advanced cases. There are great possibilities in the exploitation of this theory.

How does this clipping, (from the *New York Medical Record* of recent date) *The Use of a Morbific Product*, differ from the use of such agents by Hahnemannians who have been so much ridiculed and maligned by allopaths for using them. Verily our old school brethren are on the scent, and perhaps, later on, they may stumble upon similia and do as they are doing now, practice Homeopathy without knowing it.

—GEORGE H. CLARK, M. D.

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**Honor Hahnemann's Birthday.**—The Washington Homoeopathic Medical Society decorated the statue of Samuel Hahnemann, on Scott Circle, April 10 with wreaths of laurel bearing a shield of immortelles. Above the shield the flags of the United States and Germany were hung. The occasion was the one hundred and fiftieth anniversary of the birth of the founder of the school. The committee representing the society consisted of Dr. J. B. Gregg Custis, chairman; Dr. L. B. Swormsted, Dr. S. S. Stearns. and Dr. Julia M. Gree. The chairman, Dr. Custis, read the ode delivered by William Todd Helmuth on the occasion of the unveiling of the statute in June, 1900. A large majority of the membership of the society were present.

Adjournment was then taken until 8:15 when the society again met at the Palm Room of the Shoreham, and the exercises were continued. After preliminary remarks by President Custis, the following addresses were delivered: "What Do Specialists Owe Hahnemann?" by Dr. W. R King; "What Do Children Owe Hahnemann?" by Dr. S S. Stearns; "What Do Women Owe Hahnemann?" by Dr. M. A. Erosius and "Did Hahnemann Recognize the Real Causes of Disease?" by Dr. Charles B. Gilbert.

After these addresses an opportunity was given those who desired to pay tribute to the founder of the school by speaking on the philosophy of Homeopathy, or recounting cases illustrating the influences of Hahnemann's life'

On motion of Dr. Gilbert the society voted to hold the April meeting on this anniversary each year and to devote the evening to elucidating or combatting the teachings of Hahnemann.

The homeopaths of the United States will look to their Washington friends to keep green the memory of the Master and this anniversary celebration is good augury for the future.



## NEW PUBLICATIONS.

**Studies in Psychology of Sex.** By Havelock Ellis, L. S. A. Fellow of the Medico-legal Society of New York; Honorary Fellow of the Chicago Academy of Medicine, Etc. In Three Volumes.

Vol. I. THE EVOLUTION OF MODESTY. The Phenomena of Sexual Periodicity. Pp. 275. Cloth \$2.00.

Vol. II. SEXUAL INVERSION. Cloth pp. 276. \$2.00

Vol. III. ANALYSIS OF THE SEXUAL IMPULSE—Love and Pain—The Sexual impulse in Women. pp. 278. Cloth \$2.00.

The only English Edition published by the author's permission F. A. Davis Co., 1916 Cherry St., Philadelphia.

The author has entered upon his difficult yet fearless task, *can amore*, and has given us the best and most complete exposition of the subject to be found in the English language. Hitherto the sexual impulse of man has been fairly well understood, while that of woman, of at least equal interest both in scientific and medico-legal aspects, is far more obscure. In the education of medical and scientific men of the profession this work is a long step in advance. The references and quotations, evidence painstaking research and hard labor and the works cannot fail to interest advanced thinkers of every school.

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**The Man Who Pleases And The Woman Who Charms.** By John A. Cone. Hinds & Noble, Publishers, 35 West 15th St., New York City.

On the title page is found this motto: "Look out lovingly upon the world and the world will look in lovingly upon you." It is a small work of 140 pages, and includes many chapters, the facts of which the author claims he has collected, not created. Among others; The Art of Conversation; Good English; Tact in Conversation; The Compliment of Attention; The Voice; Good Manners; Dress; The Optimist; Personal Peculiarities, etc.

From this little volume the medical student may obtain many "pointers," the adoption of which may be the means of enabling him to secure a successful practice. The author has put into form for service matters touching the daily in-

tercourse of mankind, the infinite niceties of courtesy, the demands of dress, of tact—without which a physician can never be successful—of graces of conversation and dress, of the voice, the attitude in general of the man who would please in this world and the woman who would charm. Perhaps few persons have made a closer study of psychology applied to everyday life than the author, and many a hint may here be found of practical value in our professional work.

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**The Surgical Diseases of the Genito-Urinary Tract, Venereal and Sexual Diseases.** A Text-book for students and Practitioners. By G. FRANK LYDSTON, M. D., Professor of the Surgical Diseases of the Genito-Urinary organs and Syphilology in the Medical Dept. of the State University of Illinois (the College of Physicians and Surgeons); Professor of Criminal Anthropology in the Kent College of Law; Surgeon-in-Chief of the Genito-Urinary Department of the West-Side Dispensary. Fellow of the Chicago Academy of Medicine; Fellow of the American Academy of Political and Social Science; Delegate from the United States to the International Congress at Belgium, September 5, 1899, etc. *Second Revised Edition.* Illustrated with 233 Engravings and 7 Colored Plates. 6½x9½ inches. Pages XV-1008. Extra Cloth, \$5.00, net. Sheep or Half-Russia, \$6.00, net. F. A. DAVIS COMPANY, Publishers, 1914 Cherry St., Philadelphia.

That this volume, of over one thousand pages, on this special subject, has reached its second edition is perhaps the best praise that can be given the work, when we consider the large number of similar works on this specialty by various authors, both in this country and in Europe.

In the preface of the first edition the author says:

“I have embraced the opportunity herein afforded me for airing a few heresies of my own in juxtaposition with as much of the accepted and standard teachings as it is practicable to present in a work chiefly designed for the student and general practitioner, rather than the specialist.”

We do not think the author need apologize for airing a few heresies of his own, when we remember that many of the heresies are among the advanced methods of treatment

now generally adopted in nearly every medical sect in this country. His lectures on the subject in the medical department of the University of Illinois have become noted for their clearness, thoroughness, and the intense interest which they always command.

In the last five years, since the first edition made its appearance, many additions to Genito-Urinary surgery have been made, and hence this volume has been thoroughly revised. It is now up-to-date in all that pertains to the surgery of this specialty. In the treatment of gonorrhoea, the almost universal adoption of the organic Salts of Silver, recommended in the first edition as most reliable remedies, has required a modification, for which many physicians will be duly grateful.

Many changes have been made in the illustrations which will enhance the value of the work for the teacher as well as the student. A large number of full page color plates have been added, and many of the illustrations in the first edition have been superseded by better ones, and the author has endeavored to introduce only such illustrations as have a teaching value, because he claims that illustrations without a message have no place in a text-book.

This work is now recognized as one of the standard works in Genito-Urinary surgery. It certainly has no superior, and few equals, today.

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**The Diagnosis From the Eye.** A New Art of Diagnosis With Proof Certainty From the Iris of the Eye of the Normal and Abnormal Condition of the Organs in General, and of the Different Organs in Particular. A Scientific Essay For the Public and Medical Profession. By H. E. Lane, M. D. 70 Original Illustrations. pp. 156. Kosmos Publishing Company, 765 North Clark St., Chicago. Cloth \$2.00.

The claim for this work is that it deals with one of the most important and far reaching discoveries in the science of healing. Its claims are somewhat unique and all including. It gives absolute proof—so the author says—that the condition of every part and organ of the body is reflected in corresponding parts of the iris of the eye. That every con-

stitutional and congenital taint and lesion, every artificially cured or suppressed disease, every poisonous drug, every acute or chronic inflammation, every loss of substance, shows itself by unmistakable signs or symptoms, which enable every one to make a reliable diagnosis of his physical condition, after a careful study of the book.

The work is written in plain and popular language and profusely illustrated.

It will repay our specialists, and those who are in search of something new, to read this little book carefully. There may be more ideas to be gained from it than they have any idea of, until they have perused it, and we sincerely hope that no one will think of condemning it, until he has first heard what the author has to say in its behalf. If it will enable the physician to recognize with clearness the physical and mental condition of his patient, it is certainly worth investigation.

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**Eye, Ear, Nose, And Throat Nursing.** By A. EDWARD DAVIS, A. M., M. D., Professor of Diseases of the Eye in the New York Post-Graduate Medical School and Hospital; and BEAMAN DOUGLASS, M. D., Professor of Diseases of the Nose and Throat in the New York Post-Graduate Medical School and Hospital. With 32 Illustrations. Pages XVI-318. Size, 5½x7½ inches. Extra Cloth. Price \$1.25 net. F. A. DAVIS COMPANY, Publishers, 1914-16 Cherry Street, Philadelphia.

Here is a small book written primarily for the use of nurses who nurse special cases of the eye, ear, nose and throat only, and it is to instruct these nurses in their duties during the following operations on these organs.

Antisepsis and asepsis have received particular attention, which is perhaps correct, for a nurse should be imbued with the importance of surgical cleanliness in these operations as well as all others. The methods of preparing the various antiseptic and sterile solutions and dressings have been given in detail, with their exact method of application.

The authors claim that fully as much depends in the obtaining of good results upon the intelligent and painstaking care of the nurse as the work of the Ophthalmic

surgeon, and perhaps they are correct, for there is no doubt but that surgery of the eye, ear, nose and throat not only requires special surgical instruments, but special dressings and special care in nursing. The parts should be carefully prepared by a competent nurse for the operation, and this preparation is fully as essential as the after treatment. We think the authors have conferred a lasting benefit upon many nurses, by the minutia so carefully given in this work.

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**Modern Ophthalmology, A Practical Treatise on the Anatomy Physiology, Pathology and Diseases of the Eye.** By JAMES MOORE BALL, M. D., professor of Ophthalmology in the St. Louis College of Physicians and Surgeons, with 417 illustrations in the text and numerous figures on 21 colored plates. Pp. 820. Cloth \$7.00 net, half morocco \$8.50. Philadelphia; F. A. Davis Co., 1904.

The author informs us that his aim has been to produce a work which shall teach, and which shall be valuable alike to the medical student, the general practitioner and the specialist. His aim has been high, yet we think he has succeeded; if one of the best arranged and well illustrated volumes on the subject which has appeared this year is convincing evidence.

The work is evidently that of a successful teacher. He begins at the beginning with embryology, anatomy, and physiology of the eye, with remarkable clear illustrations, many of them from his own drawings. Then in the order named are to be found congenital anomalies, tumors, growths, inflammations and degenerations, injuries and operative measures, well described and profusely illustrated, the colored plates being especially clear and instructive. A number of chapters have been furnished by colleagues well known in the profession and evidently well written. It is a splendid specimen of the book makers art and both author and publishers are to be congratulated. Every specialist should have it in his working library for ready reference and every general practitioner can do no better than consult it

**Bluff or Science?**—At the meeting of the Medical Society of the State of New York at Albany, N. Y., January 27–29 (*Medical Record*, January 31), Dr. Peter H. Bryce, Secretary of the Provincial Board of Health of Ontario, presented this communication. He said that vaccination produced complete protection against small-pox practically in all persons for ten years, and in a large proportion for twenty years. He also advanced as a reason for compulsory vaccination that “the theory of immunity conferred by vaccination was founded on indisputable scientific evidence.”

Where is the evidence?

Per contra we know from report of the Surgeon General of the United States Army that the men were vaccinated repeatedly, some as often as ten times in two years, yet there were thousands of cases of small-pox among this much vaccinated host, and over three thousand were sent to the hospital suffering from the ill of vaccination.—*Enoon*.

**Herbert Spencer on Vaccination.**—“Jenner and his disciples have assumed that when the vaccine virus has passed through a patient’s system he is safe, or comparatively safe, against small-pox, and that there the matter ends. I will not here say anything for or against this assumption. I merely propose to show that there the matter does *not* end. The interference with the order of nature has various sequences other than that counted upon. . . . If the substances composing the body, solid or liquid, or both, have been so modified as to leave them no longer liable to small-pox, is the modification *otherwise inoperative*? Will any one dare to say that it produces no *further* effect than that of shielding the patient from a particular disease? You cannot change the constitution in relation to one agent and leave it unchanged in regard to all other agents.

**Dead of Small-pox.**—Professor Ruata, of the University of Perugia,—we find it in *Modern Medical Science*, January, 1903—says, “that in the spring of 1902, the hospitals off at Bologna were all re vaccinated; it was composed of nine persons, and in all of them re-vaccination was beautifully successful. Of these nine persons *five took small-pox and one died.*”

# THE MEDICAL ADVANCE

AND

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### THE COMMENCEMENT OF HERING COLLEGE.

The Thirteenth Annual Commencement of Hering Medical College and Hospital was held in Handel Hall, 40 Randolph Street, on the anniversary of Hahnemann's birthday, April, 11th, 1905. In his remarks as Dean

Dr. H. C. Allen said:

"Looking Forward" has been assigned me, and a brief reminiscence may help some of us to appreciate the work which has been done in the past, as well as the duty which devolves on many of us for the future.

Hering College was not organized to gratify personal pique or revenge for some fancied or real grievance, but, to uphold, maintain and perpetuate the teachings of the Master, true Homeopathy as expounded in the Organon.

The first announcement was issued during the summer of 1892, and the college launched on its career, intending to teach *Similia Similibus Curantur*, from the standpoint of *Simplex Simile Minimum*. The organization of the college was the culmination of the teachings and writings of many of the leaders in our school for the last fifty years.

In 1876, during the World's Fair in Philadelphia, the American Institute of Homeopathy met in conjunction with the International Homeopathic Association, and a number of members of the Institute, while calling on Dr. Hering one evening discussed the decadence of Homeopathy as promulgated by Hahnemann; who, during the last years of his life in Paris, when congratulated upon the large number of his

followers, exclaimed; "my true followers may be counted on the fingers of my two hands!" Among those present that evening were, Drs. Hering, Wells, Bayard, Dunham, Guernsey, Raue, Skinner, T. P. Wilson, Clement Pearson and perhaps others. Only three of the group, as I remember, are now living. The discussion assumed the form of inquiry, and the question was asked; Why a society composed of the true followers of Hahnemann could not be organized, and banded together for the advancement of pure Homeopathy? It was decided there that some of those present should write all their friends whom they knew were practicing Homeopathy as Hahnemann practiced it, to ascertain how many there were in the world. Between seventy-five and a hundred names were procured and banded together on paper as members of the Loyal Legion. Their names were afterwards published in the MEDICAL ADVANCE.

In 1879, Dr. Clement Pearson, of Washington, agreed to formulate a declaration of principles that should be based upon the teachings of the Organon, and I undertook to invite members of the Loyal Legion to meet at the coming session of the Institute, in Milwaukee, in June, 1880, to form a society. At this meeting the International Hahnemannian Association was organized, with Dr. P. P. Wells, of Brooklyn, as its first president.

In 1890, when I first came to Chicago, I believe there were only three or four homeopaths who were using the single remedy: Drs. Hoyne, Hawkes, King, Ballard and Gee are all that I remember. The two latter were soon taken from us; but a club was formed for the study of the *Materia Medica* and the *Organon*, and in a short time fifteen or twenty active members were secured, and out of this *Materia Medica* Club grew the first thought of establishing a college for the teaching of pure Homeopathy.

In England, and, in fact, throughout all Europe, homeopaths labor under many disadvantages. There is no homeopathic college in which they may receive instruction. Homeopathic students must first take a full course in colleges of the dominant school, obtain their degree, and



license, and after that, if they have sufficient interest in Homeopathy, they may add the knowledge of the law of similars to their previous education; but they must first take Allopathy before they can practice Homeopathy, hence very few ever reach the homeopathic stage. This, of course, has its advantages, because only the thinking, earnest man will take the time or trouble to investigate it. But it also has many and serious disadvantages. It is as true in Medicine as in morals that as the twig is bent so is the tree inclined.

Previous to the organization of Hering College the Organon was a forgotten study. Since 1893 it has become a text-book in all our homeopathic colleges, and more or less attention has been paid to its teachings. The teaching of the Organon has formed an entering wedge for pure Homeopathy in every college in the country. Hence the influence of the International Hahnemannian Association, and the earnest work done by its members, was the inspiration for the founding of Hering College; to have one college in the country where students may obtain the knowledge of pure Homeopathy in every department of practice, and this becomes the drill in every class beginning with the freshman and ending with the senior course.

Hering College closes its Thirteenth Annual Commencement with nearly 300 alumni, the large majority of whom are practicing pure Homeopathy.

When the college was first organized, a building fairly well equipped for the purpose was rented on Cottage Grove and College Place. In 1896, a new college building was erected on Rhodes Avenue, near 39th Street. In December, 1904, the Chicago Homeopathic College amalgamated with Hahnemann, thus a large and well equipped college building on the West side, in the immediate vicinity of extensive hospital and clinical facilities, was left vacant. Hering College purchased it and took possession on January 16th. The Chicago Homeopathic Hospital adjoins it. Cook County Hospital is just across the street, on the staff of which are some of the members of the faculty. The Frances Willard Hospital, new, modern, just completed at a cost of over

\$100,000 is two blocks away, on the staff of which are also members of the faculty. Hence we think the future of our school looks very bright. With abundant hospital and clinical facilities, it only requires one thing to make it look brighter, and that is the same enthusiastic work done by the faculty from the beginning. But the faculty alone cannot do it all. Every graduate of Hering College, and every practitioner and well-wisher of true Homeopathy all over the world has an interest in the propagation of the truth and the maintenance of this college. Hahnemann was the greatest medical genius that the world has ever seen, but genius is only another name for hard work. It is by and through work alone that he obtained his pre-eminence.

The faculty cannot too strongly impress upon you the necessity for a careful life study of the principles enunciated in Hahnemann's Organon, and his theory of chronic diseases. The Elements of Euclid's Geometry was written about 250 years before the christian era, and has been used as a textbook for elementary geometry to the present time. The principles are the same today that they were when the book was written; and so it is with the Organon. The only medical work that has ever been written the principles of which have withstood the test of time, and have been verified in practice for a hundred years. The theory of disease suppression as enunciated in his work on Chronic Diseases is practically the greatest discovery of the master. The more its principles are put to the test, the more true they become and no homeopath can do his best work without mastering them hence the desire of Hering College to impress upon you the necessity of a thorough mastery of the science, for it can be said of no other medical book that was ever written on practice, that its principles have remained unchanged for a century.

And now a word to the graduating class: If you succeed in the practice of medicine, you must work; if you would master the Materia Medica or the philosophy of the school, if you would become an expert in surgery, gynecology or ophthalmology, you will never succeed without work. It is work, work, work, from first to last, and that alone will win success.

The address to the graduating class was then delivered on.

## THE SIMPLE LIFE IN MEDICINE.

BY STUART CLOSE, M. D., Brooklyn, New York.

As the clear note of the bugle, rising high above the din of battle, signals the order of the commander to his troops, so, at intervals, out of the rush and roar of this busy complex world of ours sounds the compelling voice of some messenger of God, calling upon men to pause and contemplate anew the old ideals of Truth and Love, of Righteousness and Justice; of high thinking and simple living.

Rarely has this been illustrated more impressively than in the reception accorded recently to the Rev. Charles Wagner and his gospel of *The Simple Life*. From the President at Washington, whose noble life is an exemplification of the sterling truths for which Pastor Wagner stands, to the humblest artisan at his bench, all united to do him honor.

Wagner came during a period unparalleled in the history of our nation for the turbulence and complexity of its life, for its selfishness and gross materialism, its venality and greed; for its extremes of wealth and poverty, its public corruption and private depravity. It seemed as if the old spiritual ideals of life and duty had been forgotten, and that the gospel of greed was the only acceptable gospel. Religion slumbered, for even the church seemed hypnotized by the glitter of gold. Education was largely directed by mercenary influences. The curriculum of the public schools was largely dictated by the School Book Trust, while colleges and great universities bowed submissive to the will of multimillionaire patrons or founders. Art and literature languished under the blighting influence of the commercial spirit. Dramatic art was writhing in the grip of the theatrical trust. Labor and capital were in deadly combat with all the weapons known to modern industrial warfare. In short, the entire and enormously complicated machinery of our modern civilization seemed to have been given over to the malign control of the powers of Evil.

Out of all the turmoil and confusion of such a period as this arose the clear voice of the humble pastor from Paris, calling the people to contemplation and repentance; first through the pages of his little book, and later in person.

What was the message which Wagner came to deliver and which the people so largely heard and received? We hear him spoken of as "the apostle of the simple life," and the phrase is in every mouth. What *is* the simple life about which there has been so much discussion, and, I might add, so much misunderstanding?

To sum it up in a single sentence, it may be said to be a life *governed by principle*.

In Wagner's own words; "Simplicity is a state of mind. It dwells in the main intention of our lives. A man is simple when his chief care is the wish to be what he ought to be. *At bottom it consists in putting our acts and aspirations in accord with the law of our being, and consequently with the Eternal Intention which willed that we should be at all.*"—Simplicity, he says, does not consist in externals, in having few or many things, but rather in that it is a spirit or principle which is able to vivify and modify lives of very different sorts. We are to seek, therefore, the true guiding principle of life and strive faithfully to apply it, cutting away all the hampering futilities which separate us from our ideal of the true, the just and the good.

Such in substance, is the message of our latter day prophet, the author of *The Simple Life*, and such is his appeal to the age in which we live.

It will not require extended observation to convince a reflecting mind that most people live their lives without principle. By that I mean that they have no indwelling, clearly conceived and well thought out rule or principle of life according to which they govern all their acts. They flutter about, do this and that as the fancy strikes them or the need of the moment seems to demand. There is no continuity, coherency or consistency in their lives. Instead of taking their life and destiny firmly in hand, and making every act and every circumstance conform to a standard,

they become mere playthings of fate, chips floating with the current down the river of life. They are controlled by circumstances instead of making circumstances subservient to a higher law of life. They attempt to palliate the evils which arise naturally from their unintelligent and irresponsible course of conduct by any means at hand, instead of striking at the root of the evils by conforming their life to a principle and rising to a higher plane of thought. They may have pleasure but no happiness; riches but no wealth; knowledge but no wisdom; many needs but no satisfaction. Their needs seem numerous because they lack the "one thing needful," a great central law of life which will simplify all processes and give power and repose. The absence of such a principle leads to confusion and complexity of living, to waste of energy in acquiring many unnecessary things, to physical, moral and spiritual degeneration. They become restless, weary, dissatisfied. They find themselves yearning for something which will satisfy the deeper needs of their nature and give peace. "The sick man," says Wagner, "wasted by fever, consumed with thirst, dreams in his sleep of a fresh stream wherein he bathes, or of a clear fountain from which he drinks in great draughts. So amid the confused restlessness of modern life, our wearied minds dream of simplicity."

Wagner's message comes to us with peculiar force on this occasion because the same conditions exist in the medical world that I have described as existing in the social and religious world to which Wagner more particularly addressed himself. All that Wagner has said of complexity, of confusion, of hampering utilities and of the supreme need for a governing principle in life is profoundly true in medicine, and always has been true. Nowhere is the need for a governing principle greater than in medicine. In the art which holds the keys of life and death there should be no guessing, no make-shifts, no uncertainty. Here, if anywhere, Law should govern.

The medical profession for ages has sought, and a large part of it is still seeking, remedies for the numerous diseas-

es of which man is the victim. Think of the ceaseless quest of cures for rheumatism, Bright's disease, cancer and tuberculosis, to say nothing of the acute diseases or the great epidemic diseases. Just now old school medicine stands helpless before cerebro-spinal meningitis. Think of the almost innumerable remedies proposed for the cure of any disease, all equally useless. Turn the broad pages of any druggist's massive volume of doctors' prescriptions which he has filled, and filed, and note the whimsical lists of drugs combined in almost any single prescription. Follow the prescriber through the pages for a few days and note how the prescriptions were changed from day to day until it seems as if half the drugs in the pharmacopeia had been employed in a single case of any duration. Then realize that probably not a single one of the drugs so prescribed had any real curative relation to the patient's condition; that every one of them was prescribed upon purely theoretical grounds, for palliative purposes only, without any knowledge whatever of the true Law of Cure, and with very little knowledge of their actual effects upon the human organism. Consider the constantly passing stream of loudly vaunted proprietary nostrums, here today in glittering publicity, their virtues emblazoned on every bill board, but gone tomorrow like their predecessors and forgotten.—Recall the periodic rise and fall of the pet theories of eminent medical men, from dim antiquity to present days. How few years have passed since the world-famous Dr. Brown-Sequard announced his "Elixir of Life," and the eminent Dr. Koch gave to the world his "Tuberculin." Do we ever hear of them now? Oblivion claims them for its own. How long will it be before the "serum therapy" of today, with its disgusting and deadly inoculations of the morbid products of disease, the so-called "anti-toxins," will share a like fate? Its advocates are quarrelling among themselves, and there is a division in the camp. It is reported that Bellevue, New York's greatest public hospital, has discarded anti-toxin in diphtheria. The death knell of serum therapy was sounded by the publication in Germany, and recent translation and republication in America, of the tren-

chantly scientific work of Professor Rosenbach of Berlin, entitled "Physician vs. Bacteriologist," in which he mercilessly exposes the fallacies and failures of bacteriology and the serum therapists.

So it has been for ages. New remedies for diseases are being constantly announced and pressed upon the attention of the physician, only to be quickly discarded for others still newer and equally worthless. Verily, "Regular medicine" is a vaudeville show, in which the never ending continuous performance of "stars" and "specialties" is constantly passing before the footlights. Even the homeopathic school is not above criticism in these respects, and some of its members might well remove the caked boracic acid from their ears, and listen to the preacher of the Simple Life!

What is the reason for all this futility and frivolity? Why this endless search for cures for diseases which are never found?

It is very simple and plain. They are not living the simple life in medicine. They have not conformed their life to a principle. They have not sought aright. Specific remedies or cures for diseases have been sought in vain simply because they do not exist. There is no remedy for any disease as such, but only a remedy for the individual victim of the disease. What that remedy is at any given time depends upon the patient's peculiar and personal combination of symptoms, and finding it depends upon the understanding and practical mastery by the physician of the universal principle which governs the relation between drugs and disease.

Is there then such a principle? Is there a law, by following which the physician may avoid palliation, find the truly curative remedy for the sick individual, and thus proclaim and live the Simple Life in Medicine? Is there a law which governs the relation between disease and drugs?

If we go out into the world of "regular medicine" among our allopathic brethren and ask these questions, we shall meet nothing but denial and doubt, scoffing and scerp-

ticism. "There is no law," their greatest men tell us. "There is nothing but experience and theory." "We do not pretend to cure," they say, "we only aid nature and support the patient until recovery or death takes place." But we, homeopaths, dare to stand before you and say, **THERE IS A LAW OF CURE!** God has not created man in his own image, placed him in a world where he is liable to disease and death, and withheld from him a knowledge of the means of true healing. The means exist all about us in the world. Wherever disease, is there may be found the remedy. The principle exists by which they can be made available. It is a part of the Divine Plan that every need shall have its corresponding supply, and with the need exists the power to find and appropriate the supply. From the earliest ages, medical men, pondering the problems of human ills, have occasionally had glimpses of the true principle of healing, and have made attempts to grasp it, but not until the "fulness of time" was it revealed in all its breadth to one whose name we honor today, and whose life and work we strive to emulate.

We are assembled here today for the twofold purpose of celebrating the one hundred and fiftieth anniversary of the birth of Samuel Hahnemann, the founder of Homeopathy, the greatest medical genius and truest medical reformer of all the ages, and the first exponent of the Simple Life in Medicine; and to bid Godspeed to these young physicians, graduates of Hering Medical College, as they leave the halls of their Alma Mater, where they have been taught true Hahnemannian principles, to go forth on their mission to heal the sick and comfort the dying.

The story of Hahnemann's life, briefly told, will illustrate the development of a great idea and the struggle through which it was brought into the world.

Samuel Hahnemann, the founder of Homeopathy, was born on the eleventh of April, 1755, in the beautiful town of Meissen, in Saxony, about twelve miles northwest of the city of Dresden. His father, Christian Gottfried Hahnemann, was an artist in water colors, and a painter on porcelain, who



had come to Meissen to adorn the delicate ware made there in the famous factory then recently established in the picturesque remnant of the ancient castle which stood on the side of a mountain near by. He, with his good wife, Johanna Christiana, born Speiss, were faithful members of the Lutheran church, and in this faith was the infant Hahne-  
mann born, baptised and reared. "For a pastime," Hahne-  
mann naively says in his autobiography, "they taught me to read and write!" At five years of age he began to receive "thinking lessons" from his father. An old man in Meissen, who had forgotten the son, when he heard of his fame, smilingly said, "many a time have I taken a walk with his father and heard him ever at a certain hour say; 'I must go home now, I have to give a lesson in thinking to my son Samuel; that boy must learn to think!'"

So eager was he for learning, and so engrossed in his studies, that he often continued his work far into the night. His father, partly to economize oil, and partly to restrict his work within the limits of safety to health, took the lamp away from him and hid it, whereupon he invented and made for himself a lamp of clay, so constructed that the greater part of the light was concealed. With this he continued his night studies in secret.

At *twelve years of age*, in the public school, he was intrusted to impart the rudiments of Greek to his fellow pupils. At sixteen he entered the princely school in Meissen, and four years later went to the University at Leipsic. At twenty two he was master of ten languages—Greek, Latin, English, French, Italian, Hebrew, Syriac, Arabic, Spanish and German, with some knowledge of Chaldaic. His father, being a poor man, could do little for him in a pecuniary way, and would have been obliged to take him early from school and set him to work had it not been for the interest of the teachers in the extraordinary boy, which led them during the last eight years to remit his tuition fees. He set out for Leipsic University with about fifteen dollars in his pocket, the last money he ever received from his father, who had several other children to educate from his scanty income.

He supported himself during his university studies, as well as during certain strenuous periods of his later professional life, by giving instruction in languages and by translating books. Deciding upon the profession of medicine, he went next to Vienna, to attend the great medical school located there. Here he distinguished himself so that Freiherr Von Quarin, body physician to the Emperor Joseph and Maria Theresa, and Rector of the University of Vienna, made him his protege, took him to visit private patients—a thing he had never done before—and finally secured him a position as physician and librarian to the Governor of Siebenburger, where he could continue his studies. Later in 1779, he departed for the University of Erlangen, where he attended the lectures of the most celebrated professors in medicine and botany, and took his degree.

He practised medicine in several towns, all the time continuing his studies, especially Chemistry, of which he became one of the most eminent exponents of his day. He made many new preparations, notably a soluble Mercury which is in use to this day. He also made valuable studies in Geology, and in mining and smelting. He quaintly says "I thus filled up the yet large dormer windows of my mind." He translated, learnedly annotated and published several valuable scientific treatises on chemical and medical subjects. All this he did before he was thirty five years of age. His reputation as a learned chemist and physician grew apace, but with greater knowledge and wider experience, his eyes were soon opened to the falsity and inefficiency of traditional medicine as a practical art. "At this period," says Rapou, "there was complete anarchy in the domain of therapeutics." Numerous and conflicting theories formed an inextricable tissue of variable opinions.

Up to this time Hahnemann had abstained from a search for therapeutical indications, and had contented himself in practise with a simple medication, partly expectant, that corresponded more fully with his ideal of the art of healing. He used only the remedies known as "specifics," whose effects were in a measure known. "The inconsistencies and

fallacies of his day," says his biographer Bradford, fell so far short of his ideal of a possible healing art that he was loath to continue in practise."

Presently his doubts led him to abandon the practice of medicine and take up the independent investigation which resulted in his great discovery and development of the homeopathic method. He resumed his chemical work and translations as a means of livelihood while he further sought a true principle of healing. It was while he was engaged in the translation of Cullen's *Materia Medica*, from the English into German, that the great revelation came to him. Something in Cullen's manner of speaking of Peruvian Bark, which he recommended as a preventive of malarial fevers, awakened Hahnemann's attention and led him to experiment with the drug upon himself while in a state of health. He found that the drug produced in him symptoms almost identical with the symptoms of the form of fever for which Cullen had recommended it as a preventive. Then a great light dawned upon him. "IS THE SPECIFIC CURING POWER OF DRUGS FOUNDED ON THE PRINCIPLE OF SIMILARS?" he asked himself.

To the solution of this problem, on strictly scientific lines, he addressed himself. Drug after drug he tested upon himself and healthy friends, carefully noting and recording all effects. He ransacked all the volumes of *Materia Medica* and the whole history of poisoning in all ages and all languages for confirmation of his theory, and tested the results of his provings upon the sick. For six years, with his assistants, he constantly devoted himself to experimenting and verifying his principle before he proclaimed it to the world. All the members of his own family were pressed into service, and each substance was tried in various doses upon many persons, under every variety of circumstance, until his supposition became a certainty.

During much of this period he was in great poverty. He lived with his family in one room, one corner of which was curtained off as his study. In order that he might earn his living by translating for the booksellers, and be able to

continue his investigations, he adopted the plan of sitting up every second night. Burnett says of this period; "He there clad himself in the garb of the very poor, wore clogs of wood, helped his wife in the heavy work of the house, and kneaded his bread with his own hands."

In 1796 he first published to the world in *Hufeland's Journal* his new discovery in medicine, in an article entitled: "Essay on a New Principle for Ascertaining the Curative Power of Drugs." In numerous subsequent articles, he developed his theory and appealed to the medical profession to investigate and apply it. He had himself, by this time, resumed practice under the new method. His method aroused some interest, but more opposition in the profession, and his personal success provoked jealousy. He was presently made to suffer for presuming to criticise his colleagues and try to reform medicine. Naturally under his new method he dispensed his own personally prepared medicines. Here was a chance to hamper him. The physicians incited the pharmacists to bring an action against him for interfering with their business by dispensing his own medicines. This was done. He defended himself, but in vain. He was forbidden to dispense his own medicines, and was then compelled to leave his home and seek a new field, just as fortune had begun to smile upon him.

Experiences of this sort were of frequent occurrence for a period of several years. He was poor and persecuted, driven from town to town by the implacable enmity of his professional colleagues, often, with his family, suffering from lack of sufficient food. But through it all his indomitable spirit sustained him and he never ceased his researches and studies.

In 1805 he published the first collection ever made of provings of medicines upon the healthy, containing the records and results of his work and the work of his fellow provers up to that time. It was written in Latin, and contained the provings of twenty-seven remedies.

From 1805 to 1811 he resided in Torgau, where he resumed practice under more favorable conditions. During

these years he published numerous articles bearing upon the reformation of medicine. The central and controlling thought always in his mind was that a benevolent God must have intended that mankind should be blessed with some certain method of healing; that there must be some method of healing the sick that is definitely governed by law. This he had faithfully sought, and this he believed had been revealed to him. It was this belief, and the realization that he was the agent of Divine Providence to this end, that governed all his acts and sustained him in all his trials and persecutions. In this one idea he lived and moved.

The year 1810 marks the crowning point of Hahnemann's life, and the dawn of a new era in medicine. In this year he published his great work, "The Organon of Medicine," which contains a systematic and exhaustive exposition of the homeopathic law of cure, and the method of healing based upon it as developed by him. Hahnemann's Organon has never been superceded or improved upon. Its theories and methods have stood the test of time and experience. It is the constant and serious study of all true homeopaths today. It is taught with special care and thoroughness in Hering Medical College, because this college is founded and maintained for the promulgation of pure Homeopathy. Well and truly has the Organon been called the "Bible of Homeopathy," for it sets forth the principles, precepts and methods by which mankind can obtain medical salvation. It is a marvelous thing in these days, when the opinions and theories of "regular medicine" are constantly changing, and medical books become obsolete in less than five years, to find a medical treatise almost a hundred years old not only extant and useful, but in many respects far in advance of the attainments of the average practitioner; for there are profundities in Hahnemann's Organon that only the most advanced and gifted students of Homeopathy of today have penetrated.

Five editions of the Organon were published during Hahnemann's lifetime, and it has been translated into ten languages.

From 1811 to 1821 Hahnemann resided in Leipsic surrounded by his pupils, teaching his doctrines to the world, proving medicines and preparing their records for the great *Materia Medica Pura* in six volumes, which he published during this period. These were the battle years of his life, when he was in almost constant conflict with the jealousy and bigotry which assaulted him on all sides, but which did not interrupt his great work nor stay its progress.

In 1821, at the invitation of the Grand Duke Ferdinand of Anhalt, he removed to the capital town of Coethen, where he remained until 1835. These were his peaceful years, devoted to the practice of his art, and the preparation of his monumental work on *The Chronic Diseases*, in five volumes, which was published in 1830. The Grand Duke created him Hofrath, or Court Councillor, conferred upon him freedom of practice according to the new method, and made him his personal physician. His fame spread abroad and many distinguished patients came from far and near to consult him. Here in 1830 occurred the death of his wife, the mother of his eleven children, the faithful companion of his life for forty-eight years.

The closing scene of Hahnemann's life is laid in Paris, whither he went after his second marriage, at the solicitation of his wife, a brilliant young French woman of distinguished family and social relations. There in the great social center of Europe he passed the last years of his life in unaccustomed but well earned splendor, surrounded by the learned, the distinguished and the wealthy, who were speedily attracted to his presence by his great fame as physician and philosopher. He had come into a pleasant place at last, after all the years of toil and struggle and persecution. The world of science and literature had recognized him. Jean Paul Richter, that Titan of German letters, had called Hahnemann "a double headed prodigy of learning and philosophy," and Paris endorsed the statement. His spacious parlors were filled with waiting patients. Gold flowed freely into his coffers. David, the most celebrated living sculptor made his heroic portrait bust in bronze.

Celebrated artists painted his portraits. The faculty sat at his feet as learners. And still he lived the simple life, too great to be spoiled, too noble to be vain, too old to be flattered.

Presently, in the spring of 1843, he observed to a friend, "It is perhaps time that I quit this earth, but I leave all and always in the hands of my God."

On the second of July following, as he lay on his death bed in suffering, his wife said to him, "Surely some mitigation of suffering is due to you who have alleviated the suffering of so many." To which Hahnemann with his latest breath made this reply: "Every man on earth works as God gives him strength, and meets from man a corresponding reward; but no man has a claim at the judgment seat of God. God owes me nothing; I owe Him much—yea, all."

By the discovery that the principle of Mutual Action, expressed by him in the formula "Similia Similibus Curantur," was the governing principle in all true cures, Hahnemann simplified and solved the fundamental problem of healing for all time. By formulating a method of applying this principle, which is simple, direct and practical, he raised therapeutics to the rank of a true science and laid the world under everlasting obligation to him. He became thereby the apostle of a new era in medicine, a true reformer, and one of the world's greatest benefactors. Medicine in his hands became for the first time the veritable art of healing, because based upon an immutable law of nature. Suffering humanity was compelled no longer to be subject to the constantly changing whims and fancies of irresponsible theorists.

Members of the graduating class of Hering College, it seemed to me that I could not do better than to set before you this ideal of The Simple Life as exemplified by Hahnemann and Wagner. Every good and true man desires that his work in the world shall count for something substantial in the long run. To this end he must direct his efforts intelligently according to fixed principles. Having decided what his vocation shall be, he bends all his energies to pur-

suings it. Profiting by the example and achievements of his predecessors he takes up his chosen course and follows it with fidelity and singleness of purpose to the end, not daunted by obstacles, not distracted by trifles.

You have chosen the medical profession, and as homeopaths more particularly the art and science of therapeutics; for, rightly considered, the homeopath is a specialist in therapeutics. As physicians in general practice you must know, and, to a greater or less extent, may have to practice the allied arts of surgery, obstetrics, hygiene and sanitation, but you are first of all therapists, specialists in materia medica. Around this as a center let all your studies revolve. "The physician's highest and only mission is to heal the sick," Hahnemann declared. No knowledge which can in any manner aid you in accomplishing this is to be ignored or belittled, but it must be knowledge capable of being assimilated to the fundamental law of cure. All else cast aside as chaff.

Baron Brunnow has told us that "a very peculiar mode of life prevailed in Hahnemann's house while he resided in Leipzig. The members of his family, his patients, his students and the students of the University who frequented his society, lived and moved in only one idea—Homeopathy." They were all actively engaged in assisting him in testing the effects of medicines upon the healthy, laying the foundations of the great materia medica.

If you are tempted to think that "living in one idea" is a narrow life, intellectually or otherwise, recall the vast scope of Hahnemann's culture and attainments, all of which played their part in the working out of his great system. Had he not been master of the languages for example, how could he have searched all the medical literature of the ages for the buttressing and confirming of his theory? There were no translations available then. It was necessary that he should be able to read his authorities in the original languages. If he had not had those "thinking lessons" in his earliest childhood from his father, how could he have developed from a single germ thought such a magnificent



system of logical, philosophical and practical medicine as set forth in the Organon?

No knowledge, no experience, no culture comes amiss to the mind-fixed upon the accomplishment of any great aim in life. The central controlling idea in which such men as Hahnemann "live, move and have their being" serves only to lead out into all spheres of knowledge, to broaden and uplift thought, and to deepen the springs of character.

So I say unto you, get your feet deep down on the solid foundation of eternal law. Get a fixed purpose into your life. Live in one idea, but let that idea be large enough to include all that comes to you of opportunity or experience, and to enable you to grow into the perfect stature of a man.

Maintain in all its truth and purity the great law *Similia Similibus Curantur*, as developed and bequeathed to us by Hahnemann. By bringing all your acts into accord with the letter and the spirit of this law you will indeed be living the Simple Life in Medicine. You have before you a life of arduous labor, of grave responsibility, of care and anxiety, and of much self-sacrifice, as your great exemplar, whose name we celebrate today, had before you; but if your lives, like his, are inspired by love and grounded in principle, your reward will be great.

You will be placed in positions at times where your faith will be sorely tested; your faith in man, faith in yourselves, faith even in the law of cure itself, but if you are patient and steadfast, and above all, if you constantly put into practice the methods of observation and study which you have learned in this your beloved college, you will come out more than conquerors. Cherish, therefore your faith as your choicest possession. If your remedies sometimes seem to fail, charge it to your incompetence, not to the system. Let such failures only goad you to greater exertions to perfect your technique.

Finally, saturate your mind in the classic literature of our school, especially the writings of the old masters. Make them your familiar companions and you will find them your constant helpers. I would that something of the

spirit and something of the faith which animates the Japanese people, who are performing such prodigies of valor and self-sacrifice, might be yours in your professional lives. It is said that to the mind of the Japanese the dead are always present as guardian spirits whose presence and influence are sought and recognized by daily offerings and communion at the family shrine; that from the emperor down to the most humble peasant, from the most ancient ancestor down to the last descendant, all are members of one great family, composed of the dead and the living, bound together in one great common bond of loyalty to the imperial throne. In this mystic unity consists their strength. I wish for you, as for myself, such a knowledge of and intimacy with the works, the lives, and the spirits, if it may be, of our illustrious homeopathic dead, as will inspire us to emulation, and create in us such a sense of unity with them and with our worthy living colleagues, as will keep us faithful and true to the ideal set before us, until we all meet in that land where the inhabitants never say "I am sick," and where all tears shall be wiped away.

After the address of Dr. Close, the degree of Doctor of Medicine and Surgery was conferred upon the following:

Glen Irving Bidwell, Felix Vinson Bryant, Maggie Annettie Campbell, William Elliott Campbell, George Henry Carpenter, Samuel Nye Clark, James A. Garfield Clayton, Satyendra Nath Goswami, Francis Harold Henderson, Mary Quayle Mathews, Charles A. Peterson, Janette Dow Peterson, Norman Leslie Reynolds, Clara Henryetta Williams.

The Post Graduate degree of Master of Homeopathics was conferred on James Henry Allen, M. D. and Alonzo Eugene Austin, M. D.

In the evening the banquet to the graduating class was held in the Palmer House, presided over by Dr. Frank Wieland as Toast Master. Nearly the entire faculty, with the graduates and their friends, were present, and a most delightful evening was had by all.

The coming session of the College, in the new quarters, near Cook Co. Hospital, marks another step in the career of Hering College.

**A CASE OF BLOOD POISONING.**

BY W. H. STOVER, M. D. Tiffin, Ohio.

A prominent lady of this city was taken with blood poisoning from a sore on her finger, so I was told, and after fourteen weeks of allopathic treatment she was in a bad way and pronounced incurable. When the physician was told by the husband that they had finally decided to try Homeopathy; "All right," said he, "you can try it, but you will be very glad to return to rational treatment." To a friend he said, "if they get Stover I will go back, if any of the others I wont." After I was sent for the friend told me. I assured him that the doctor would have to wait until he got the chance to go back.

I found the patient in a desperate condition. Before giving the symptoms I must relate the tilt with the professional nurse who was intensely allopathic. The room was saturated with carbolic acid. I ordered the doors and windows opened and let the room be thoroughly ventilated, to which the nurse objected, saying that it was absolutely necessary to use a strong disinfectant to destroy the germs. I said, never mind the germs, let us have good fresh air in this room, you can use the disinfectant in the commode and on discarded clothing outside of this room. I assured the nurse that the remedy to be taken internally would take care of all the germs and would be the best disinfectant, and would correct all the bad odor emanating from the patient.

The patient had been sick for fourteen weeks or more. She was delirious, evening temperature 104-5, morning temperature sometimes subnormal, pulse rapid and weak, sticky, clammy sweat all over the body, purple colored spots on her limbs and back, and a foul sloughing ulcer on her arm from near the shoulder down to the lower third of the forearm, extending entirely around the arm and emitting a villainous odor. Her whole body had a gangrenous smell. There was also a small ulcer on her back near the sacrum. The one on the arm was very sensitive, the nurse had difficulty in dressing it on that account. Her stools were very foul smelling. She had much thirst. Her phy-

sician had the ulcer dressed with a solution of corrosive sublimate. I ordered it removed and nothing to be used but a simple dressing of a thin coat of calendulated vasaline. A prescription was made of Lachisis 12th, ten drops in a glass one-half tull of water, of which two teaspoonfuls were given every half hour until four doses were taken. then every two hours.

Next day the odor was not so bad and the spots were losing their purple color. In her delirium she constantly complained that her arm did not belong to her and that she wanted it taken away. Lachesis was continued every three hours. At the end of the week things were at a stand still. No more delirium, temperature 99 and pulse the same. She felt better but the ulcer on the arm was not improving very much, the odor was not so bad however. On account of it I gave Pyrogen 30th, a dose every three hours and it had a very beneficial effect on the ulcer, so much so that in a few days the daughter phoned to my wife saying her mother was much better; that the doctor had corrected so many things about her, and said, "we think it providential that we tried Homeopathy." The ulcer had improved and the purple spots had disappeared.

A few days afterward she complained of much itching of the skin all over, and few bright red spots appeared here and there, especially on the limbs, with a burning sensation. The family said that is the way it commenced. There was swelling of the feet and puffiness of the eyelids, and Apis seemed so well indicated that I prepared some of the 6th in water and before night she broke out all over from head to foot with a bright red rash which looked exactly like scarlatina. The nurse and family were alarmed. I assured them that it was all right, just what I expected; let it come out, and it did with a vengeance. Fever ran high for a few days, after that it all disappeared.

Pyrogen occasionally a dose until the ulcer was nearly healed and then finished the cure with Sulphur 30th, a dose a day for ten days. It required about six weeks to cure her but she made a good recovery.

## APPENDICITIS: CHAMOMILLA.

An old lady was taken rather suddenly with great pain in the region of the appendix. She had a severe chill which lasted for several hours; the fever ran high, temperature 103, pulse very rapid and hard. Aconite was given in water every hour which modified the fever and pain somewhat. Next day the pains were sharp, shooting; abdomen bloated and very sensitive in the region of the appendix; very constipated. Bryonia was given every half hour.

In the evening the pain was much less, but as there was great rumbling of gas in abdomen and bloating continued Lycopodium was substituted and she felt much better next day. Lycopodium was continued at longer intervals during the day.

On calling next day I found that the mental state of my patient had undergone a great change. She said the pain was so bad last night that I want you to give a hypodermic of morphia like my old doctor used to do, and I wont take anything else. She was very cross and savage, so much so that she would not listen to anything. The nurse said she could do nothing with her. I said if you must have the morphia you will have to have your old physician. I cautioned her very strongly against it and told her where the danger was in using it. "Well, you need not fix me any medicine for I will not take it." Very short and snappish. I said all right you can do as you choose, but I will leave you something and would advise you very strongly to take it. "I wont do it," she said. I prepared Chamomilla in water and left saying, if you want me telephone to the house in the morning. At the door the nurse said "I will see that she takes some of it anyhow." I received a telephone message in the morning to call. On entering the room she said: "Good morning doctor, why did you not give me that remedy before? A few doses stopped the pain and I slept all night," and that was the last of that sickness.

## WINTER CHOLERA: VERATRUM.

In the winter of 1900 I was called into Wood county, forty miles from here, to see an old man, who his allopathic

adviser said had winter cholera, and it certainly looked like it. He was cold all over and covered with cold perspiration, great drops of it, especially on head and face. The old man was so weak he could hardly raise a hand; his mind was cloudy; did not take much notice of anything, but would answer question slowly; had cramps in his calves, and much thin watery discharges from his bowels of which the patient was scarcely conscious; they were very foul smelling; pulse slow and feeble. The physician being present said that he had advised the wife that it was not necessary to send all the way to Tiffin for a doctor as the old gentleman could not live till morning. The wife said she was a strong believer in Homeopathy and that she wished to try it before she gave him up.

The physician said to me when I arrived: "The patient cannot live till morning, don't you think so?" I said it certainly looked like it. "What would you give him?" I said *Veratrum*. "All right give him some, I know nothing about it." A prescription was made of 10 drops of the 3rd potency in half a glass of water, one teaspoonful every twenty minutes until improvement set in, then every two or three hours. Before I left the wife said, "live or die I want you to come back in the morning." I arrived there on the 8 A. M. train next morning, and as I opened the door of the old man's room he looked up and said "good morning doctor." How do you feel? "Oh," said he, "I am ever so much better than yesterday." When the allopath arrived and took a look at the patient he remarked: "Well, that beats me." He said to the wife he guessed he would have to take a course or two of lectures in a homeopathic college.

### INFANT PNEUMONIA.

BY PRUDENCE FENNEMAN, M. D. Hamilton, Ohio.

Vernon ———, aged 8, in unsanitary surroundings; mother worked in the mill.

Oct, 15, 1904, was called at noon. Child had severe chill night before; was restless all night. Is now stupid, roused with difficulty. Goes to sleep as soon as left alone;

restless. Face red. Dry cough. Temperature 103, pulse 120. Belladonna 30. Evening about the same. Placebo.

Oct. 16, 9 A. M., more stupid, more restless, keeps an attendant busy to keep him covered. Slides toward foot of bed. Loud mucous rales. Face red. Tongue thick and thickly coated, saliva bloody; dark dried streaks on lips and edges of tongue. Patient too stupid to protrude tongue. Belladonna.

Noon, telephone message says child cannot swallow, chokes on medicine. Seemed worse in every way. Temperature 104.6, pulse 150: Could not be roused from stupor. Tongue dry. Belladonna 1m, dry on tongue. Before I left the boy swallowed a teaspoonful of water several times.

At 5 P. M. Belladonna 1m, dry on tongue. Placebo in water every half hour.

Oct. 17, 9 A. M. More quiet during night; seemed to sleep naturally toward morning. Awake enough now to recognize me. Will remain covered. Very weak. Placebo.

5 P. M., about the same as in the morning. Belladonna 1m, one dose, and Placebo. Steady improvement from this on. In two days began to eat. Cough very loose. Remained very weak but by the end of the week was sitting up in bed playing. By another week was around the house and continued well all winter; no sequelle. The only remedy besides Belladonna was a few doses of Sulphur during convalescence.

#### STAMMERING.

Hilda Fleming, aged 3 years.

Oct. 17, 1901. Has been stammering since the 12th; very nervous. Red around eyes, winks a great deal. Tongue red, trembles when protruded. Cross, irritable, does not cry much but whines. is peevish. Nothing goes right; usually a good child with a good disposition.

Poor eater; drinks much milk; inclined to constipation unless eats much fruit. Stool dark like a grown person's.

Limps often from pain in right ankle.

Screams during sleep; seems to be quarreling with

playmates. Sleeps from 9 P. M. till 8 A. M.; growing rapidly.

Though formerly a great talker since she began to stammer will scarcely speak and then whispers chiefly. Stramonium 200, broken dose, followed by Placebo.

Nov. 5. After two or three days much improved, though after a fall stammering was worse.

For the last three days stammers a little again. Stramonium 200.

Has had fever for last five days, worse at noon.

Wants to sleep; during sleep sweats especially about the head and shoulders. Stupid.

Corn on small toe of left foot.

April 20, 1905. The child is thoroughly cured of stammering. Her constipation, which was aggravated by drinking milk, was entirely relieved when they removed to the country a few months later, and there she drank all the milk she wanted. But the child is far from being cured. Her heart beats regularly more than 90 per minute. She is abnormally large and heavy, and subject to sore throat; needs further constitutional treatment.

### OSMIC ACID—A SHORT STUDY AND COMMENT.

BY MYRA P. HEWITT, M. D. Oshkosh, Wis.

One of the most recent and most thoroughly heralded of medical announcements, is that made through many newspapers of late date, that *another* "boon to humanity" has become known.

Dr. C. B. Nancrede, of the University of Michigan, announces that after careful experimentation and observation he can affirm that he has found a wonderful *new* (?) treatment of trifacial neuralgia, by hypodermatic injection of *Osmic Acid*.

The trifacial, trigeminal, or fifth nerve, is *one* of the most important and most widely diffused of the cranial nerves. It is both motor and sensory. It has three grand divisions:



First. —The ophthalmic, with *its* divisions into lachrymal frontal and nasal.

Second.—The maxillary, having about twenty *main* branches.

Third.—The mandibular, with anterior and posterior branches.

These terminal nerves, with their associated ganglia, supply and control, *in the main*, the following portions of the facial and cranial anatomy: dura mater, lachrymal gland, conjunctiva, orbit, ciliary bodies, mucous membrane of nasal septum and turbinated bodies, sclera, area of malar bone. dental canals, gums, teeth, antrum, and buccal mucous membranes; back of nose and pharynx, roof of mouth, tonsils, uvula and soft palate, eustachian tube, mastoid cells. parotid gland, Wharton's duct, floor of mouth, portion of tongue, submaxillary gland, sublingual gland, tensor palati, tensor tympani, skin of eyelids, ears, face and scalp, and, some of the muscles of the face and eyelids.

Now let us consult our *Materia Medica* and notice the homeopathic provings of Osmic Acid, especially as they relate to the anatomy of the parts just named.

Quoting from Clarke's Dictionary of *Materia Medica*, I find "Disinclination for work. Dull heavy headache; violent headache above and under eyes, extending to ears, >below eyebrows, the eye *waters*; headache in upper forehead, tearing to and fro, deep in. Sharp, bewildering pain in centre of forehead, going through to back >pressing on it. Aching in base of brain and jaws at night, >in temples, with pain in larynx and hoarseness, nearly preventing sleep. Falling of hair.

EYES.—Sharp pain in orbit, as if in bones: lids spasmodically closed. Burning pain in eyes, with profuse lachrymation. Weakness and dimness of sight, letters run together as from a fog. Eyes red and swollen (Glaucoma), Objects appear surrounded by a halo.

EARS.—Ringing, tingling and pain in right ear. Earache evenings. Itching in ears. Profuse nasal catarrh. Meatus and membrane look red; latter is perforated, deafness. Ears

pain when nose is blown; mouth open, sleep noisy. Post-nasal growths have improved rapidly under Osmic Acid.

**NOSE.**—Coryza with sneezing. Tickling in larynx with difficult respiration. Discharge from posterior nares of loose mucus.

**TEETH.**—Jerking pain in upper hollow molar, often preventing speech, < sucking it with tongue. Sudden swelling of gum of upper incisors, with pain and numbness.

**MOUTH.**—Aching in jaws: pain in muscles of mastication. Tongue coated and fissured, edges rough, tongue sensitive to touch when eating and drinking. Mouth sticky and pasty. Copious salivation. Taste blunted

**RESPIRATORY ORGANS:**—Larynx sore and tickling. Profuse secretion of mucus in air-passages. Hawking and coughing, with straining to vomit. Mucus loosened by sneezing. Dryness of throat. Hoarseness < from singing and on entering house. Cough with sneezing, followed by raw, sore pain in larynx and trachea. Bronchitis, chronic dyspnoea (Heaves in horses).

**SKIN.**—Copious exanthema on forehead, hands and cheeks. Red-brown papules with desquamation on forehead and hands. Itching as from crawling of insects. Face red, tender, covered with pimples, with watery heads. On face, neck and forearms patches of vesicles on an elevated base. Cracking of skin, and constant oozing, the itching makes him irritable. Eruption on forearms, head and side of face. Eczematous rash on face and upper limbs. Burning stitches in many places < upper eyelid.

The provings are much more voluminous and definite, but I have only quoted the parts relating to the area of the trifacial nerve.

Is it any wonder that Dr. Nancrede was able to get "effects" from Osmic Acid? But how crude a method to use hypodermic injection where the homeopathic preparation and potency administered in the ordinary manner is so easy and pleasant! It is an old saying that the best way to "manage" a person is to so lead him into your way that he *thinks* he is following *his own way*.

It is to be hoped that our allopathic brethren, after REPEATEDLY following an original (?) trail of investigation to find it end in the homeopathic fold, may at least come to know the great truths of Homeopathy.

### DID HAHNEMANN RECOGNIZE THE REAL CAUSE OF DISEASE?\*

By C. B. GILBERT, M. D., Washington, D. C.

From time immemorial physicians have considered disease to be a material entity which had to be combatted by means of another entity acting in the opposite direction. But Hahnemann denied this and asserted that it was a disturbance of the vital force, which, in reacting against that disturbance, manifested itself by means of symptoms. He says:—"Diseases are produced only by the morbidly disturbed vital force, hence the manifestations of disease discernible by our senses, at the same time represent every internal change (i. e., the entire disturbance of the dynamis), and expose to view, so to speak, the whole disease (Organon, §. 12).

This statement does not apply to the contagious, the infectious or the specific diseases, but to acute diseases, of which he farther says: "Only this abnormally modified vital force can excite morbid sensations in the organism, and determines the abnormal functional activity which we call disease" (Organon §11).

This view was not accepted in Hahnemann's time; even some of his professed disciples never fully entered into the spirit of the homeopathic doctrine, which is unfortunate, for unless we can understand the nature of that with which we have to deal, no matter what it is, we cannot give it that intelligent treatment which we would otherwise.

Hahnemann claims that disease cannot exist without symptoms, and that if all the symptoms have been removed curatively, and not merely suppressed, there will be nothing left but health. He then quotes Hufeland;—"Homeopathy

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\*A Paper Read Before the Washington Homeopathic Society on Hahnemann's Birthday, April 11, 1905.

can remove the symptoms but the disease remains." Hahnemann then exclaims;—"So dreadful is still the blindness of the old pathology! . . . . No wonder that it could only produce a system of therapeutics which is solely occupied with scouring out the patient" (Organon § 8 foot-note). The quotation refers to Hufeland's recommendation of the use of emetics and purgatives.

So the battle went on as long as Hahnemann lived. So it goes on today with most of the old school, who do not think for themselves but blindly follow tradition. Here and there rises a member of that school however, who has trodden the beaten path only to find that instead of leading up the mountain Excelsior, as he fondly believed, it has merely wound around the foot hills bringing that member out, after years of endeavor, at the starting point. These physicians declare that acute disease has a dynamic origin and consists in a disturbance of energy and is not caused by a germ; that cases of the same disease must be differentiated and cannot be treated alike because the concomitant symptoms are different, perhaps having learned at last that "what is one man's meat is another man's poison." But they do not give the credit to Hahnemann whose teachings they have adopted; he is never quoted; on the contrary, they try to explain the facts away from Hahnemann and Homeopathy in the most absurd way and still keep up the cry that the homeopathic patients are cured by nature, declaring that the homeopaths have demonstrated to the profession that people can recover even from severe diseases with nursing alone being driven to it by the logic of events. The fact that an old school physician who does not give much medicine at once establishes him in the minds of the laity as being in the front rank of his profession.

Christian Science which is making such inroads upon the old lines of thought and going as far beyond the rational as the old ideas were opposed to the truth in the opposite direction, has adopted the teaching of Hahnemann and has assigned a cause in the mind for all diseases except the venereal perhaps. They are right in many cases at least;

for instance, a cold in the head is caused by anger, and cancer by grief; the latter having been observed by Dr. H. C. Allen, who says that he has never seen a case of cancer in which there was not a history of grief, chagrin, mortification, anger, loss of property or honor; some severe mental shock.

No one was a firmer believer in contagion than Hahnemann who attributed it to living invisible creatures which have in themselves the power of carrying contagion. After the discovery of bacteria the profession went wild with the theory that all diseases are due to them, but no one has been able to prove that they are the cause of disease rather than the associate; the late Dr. Gihon of the Navy used to tell his fellow physicians that they were the best friends they had. When one reflects that they are found in the udders of cows before milking, in the throats of healthy people and even in the blood, we may well question whether it is safe to base our treatment on the theory of the bacterial cause of disease. It is a fact that those physicians who do so are not only not homeopathic in their treatment but are behind the advanced members of the allopathic school in their theory.

It is often asked; "what would Hahnemann say today in the light of the new discoveries about disease and the new methods of diagnosis?" It does not seem pertinent to ask or necessary to answer that question about a physician who was so far ahead of his time and whose far-seen teachings are still being verified by scientific laymen of the old school even more than by his professed but halting followers.

When we reflect that not one of Hahnemann's teachings have failed us at the bedside (though alas! we often fail ourselves), when we reflect that he was not only familiar with all the instruments of precision in his time and was also the inventor of instruments, that he was an expert diagnostician and ignored nothing that would contribute to a knowledge of disease, saying to his followers that they should neither accept nor reject any new proposition without sufficient reason, we can answer the question by saying that if Hahnemann could be alive now he would do just what he

did during his life time and what his most intelligent disciples are now doing—prove all things! hold fast to that which is good!

The present generation of physicians and of laymen knows little of what it owes to Hahnemann, and only those who by reading are somewhat familiar with the practice of one hundred and fifty years ago can form a proximate idea of what they have gained. It is not our school alone that is indebted to Hahnemann; the old school owes him quite as much, although they are loth to admit it; the appropriating of his materia medica without credit and the greater tolerance of homeopathic physicians are both tacit acknowledgement of it.

Whether we say scrofula, dyscrasia or psora makes little difference. There is something which is recognized as underlying chronic disease, and we are indebted to Hahnemann for not only elucidating it as never before, under the name of psora, but also for demonstrating, in connection with it that diseased conditions suppressed are not diseased conditions cured. If he had done nothing more for the world than that, it would have been sufficient to immortalize him; but when we remember that he has given us that idea in addition to his demonstrations in regard to acute diseases, we should be doubly thankful in acknowledging all that we owe him in this year of our Lord 1905, the sesqui-centennial of his birth, the one hundred and twenty-sixth of his graduation in medicine, the one hundred and ninth of the annunciation of the new principle and the seventy-ninth of its introduction into the United States. Not since the Christian era has one man done so much for the world; it is fitting that we celebrate the event.

It is not alone in the realm of curing disease that Hahnemann was pre-eminent. As a sanitarian he was far ahead of his time, as any one may see by reading his articles on sanitation, especially those on the prevention of the spread of malignant disease. Not only was he ahead of his time, but his directions are not surpassed today and are more strict and quite as scientific as

viewed from the modern standpoint, than those of our own health officer. Even in these bacterial days his description of the manner of the spreading of contagious diseases should satisfy the most exacting.

Given, then, a man a hundred and more years ahead of of his time, one whose teachings have been verified by his followers and unwillingly won by his opponents, a man who has done more than any other to lift the practice of medicine from a theory up to the level of a science, the Society does well in placing a wreath of laurel upon his monument with the year of his birth marked in immortelles.

Let us reiterate the motto of the Master—Aude sapere—dare to be wise: only in so doing shall we be worthy of being called his disciples.

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## HOW TO MANAGE AN OBSTETRICAL CASE.

By an humble follower of HAHNEMANN.

To obtain the best results in obstetrical practice one should have charge of the case from the inception of pregnancy.

On taking charge of the case proceed as directed in §§ 83-91 of the Organon. A physician who follows these instructions and then studies his case with the aid of a good repertory rarely has any trouble with his obstetrical cases.

Some may ask why take all this trouble. If you are a conscientious homeopath you will find an answer in the 1st paragraph of the Organon. If you are practicing merely for the almighty dollar and do not care for the welfare of your patient and her posterity, you will have no time to heed these instructions.

During pregnancy various disorders may arise for which you should carefully prescribe. As the mother is more susceptible to remedies during the period, much good or harm may be done. The season of gestation is the time for sowing the good seed from which your patient may reap a rich harvest of improved health during all her subsequent life.

The sedulous attention on the part of the true physician

which will relieve her from present sufferings during the long months of pregnancy will also render her confinement much more safe and easy and entirely prevent those consequences which so often fill her subsequent life with wretchedness. He is the true physician who seeks not only to relieve the present suffering but at the same time to remove its cause in the constitution itself, and thus prevent the return of the evil.

The most valuable and efficient remedies for the disorders incident to pregnancy will be found among the anti-sorics.

On arriving at the bedside of a patient in labor we should ascertain if the bowels and bladder have been recently evacuated. If they have not and the patient is yet in the first stage of labor she may be catheterized and the rectum flushed out, thus removing a possible obstacle to the expulsion of the fœtus, and also the presence of feces during the labor.

We next turn our attention to the preparation of the patient.

She should be divested of all clothing except an undershirt and night shirt, then fold a sheet in the center, enclosing in the fold a piece of tape or bandage about three feet long. Place this around the patient under the night shirt, with the open part in front, and while she is tying the two ends of the tape or bandage above the mammary glands, rip the night shirt up the back from the bottom to the yoke. It can then be used as a covering for the patient and it will not hamper the manipulations of the accoucher.

While the above is being done an assistant should prepare the bed as follows. Fold a sheet in the center and place inside it a piece of rubber cloth a yard square over which place a piece of quilt, blanket, or folded sheet to form a pilch. This should be placed across the lower half of the bed and the upper border fastened across the bed with safety pins

The patient is then put to bed and the sides of the sheet that was tied around her are folded around the legs thus protecting them from unnecessary exposure.



The accoucher should then thoroughly wash and disinfect his hands and put on a clean, surgeons gown—not one that has been used on previous occasions since being laundered—annoint the index finger of the right hand with fresh lard or tallow then make a vaginal examination to determine the progress of labor, condition of vagina and cervix, as to whether they are moist or dry, the presence of tumors ect; also the condition of the pelvis whether large, small or contracted, position and presentation of foetus. More than one examination may have to be made to determine all these points.

During the progress of labor the indicated remedy will do much toward facilitating labor and lessening the pains; keeping the patient on her feet a great deal during the first stage or steaming over a jardineer of hot water are sometimes quite helpful.

As soon as the child is born a rubber sheet two feet square should be placed at the side of the mothers pelvis, and overlaping the limb to which the baby should be transferred after being annointed with olive oil, its eyes washed with a saturated solution of boracic acid and loosely wrapped in two or three yards of gauze.

After pulsations in the cord have ceased it may be cut about three inches, from the umbilicus. Under the above conditions it will rarely be necessary to apply ligatures to the cord.

When the cord has been severed grasp the fundus of the uterus with the left hand and make gentle traction on the cord with the right hand. The placenta may usually be delivered in this way within a few minutes, but should it refuse to come or should hemorrhage ensue a dose of the indicated remedy will be of material assistance.

The placenta should be carefully examined at once and if any particles are left behind they may be removed with the aid of the indicated remedy.

The mother may then be cleaned up and a napkin applied, by means of a bandage, and made as comfortable as possible before we turn our attention to the baby. The

sheet around the mother and the one folded on the bed together with the pilch may be pulled down towards the foot of the bed and all removed together.

On turning our attention to the baby it will be found that the gauze has removed a great deal of the vernix caseosa thus aiding very materially the cleaning process.

The baby should then be examined for deformities, phymosis, ect, and dried with a woollen cloth.

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### ON THE ADMINISTRATION OF THE REMEDIES IN WATER.

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BY DR. L. GRIESSELICH.

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*Aegidi.* This subject has first been introduced by Aegidi. A man afflicted with a chronic disease has been very unpleasantly affected by all homeopathic—specific—remedies; *Phosphoras* alone effected some improvement, of no duration however. At that time it was the rule, not to repeat the remedy, and the patients took their powders dry. Improvement was apparent in that case, the remedy was indicated, Aegidi repeated it; 1 glob. 30 dil. in eight ounces of water, well shaken, and early in the morning a tablespoonful given; no excitement, transitory improvement; in repetition of a second spoonful, again improvement; now every day a spoonful: the cure was accomplished after six weeks of an affliction of a year's standing.

Sometime after, Aegidi wrote more at length regarding the advantage received by his technicism, he gave the globules in water, and recommended in acute diseases every 2-3 hours a teaspoonful. Hahnemann had expressed himself favorably respecting this way of administering the remedies. In chronic diseases he gave a drop to a teacup of water, and from this up to a quart; the patient to take the least quantity upon an empty stomach, and afterwards every quarter of an hour a teacupful in larger quantities with exercise in the fresh air; and should the patient become drowsy afterwards, he might indulge in sleep.

C. Hering considered this technicism so important, that he said, "a new period in our therapeia has through it began." In all very sensitive persons, in very painful afflictions, and in children, this way of administering the remedies was very successful; he repeats the doses even every hour; he protested only against a too strong shaking of the globules with the water, in order not to "hyperpotence" them.

*Hahnemann's statements. Conclusions.* This technicism had been known long before Aegidi, and we find it even in Hahnemann's writings; we see, that he gave in former times the proper remedy as a fluid; he also gave young children with scarlet fever diluted *Opium*, 1 drop in 10 teaspoonsful of water, (1-2 teaspoonsfuls more,) he took even beer instead of water.

The administration in a fluid he afterwards abandoned; as the medicinal power, according to his supposition, is greatly increased by the greater volume of fluid with which the medicine is intimately mixed; he recommended to give the homeopathic remedy also in the "smallest possible volume" and denounced, consequently, the drinking afterwards, as "useless and inappropriate."

The above mentioned rule however fell into oblivion, and was by Aegidi brought to light again. In the *Organon* (5 ed. § 287) Hahnemann speaks of the administration of the remedies in a greater quantity of fluid as of a new technicism, and in the preamble to the third volume of the "Chronic Diseases" (2 ed.) he recommends the addition of water with some spirits of wine, to preserve the water from corruption.

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### CAJEPUT.

Dr. E. SCHLEGEL, Tubingen, Germany.

In one of your last numbers of *MEDICAL ADVANCE*, you had a case in which Cajeput was the remedy, healing a pain in oesophagus, in swallowing. The remedy is rarely used, and I consulted *Hahnemann's Apothekerlexicon*, a valuable book also today, though not a homeopathic one, because its printing goes back in the last deceinnium of the eighteenth

century; it came out in *Leipzig*, 1793, at a time before our leader had found the law of similitude; but his great wisdom and carefulness is to be found in every side of the two volumes. Since twenty years I often go to those books to learn, and I find very valuable remarks on different drugs, for instance, Phelandrium, Absinthium, and others.

On Cajeput, Hahnemann says:

"Its most valuable action is to still the convulsions in hysteria, epilepsy and chorea, from excessive irritability and sensibility, gastralgia from suppressed podagra, odontalgia in caries and rheumatic cause, also the revival of paralytic extremities, surdity and amaurosis. It is a very good remedy, internally and externally used; in both ways it gave quickly help in rheumatism and gout. A little of that oil, stroked at the temple, makes—as a sign of genuinity—biting and lachrymation, also pressing of the bulb; as of a cold wind."

I think these remarks are well worth attention. Possibly we have in Cajeput a remedy in *glaucoma*, whose generation often shows gouty and rheumatic antecedents.

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### EXPERIENCE IN TWO OBSTETRICAL CASES.

BY JULIA G. EBERLE, M. D., Pana, Ill.

Mrs. A.—age 22, primipara had sent for me the third time within forty-eight hours, owing to severe pains which would ordinarily be sufficient to terminate labor in a short time.

She was restless and irritable, unduly excited, face and chest would flush while the skin was hot and dry. Cervix had not dilated larger than a dollar. It took considerable persuasion to get permission to examine her, neither would she allow her husband to come near the bed.

I was thinking of going away the fourth time but concluded to stay and apply the remedy, so I poured into six teaspoonsful of water, five drops of Aconite 30. doses ten minutes apart. After the third dose, to our surprise she requested us to hold her hands and with a pleasant face

yielded to the pains without a groan, declaring there was not a pain but an impulse only to strain. An hour later labor terminated normally and painlessly. I resolved there to write my experience, it was such a surprise to me, and have tried to produce the same results with Aconite in subsequent cases, but the following case is another proof that it takes the indicated remedy.

A month ago another, Mrs. A—age 20, also primipora, was in the first stage of labor; examination showed we had to deal with breach presentation.

She was trembling and weeping; wanted to change position often, said pains went upward. One powder of Lycopodium 1m stopped every complaint and there was not a frown during the expulsive efforts, in fact every such effort was followed by a happy look and labor was over in two hours.

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### OBSTINATE CONSTIPATION.

BY AMANDA DECKER, M. D., Mt. Pleasant, Mich.

Aug. 20, 1903.—Mrs. C.—, aged 31 years, a tall, slender, narrow-chested brunette, nervous temperament, with a tubercular history. Mother of three healthy children, the youngest two years of age.

Patient has been constipated all her life. Enemas will no longer move bowels. Has worn out all the cathartics she knows about. Rhubarb causes a movement every fourth day; stool hard, round, black balls the size of hickory nuts, with a good deal of mucus; much straining.

Nasal and post nasal catarrh. Nostrils filled with crusts, on waking. Removal of crusts followed by bleeding of septum. Hawks little, hard chunks. Mucus dropping down causes nausea.

Last two years frontal headache, finally settles on crown, with heat >by letting hair down; accompanied by nausea, >by cathartics.

Sharp, shooting pain below heart. Shortness of breath; frequent deep, long sighs to catch up, which wearies her.

Leucorrhœa profuse since before marriage, thick, creamy, bland.

Menses regular, clotted, stringy. Nux vomica 1 m.

Sept. 13.—Bowels moving regularly and easily, first time in her life.

Has taken an acute cold. Breathing is oppressed. Phosphorus 1m.

Oct. 13.—Bowels remain normal. Catarrh much improved. Lungs relieved. Little pink bunches at left of anus. Voluptuous itching. This has occurred, at times, since three years after marriage. Sabadilla cm.

Nov. 14.—Reported having passed pin worms. Rectum relieved.

Leucorrhœa no better. Sepia cm.

Dec. 1.—Fresh cold. Pains stabbing, lower extremity of left lung. Tuberculinum.

Feb. 27, 1904.—Came for Life Insurance examination. In fair health, except voluptuous itching at left of anus, which had returned. Taraxacum 200; since which she continues well.

#### THE RESULT OF SUPPRESSED DISEASE.

Mrs. T—, aged 42, large, fair, fleshy woman. Mother had ulcers from knee to ankle of both legs during climacteric. Brother died from pulmonary tuberculosis. Patient had four premature deliveries—two full term, but not living. Last child born at eight months; living, 12 years of age, anemic.

Five years ago, eczema appeared below left ear. This was healed after eighteen weeks treatment with ointments. About that time, pain commenced in right umbilical region, two inches to the right of umbilicus; a perpendicular pain four inches long; constant, never free from this pain. Occasionally dull aching pain in region of right ovary; whole region of right abdomen sore, when turning in bed.

Menses regular, accompanied or followed by severe sick headache.

Bowels irregular for six months, usually constipated:

stool small, black balls, which cut rectum. Movement early in morning, drives her out of bed. Quick movement, when she is nervous or frightened.

Vaccinated two years ago. Her arm was swollen to hand for weeks. Very ill. A large purple scar remains.

Takes Chloranidine, 10 drop doses, to prevent feeling of an iron hand gripping at left of sternum. Sits upright, bending forward.

Has night-mare, deep sleep, cannot wake.

Every breath draws from sore right side.

Pulse weak, compressible; aortic click.

Dullness on percussion, from two inches at right of umbilicus to seven inches to the left of same, and about the same distance perpendicularly.

Distance from umbilicus to left ilium three inches greater than on right side.

No connection between tumor and uterus. Uterus normal and in situ. Sulphur cm.

Sept. 18. Menses came five days early. Pain under left shoulder blade severe. Applied heat which >. Pain in abdomen more severe than ever. Heaviness in region of heart. Pulse 72, stronger. Placebo.

Oct. 8.—I was sent for. Patient had been frightened by a fire. Severe pain over eyes. Pressure on eye balls. Drawing pain as if drawing eyes back. Closing eyes >; motion or turning eyes <.

Nausea: straining, but unable to vomit.

Always comes from fright or eating candy; >by heat. Gelsemium. Relieved in an hour.

Nov. 4.—Was called again. Found patient suffering terribly. Face swollen. Eczema on lips, chin and whole left side of face, spreading into left eye. Tongue serrated, red tip, pointed. Nausea <at night, >by heat, >cold. Thick crusts scale off, leaving raw surface which soon again forms thick yellow crusts. Surface burns, itches, pains. Mouth swollen so she cannot eat from spoon. Contact of powder paper causes great suffering.

During my absence from town, she called in my brother

homeopath, who for fifteen years has taken frequent courses at old school colleges, and "kept up with the times." He pronounced her case erysipelas, gave her a white wash and some tablets, which was *Rhus tox 3x*. I told him he had selected the right remedy, but the *3x* would not take care of a trouble driven out by the *cm*.

I gave her at 9 A. M, *Rhus cm*. At 3 P. M. swelling and pain had subsided, could take nourishment.

Eczema continued to spread. Crusts formed heavier and scaled off more rapidly. Patient felt better from day to day. Said she would not know her face was bad only from her mirror.

Nov. 14. Instead of crusts a honey like discharge. Graphites *lm*.

Nov. 17. Face clear. No pain in abdomen. No chest symptoms. Bowels normal. Food heavy on stomach. I asked permission to examine for tumor. Patient said she would not pay for such examination, as she knew the tumor was gone, and needed no confirmation.

On examination: pulse 72, normal, aortic click gone. No dullness over abdomen and bilateral symmetry. Tuberculinum. Patient has so far remained well.

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Only go on! You will never learn to speak a foreign language if you are afraid of mistakes, so you will never do anything with your own life if you are discouraged by failure. You were made to fail over and over again, or you would never gain any strength.—*A. C. Brackett.* ¶

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Fear is the progenitor of Death. As a man thinketh so is he. He dies because he first sows death in the mind, and when wisdom is dead, the vital forces of the body are wasted and depleted by wrong thinking and, as a consequence, it dies. Man's life is prolonged to the extent that he knows how to live. Life, of itself, is limitless. It is ignorance that destroys the physical instrument through which it manifests itself.—*Lucy A. Mallory.*



## PYROGEN.

BY JAMES TYLER KENT, A. M., M. D., Chicago.

The potencies prepared from Heath's 3rd of decomposed beef have been used by the author for many years against all forms of septic fever and sequelæ, when the symptoms agree. Violent chill intermingled with heat and sweat, or dry heat with marked aching in the limbs; restlessness, >by motion and heat. The sore bruised condition is as marked as in Arnica and Baptisia; the aching in the bones like Eupatorium, the restlessness, >by motion and heat like Rhus.

These features are found in hectic fevers in the last stages of phthisis, as well as septic fevers. It aborts puerperal fever in a few hours when clearly indicated. In cases of typhoid where there is the confusion like that found in Baptisia and the heat is too intense for that remedy, Pyrogen should always be considered. When the temperature reaches 106° and there is great soreness and aching this remedy will make great changes in a single day; but if the pains are >by motion and heat it will abort the fever.

When the pulse is extremely high, and the temperature not correspondingly high this remedy will be useful. On the other hand, when the pulse and temperature are out of rhythm either way this remedy should be considered if the case is of septic origin.

Offensiveness prevails extensively; even putrid and cadaveric odors of body, breath, sweat and discharges. Fevers from sewer gas poisoning; erysipelas from infection and surgical fevers. It cures many chronic complaints that date back to septic conditions. She has not been well since a puerperal fever many years ago, is a good reason for thinking of Pyrogen.

A young man of good inheritance suffered from blood poison and made a poor recovery, and for several years was affected with abscesses in various parts. He was pale and sickly, rheumatic and stiff; at this time there was an abscess of the calf slowly forming. He took Pyrogen and made a rapid and complete recovery. This time the abscess did not

open. He has remained in good health now ten years.

It has cured Bright's disease that could be traced to septic origin. It is a most useful remedy when there is threatening heart failure in septic and zymotic fevers. Septic hemorrhage, when the blood is dark. It will often save life in the most dangerous and rapid septic fevers.

Loquacity; can think and talk faster than ever before.

Irritable. Delirium and confusion of mind about his body and limbs (Bapt.)

Sensation as though he covered the whole bed.

Knew her head was on the pillow, but did not know where the rest of the body was.

Feels when lying on one side she is one person, and another when turning on the other side

Sensation as though crowded with arms and legs.

These symptoms are much like Baptisia but if the temperature runs very high Baptisia will not meet the condition so well as Pyrogen.

Violent congestion of the head with pressing pain and pulsation, >by pressure. Copious sweat on the head. Pain in occiput on coughing.

The eye balls are sore to touch, on turning them outwards or upwards.

Septic bleeding from nose. Fan-like motion of alæ nasi (Lyc.)

Face pale, sunken, and covered with cold sweat. Cheeks red and burning hot.

The mouth is foul, and the taste putrid. The tongue is coated, and brown. Brown streak down the center. Sordes on the teeth. Putrid odor from mouth.

Vomiting: of bile, blood; of putrid masses. Vomits water when it becomes warm in the stomach. Stercoraceous vomiting. Coffee ground vomiting.

Distension and great sensitiveness of abdomen. Inflammation of peritoneum, intestines and uterus, of septic origin. Rumbling in bowels. Pain on deep breathing. Cutting, colicky pain. Pain in right side going through to the back

<on every motion, talking and breathing;> by lying on right side; groaning with every breath.

Copious, liquid, putrid stools. Involuntary stool. Profuse, watery, painless stool. Stool carrion-like. The difficult constipated stool also like carrion in odor. Constipation with hard dry, black, putrid stools; small black balls like olives. Putrid bloody stools. Hemorrhage from bowels.

Urine scanty or suppressed. Red deposit, hard to wash off. Albuminous urine containing casts. Putrid urine. Frequent calls to urinate as the fever comes on. Intolerable tenesmus of the bladder; spasmodic contractions, involving rectum, ovaries, and broad ligaments (case cured by Yingling). Involuntary urine and stool in septic fevers.

Uterine hemorrhage. Putrid, scanty lochia. Suppressed lochia, Violent chill; puerperal fever. Menses lasting one day, then bloody leucorrhœa. Septic fever following abortion. Prolapsus of uterus.

Wheezing when expiring. Cough with large masses of mucus from larynx, <by motion, and in warm room. Cough causes burning in larynx and bronchi. Putrid, thick, purulent expectoration. Cough < by lying, > by sitting up. Bloody or rusty expectoration. Cough, with copious, offensive night sweats. It is a great paliative in the last weeks of consumption. Abscesses in lung.

Heart failure in septic fevers, < by least motion. Every pulsation felt in distant parts. Anxiety and sinking sensation in region of heart. Distinct consciousness of the heart. Oppression of chest and heart. Fulness in region of heart. Feels as if the heart were pumping cold water (Yingling). Palpitation. Loud heart beats. Sensation of purring of the heart. *Rapid, irregular, fluttering pulse.*

Pulsation in the neck. Weak feeling in the back. Stitching in back on coughing.

Pain in all the limbs with great restlessness. Aching in bones all over the body. Soreness of the muscles and the bed feels hard, > by motion. Cold extremities. Numbness of extremities. Hands and arms numb. Hands cold and

clammy. Aching in legs while sitting, > by walking. Aching above knee as if bone were broken, > by stretching of limbs and motion. Feet and legs dropsical. Numbness of feet.

Skin pale, cold, of ashy hue. Obstinate varicose offensive ulcers of old people. It has cured many old fever sores with putrid, thin, bloody discharges. Carrion-like perspiration. Putrid odors of the body. Cold sweat on the body. Hot sweat with high temperature. The sleep is full of frightful dreams. Persistent thoughts prevent sleep. Suffocation in sleep. Cries out in sleep from oppression of chest.

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Swan's potencies of Pyrogen were made from septic pus (see B. & T.'s catalogue of Swan's Potencies.) Swan procured from Heath a potency of artificial sepsin which was decomposed, lean beef. This Swan called sepsin. In the United States Swan's Pyrogen is in general use. Burnett used Heath's preparation. The author has used both, but prefers Heath's. Clark in his dictionary is mistaken when he says Swan's Pyrogen was made from Heath's decomposed beef. The author knew Swan well, and can vouch for these facts. Sherbino's proving was made with Swan's potencies and was therefore made with septic pus. Yingling's cures were made with Swan's potencies, therefore with septic pus.

[Swan told me his potencies were made from pus from a septic abscess and was furnished him on request by Dr. Helmuth. This was verified later by Dr. Helmuth who remarked: "It was one of the worst septic abscesses I ever saw. Its horrible odor nearly drove both surgeon and nurse from the room." ED.]

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## CARBONIC ACID GAS POTENTIZED AS A POSSIBLE REMEDY FOR PHTHISIS.

BY Mr. W. H. WHEELER, Chicago, Ill.

Recently while studying up a cough of very long standing, which certainly did not look like tuberculosis and yet had been called such, I came across the following very interesting statement in Austin Flint's wonderful treasure house of pathologic lore, his Practice of Medicine:

“Of 104 compositors whose average breathing room was less than 500 cubic feet twelve and a half per cent had hemoptysis. Of 115 compositors who had on an average from 500 to 600 cubic feet, only four and one third per cent had hemoptysis. While of 101 compositors who had more than 600 cubic feet apiece only two per cent, had hemoptysis.”

This seemed to me very remarkable; for it certainly suggests that slow carbonic acid poisoning may be one of the leading causes of consumption. And then, going just one step farther, the question came: If Carbonic Acid gas really causes or even hastens consumption in some cases, may it not also be helpful in sometimes curing or preventing it?

So I turned to a little book on toxicology to see just what the symptoms of of Carbonic acid gas are in detail. Of course I found great muscular weakness, congestion of the lungs, red spots on the skin, and palpitation. But this was certainly not a very close picture of consumption, especially as the mental picture had not in it a single touch of that mental over-activity and hopefulness which is so marked a feature of most cases of tuberculosis. But comforting myself with the thought that the symptoms here reported were only toxic ones, from large overdose of the crude poison, I determined to look farther.

I turned to Allen's Cyclopaedia, and much to my surprise found a remarkably close picture, even from its toxic effects when reported in detail.

First of all we are told that extreme EMACIATION followed one attack; and again that the face remained pale for several days, while the skin in general remained bloodless and the veins showed through. There was also burning heat all over in one case and in another (Symptom 2) a shaking chill followed by decided heat. We also find the profuse sweating which is so marked a feature in consumption. Skin covered with sweat. Beads of sweat over whole body. Sweat on upper half of body when in bed in the morning. Sensation of warmth in chest and abdomen.

**Weakness of muscles. Extraordinary weakness. Every voluntary movement, even talking difficult. Rising and walking seemed a most tremendous exertion. His pulse and respiration were rapid. His chest oppressed. Expiration was greater than inspiration. His mouth was sometimes frothy and at others a little bloody, the blood coming from the bronchi; where the froth came from not stated. There was nausea and vomiting. Appetite sometimes good, sometimes a perfect loathing of food. And also the severe pain in swallowing, which is sometimes a painful and early symptom in tuberculosis. There was also much to suggest that it may even be found helpful in tubercular meningitis as well.**

But how about the mental symptoms? Here the resemblance to true tuberculosis was most surprising of all; for we all know that in large doses the most marked effects of these gasses are oppression and sleepiness. Yet here we find; He felt intoxicated, (which dimly suggests an over-active brain.) It made him feel buoyant and in good humor after supper. And lastly dull but ever changing images kept passing before his mind. Then comes the curious restlessness of consumption; for we are told that there was an "instinctive impulse to go and seek a change of air" but he felt too weak to do it. And then, like the consumptive making large plans for the future, almost on his dying bed, we find several suicides, who too weary to care to live, did nevertheless keep on writing letters to their friends till they could no longer even finish their sentences, though the "First few lines were well written."

Certainly the resemblance is close enough to justify using the remedy in some cases, where no other remedy is more clearly indicated; and I venture the prophecy that it will be found a potent remedy in heading off some forms of this dread disease. Though like all other very close fitting remedies it will at first seem to aggravate for a while. Would that some enterprising worker might also prove it on himself in the 30th or 200th, but not any higher. As I myself never even heard of Homeopathy till I was badly broken in health, proving is one of the luxuries I must forego. But

I should be glad to very carefully collate any provings or clinical results which any one sends me and report same in the *ADVANCE*.

And please don't forget that one of our strongest reasons for thinking that Carbonic gases potentized may help in fighting consumption is the curious fact reported by Dr. Flint, that blessed allopath, that it caused consumption in so many poor printers long ago. T. F. Allen's report is wholly about the effects of Carbon monoxide. Carbon dioxide is very similar, but we know not as yet of any such detailed picture of its effects. If used at all carbon dioxide taken from the lungs should be used for potentizing, in preference to that prepared chemically, as toxicologists say it is much more toxic. The first few potencies should also be triturated in an atmosphere of the same gas, gathered in some open vessel.

And does not this tentative explanation of the external cause of tuberculosis also seem highly probable on other grounds than those given above? For surely nothing would cripple a man *all over* more slowly but surely than a slight insufficiency of the air of life year in year out; or an inability to catch and digest what God has so abundantly offered to those who are willing to open their windows often enough to get it. I find my little work room has four times 600 cubic feet of air but ne'er the less the window will stay open oftener, now that I have heard of these three hundred printer provers.

In poisonings Carbon monoxide has been found a much more virulent quick poison than Carbonic acid gas proper. But our really deepest remedies, such as Sulphur, Silicea, Calcarea and Thuja, are far from being the most toxic. And so the slower poison of these two may be found the deepest. But both should certainly be proved at once with a special eye on consumption, and also tested clinically, with Allen's report as a guide. Please be sure and report results.

## HEMORRHOIDS; THEIR PATHOLOGY AND HOMEOPATHIC TREATMENT

BY F. H. LUTZE, M. D., Brooklyn, N. Y.

The hemorrhoidal veins form a rich plexus in the rectum and anus and are branches or rather radices of the inferior mesenteric and internal iliac veins. The portal and general venous system have free communication by means of the branches forming this plexus. The inferior mesenteric vein conveys the venous blood to the splenic, portal and

hepatic veins and into the vena cava. The internal iliac conveys its blood through the common iliac vein also to the vena cava, and this latter vein carries all the venous blood from below the diaphragm back to the heart.

The vena cava, like the splenic, portal and hepatic veins, is in close contact with the liver, the vena cava passing through a groove in its posterior part, therefore any disease of the liver, causing swelling or enlargement of that organ, must necessarily obstruct the return flow of blood to the heart by compressing these veins, especially the vena cava, causing at once a stasis of the blood in all the veins below the diaphragm, with increased pressure and consequent distention of all veins, but especially the hemorrhoidal veins, their location being the lowest veins in the body, which are not supplied with valves to resist this backward pressure. Thus then is produced one form of hemorrhoidal varices, or hemorrhoids. The swelling or enlargement of the liver, which as we have seen, produces these varicose hemorrhoids, frequently causes also constipation, hence the popular error, that the constipation is the cause of hemorrhoids and a resort to cathartics, perhaps with temporary relief, surely to be followed by an aggravation of the hemorrhoids as well as of the constipation.

Indeed, very many cases of varicose hemorrhoids are chiefly due to the frequent use of cathartics containing Calomel, Aloe, Podophyllin, Natrum or Magnesium sulph. causing first a derangement of the liver, and, as a secondary result, hemorrhoids. For proof of this we only have to look over the symptomatology of these remedies.

Many cases of diarrhea and likewise pregnancy, are also accompanied with hemorrhoids, primarily, in both instances, due to some disturbance in the normal functions of the liver.

As a second cause of hemorrhoids we may have a paralysis of the vaso constrictor nerves, giving the vaso dilator nerves free and full power to act, the natural or normal blood pressure assisting to augment the dilatation, producing the perhaps rarer and generally painless form of the disease.

Hemorrhoids are, according to location, internal or external; blind, or bleeding; not bleeding; acute or chronic; painful or painless; ulcerating or non ulcerating.

It is evident from the foregoing that hemorrhoidal var-



ices or tumors are not local growths confined to that particular part, but simply the result, the local expression of a constitutional disease and therefore can never be cured by local treatment, unless perhaps by the local application of the homeopathic remedy, the similimum, never by an operation. On the contrary, the removal of the hemorrhoids, by surgical means, is very often the cause of a metastasis of the constitutional, morbid condition to some more vital organ; the venous circulation being interrupted and crippled, must cause a more or less varicose condition of the internal iliac and inferior mesenteric veins.

A few years ago I attended a lady aged 35, during the last month of her illness. Laryngeal phthisis had developed shortly after an operation for the removal of hemorrhoids.

There was perhaps a tendency to phthisis in the family, the mother having died of it; yet there were no indications of it, until soon after the operative interference.

#### HOMEOPATHIC TREATMENT OF HEMORRHOIDS.

Dr. Wm. Jefferson Guernsey gives in the preface to his monograph *The Homeopathic Treatment of Hemorrhoids* *Aesculus hippocastanum*, *Aloe socotrina*, *Muriatic acid* and *Sulphur* as the "big four" in the list of remedies, for the treatment of hemorrhoids, and they have cured and will continue to cure very many cases, when the symptoms of the patient correspond to the symptomatology of any one of these four remedies. But in practice I have not met very often with symptoms indicating these, unless perhaps those of *Sulphur*.

The remedies most often called for in my experience, were, : *Mercurius vivus*, *Sulphur*, *Kali carbonicum*, *Arsenicum*, *Nux vomica*, *China*, *Hepar sulphur*, *Causticum*, *Phosphorus*, *Sepia*, *Pulsatilla*, in the order named.

CASE I. Mr. S. aet. 30, married, uses neither alcoholic liquors nor tobacco, was suffering from hemorrhoids. I found him in bed, as he could neither walk, stand nor sit, and suffering very much even when lying in bed. The anus

was entirely hidden from view by a mass of bleeding and suppurating hemorrhoids, as large as a man's fist.

Frequent loose, scanty stools, causing severe pain.

Constant urging, worse after stool.

A "not done" feeling with oozing of blood and pus.

Pain in right hypochondrium, worse lying on that side.

Mercurius viv. 200 gave relief of pain within a few hours and cured the case in about two weeks, and he remained cured, though he had been afflicted with hemorrhoids for years previous to this acute attack.

A number of other cases, where the objective and subjective symptoms were nearly identical with those of the above case though I could not get all the symptoms indicating Merc. viv., probably due to the lack of ability on the part of the patient to observe and recognize symptoms, were also cured with the same remedy.

CASE II. Another interesting case, to me at least, was that of a lady, aet. 26, married, and mother of two children, had tonsilitis with severe headache, the left tonsil more swollen and inflamed than the right,—pain worse on swallowing saliva, but swallowing anything was difficult and painful.

For this she had taken, "pepper tea," as she called it meaning an infusion of Capsicum, which relieved the throat somewhat, but produced severe burning and bleeding hemorrhoids. She received Mercurius iod. rub. 200 which cured her headache and tonsilitis, as well as the hemorrhoids.

To attempt to cure this patient by an operation would have necessitated the removal of the head as well as the hemorrhoids.

CASE III, Mr. S., age 60 years, has had hemorrhoids for 30 years; had same removed by an operation, but soon after others appeared. Into these his physician had injected a mixture of carbolic acid and olive oil, without much benefit. When he came to me they were not as painful as they had been at times, but he wanted them cured. I had given him several remedies as seemed indicated from time

to time, with but little improvement, when he came to be relieved and cured of a cough which was very annoying, each cough causing or being accompanied by a sharp sticking pain in the hemorrhoids. Ignatia, Kali carb, Lachesis and Nitric acid all have produced this symptom in the proving. Examining him further he told me the cough was always worse about 3 or 4 A. M. This led me to think of Kali carb, but to elicit another characteristic symptom of Kali carb I requested him to sit on something hard so that it would press direct on the hemorrhoids. He complied very reluctantly, dreading the increased pain, but was very much surprised when he found marked relief from this.

Kali carb: "Relief from hard pressure, from horse-back riding." He received this remedy and it produced a rapid, complete and permanent cure of the cough as well as the hemorrhoids.

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## HYSTERICAL CONVULSIONS.

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DR. J. FITZ-MATHEW, West Sound, Washington

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Miss ———, brunette, temperament bordering on the choleric. Long continued and strenuous mental work, domestic troubles, finally "shock" from death of fiancée (drowned) resulted in hysterical convulsions, treated with strychnia and iron, valerian, finally trional 10 gr. doses. No sleep, <.

Patient asthenic, emaciated, fainting when raised up in bed.

Pulse regular, weak—100. Temperature normal.

Tongue: red, dry, papillæ erect; complains of thirst but does not drink frequently.

Mouth full of tenacious mucus, spitting of frothy, cotton-like mucus; dysphagia.

Violent occipital headache (left) with contraction and pain in sterno mastoid muscle.

Hysterical convulsions with opisthotonus.

Pain in left orbital region as if it would burst; changing from occiput,

Desire to talk about her troubles; anxiety about her condition; tears and comparative equanimity alternating.

Distressing phantasms at night. Great agitation and anguish, tossing about, convulsive movements at night.

Profuse sweat, sometimes cold. Anorexia and vomiting.

A month previous got feet wet; menses delayed nine days. Pulsatilla 200 (Shedd-Smith). Prompt relief of all symptoms. Menses re-appeared, then papules on forehead, itching pain in stomach after eating, sensation as of emptiness; sensation of a ball rising up with dysphagia; wakes between 3 and 4 a. m. Sepia, 200 Dunham>.

Sleeps well, relishes her food.

Later, eruption on forehead itches and burns, profuse perspiration<on occiput, wets pillow; great weakness, no power in muscles. Sulphur, 200 (Shedd-Smith).

At my next visit patient out of bed; convalescent.

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#### A MODEL CURE.

A severe fright caused attacks of spasmodic asthma< by mental emotions, raising arms over head, and during menses; breathing short, has to take a deep breath,< by fast walking or going up stairs; clothing oppressive over pit of stomach. During attack has to lie down; begins with hiccough, draws chest together, cannot speak or get a good breath; respiration very short with a gasping sound, chest does not move, convulsive motions of muscles; face red, puffed, covered with hot sweat; mesmeric application of hand on pit of stomach shortens attack, but great exhaustion remains. Caprum.

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#### THE GREAT ETERNAL.

There is nothing we cannot overcome;

Say not thy evil instinct is inherited,  
Or that some trait inborn makes thy whole life forlorn,  
And calls down punishment that is not merited.

Back of thy parents and grandparents lies

The great eternal, that, too, is thine  
Inheritance, strong, beautiful, divine,  
Sure lever of success for one who tries.

—*Ella Wheeler Wilcox.*

# THE MEDICAL ADVANCE

AND

## JOURNAL OF HOMEOPATHICS

A Monthly Journal of Hahnemannian Homeopathy

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MAY, 1905.

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## Editorial

### UNIFORMITY OF METHODS AND PRACTISE IN OUR HOSPITALS AND COLLEGE CLINICS.

At the meeting of the American Institute at Niagara in 1904, a paper of great importance, not only to the Institute but to all homeopathic societies, was presented by Dr. Walter Wesselhoef, of Boston, which made a strong plea for unity and uniformity in homeopathic practise, especially for comparative and statistical purposes. A committee was appointed to formulate a plan by which these results might be attained; but the more the members of the committee investigated the subject, apparently, the more difficult it became. The obstacles seem almost insurmountable, under present conditions. The authorities of each homeopathic

hospital are a law unto themselves. As a rule, the physicians in attendance serve three to six months in rotation, hence it is easily seen that with each change in the staff different methods may be practised, and consequently different results obtained. Dr. Wesselhoeft says:

In as much as the difficulties to be met hereafter arise in so large a number, from the conflict among us of individual opinion and experience, the first question to present itself is no other than the fundamental one; What is homeopathic treatment? This point once agreed upon the solution of the remaining problems will be comparatively easy, though it calls for answers to questions as weighty as those touching the limitations of our method; the indications for the particular remedy in the individual case; the range of dosage to be first put to the test; the class of cases to be made the subject of observation; the aids and secondary therapeutic measures to be consistently admitted; the length of time for each series of observations, and many more of equal importance and complexity.

The questions which confront the committee are not new, in fact, they are the problems with which the true followers of Hahnemann have struggled for nearly a century, and are no nearer a solution to-day than they were seventy-five years ago. Well may Dr. Wesselhoeft ask: What is homeopathic treatment?

While Hahnemann was in practise in Paris, he was congratulated upon the large number of his followers in every part of the world, and in reply exclaimed: "My true followers can be counted on the fingers of my two hands."

Unfortunately, this chaotic condition in the homeopathic school is just as pronounced to-day as it was in Hahnemann's time. Many men believe in Homeopathy, believe in its law of similars, but, evidently, they do not know how to put its principles in practise, or do not follow the strict individualization of every case as formulated by Hahnemann in the Organon; and they are not wholly to blame, for while at college they were never drilled either in the class-room or the clinic in the methods vital to the practise of Homeopathy. They were never taught how to take the case, nor how to find the remedy after it had been taken.

At the present time, as in the days of Hahnemann, there

are two distinct wings in our school; those who accept the symptom totality as a basis of the prescription (Organon § 7), and those who attempt to utilize the pathological elements of the case, and prescribe for the disease.

Our colleagues in the allopathic and other schools profess to have no uniformity in practise, and no guide in medicine by which uniformity may be attained; in fact, the only thing upon which they all agree is to differ with each other. Whatever the diagnosis or pathology may be, no two would make the same prescription; in other words, empiricism reigns supreme in the dominant school of medicine, and the nearer the practise of the homeopathic school conforms to the so-called scientific(?) measures of our colleagues, the surer we will reach their empirical results. We cannot be any more empirical than they in our practise, and if the results to be attained both in acute and chronic diseases, are no better than those presented in statistics of the dominant school, why should the members of the American Institute cling to such practise? And prescribing for the diagnosis—the name of the disease—is just as empirical when made with combination tablets or alternating remedies as with the mixed prescription of other schools. The nearer the clinicians of our hospitals and college clinics approach the practise of Allopathy, the more impossible its uniformity of methods become.

In general medicine the clearest statement for the indication of treatment, general or special; the indications for the drug and the dose; for adjuvants, hygienic, dietetic, mechanical, electrical and hydrotherapeutic; in fact, in all there is other than purely homeopathic, no two agree. As we see this question there is no possibility of agreement or harmony in therapeutics, unless we follow the strict inductive method of Hahnemann; here the law of similars is the unfailing guide in the selection of the curative remedy. The single similar remedy and the minimum dose that will cure, furnishes a basis for uniformity in practise that can be found in no other system; and furthermore, so far as we can see, there is only one reason why we should not all re-

turn to the strict inductive principles of pure Homeopathy as practiced and illustrated by Hahnemann. Either we have not been taught, or we do not care to learn. The Organon is accessible to every homeopath, and the adoption of the principles contained in its pages will bring uniformity in practise.

When the homeopath does not know what remedy to give in a certain case, that is no excuse whatever for resorting to the palliative measures of other schools. A good rule to follow is, "When in doubt, don't." When the remedy is not clear, write out the symptoms of the case carefully, as expounded in the Organon, then refer to the repertory and materia medica until the remedy is found. "Where there is a will there is a way" in homeopathic practise as well as in morals. When we do not know what remedy to use in a case, we write out the symptoms carefully, as directed by Hahnemann, and give the patient the benefit of the doubt, with placebo until the remedy is found. There are very few cases of emergency, no matter how acute or severe, that will not come under this rule.

Upon the following rules we can secure uniformity of methods and results:

Make the best diagnosis possible under the latest scientific methods.

Write out carefully the anamnesis as directed by Hahnemann; Organon, § 84 *et. seq.*

Select the remedy on the symptom totality, guided especially by the Organon § 153. Repeat the remedy until improvement is manifest; and as long as improvement continues, allow the remedy to do its work.

So-called scientific methods, gauged by the standards of the other schools, are utterly useless as a guide for the homeopath; with them uniformity of methods is unknown and utterly unattainable.

The American Institute may appoint committee after committee from the best man in the ranks; committees may report annually from now until doomsday but if the members will not follow the law of cure, what good will it do?



What benefit will result? We can never attain uniformity in results in clinical work without uniformity in methods and principles, and this can only be attained by strict adherence to *Similia Similibus Curantur; Simplex Simile Minimum.*

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### NEW HOMEOPATHIC HOSPITALS.

From a Berlin letter, in the *New England Medical Gazette*, we learn that a long felt want on the continent is being supplied. The long talked of Homeopathic Hospital in Berlin has been recently opened in the suburb Gross-Lichterfelde. This is some distance from the center of the city, but that disadvantage is more than counterbalanced by the advantages of a large lot surrounding the building, which furnishes both abundance of fresh air, and also facilities for extension. The building is constructed on the most modern principles and is a fine specimen architecturally. It contains fifty beds, an operating room for septic and another for aseptic cases, baths, gymnasium and laboratory, and a Röntgen cabinet. Dr. Schwarz, a surgeon of more than local distinction, is in charge.

At last Berlin has a hospital under the management of homeopathic physicians, so that Americans visiting Berlin, and unfortunate enough to require the services of a physician will have a medical home under good homeopathic treatment.

In Basle, German Switzerland, a new hospital is in process of construction, but not yet completed, Dr. Scheidegger is at its head.

In Davos, a noted resort for cases of tuberculosis, a sanitarium has been opened, under the direction of Dr. Nebel, formerly of Montreux, one of the foremost homeopathic investigators in tuberculous disease. Here the treatment of tuberculosis in the mountain atmosphere of the Alps, located near one of the beautiful high valleys of Switzerland, bids fair to be very successful. The results of high open-air treatment have so often proved surprisingly favorable, may now be continued under better auspices in a sanitarium of this kind under homeopathic treatment. The progress of Homeopathy in Europe is somewhat slow, but we trust in the future will be more certain.

## COMMENT AND CRITICISM.

BEAUFORT, S. C., April, 1905.

EDITOR MEDICAL ADVANCE: The January ADVANCE just received, and am much interested in the case of typhoid fever reported by Dr. Baylies. I see no cause for criticism in the medical treatment with one exception. That fetid breath and fetid stool, with me, would call for Baptisia; one stool he reports had some undigested matter, and he does not mention the nourishment given. There are many indications of gastric disturbances; perhaps some of them may have been due to the feeding.

J. A. WHITMAN, M. D.

BROOKLYN, N. Y.

EDITOR MEDICAL ADVANCE: Dr. J. A. Whitman, thinking that possibly some explanation might be afforded the long duration of the case of typhoid fever which I contributed to the January number of the MEDICAL ADVANCE, asks for information as to the patient's diet.

From the inception of this treatment to its conclusion milk was the regular diet, in portions of two to four ounces at intervals of two to four hours. The patient was not wakened, when sleeping normally, for food. Medical treatment and diet began on the 5th of February. From the 27th of that month to the second of March, some strained oatmeal gruel was allowed alternately with the milk. On the 22nd of March, the temperature being 98, small portions of chicken broth were permitted.

During the Cheyne-Stokes respiration one dram of brandy in water was given occasionally, and through misunderstanding of my wishes, continued a little longer than the emergency required. I am not accustomed even in cases of great prostration to administer stimulants, *per se*, finding the homeopathically indicated remedy a sufficient stimulus; but in this emergency the very small quantity of brandy was allowed until the remedy could be selected. Dr. Whitman observed in the record that one of the passages was imperfectly digested; this was exceptional. Though

various in character, no food was detected in other passages. I know that physicians have during the last year or two experimented with almost or quite entire abstinence from food in some cases of continued fever. I did not perceive the feasibility of that course in this case. I know from personal observation that often the nervous and vascular excitement as well as the temperature have been reduced by proper quality and quantity of nutriment, which therefore must have been well assimilated.

BRADFORD L'B. BAYLIES.

[As hinted by Dr. Whitman, this case may have been prolonged by feeding. It is our experience that for many typhoid patients animal extracts or food, in any form, and milk is one of them, only prolongs the fever thus jeopardizing the patient's recovery. The diet, like the remedy, must be individualized. ED.]

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**A Challenge.** *The North American Journal of Homeopathy* makes the following assertion, among others, in a circular recently sent out to the medical journal advertisers of the country: "Twenty-two journals are edited by homeopathic physicians. If all these publications, with a total claimed circulation of 50,000, were absorbed by the *North American Journal of Homeopathy* its list of paid subscribers would not be doubled." That is indeed "a hot one," particularly as the N. A. J. H. further declares, in the same circular, that it "makes no claims it cannot prove." It would be interesting to know what the twenty-two contemporaries of the *North American Journal of Homeopathy* think and have to say about it. It would appear to be a case of "Speak, or forever hold thy peace!" Next.—*Am. Med. Journalist*.

It is claimed that there are about 15,000 homeopathic practitioners in America and perhaps a few hundred more in Europe who read English. On this basis—and we would not question the figures of our contemporary—every homeopathic physician must be a "paid subscriber" and an inroad has been made on the allopathic and eclectic ranks for 35,000 paid subscribers. The editor of the *Am. Med. Journalist* and his friends must be on the lookout, for one of the best of our homeopathic periodicals has been trespassing on their preserves. That despised Homeopathy which Oliver

Wendell Holmes said would be dead and buried beyond resurrection in twenty years is still a very lively corpse, and in the field to stay. ED.

**Another Wonderful Discovery?** The following appeared in the *Associated Press Dispatch* in March, and of course is announced to the world as a wonderful "medical discovery:"  
**TWO CASES OF CANCER CURED BY LEAVES OF THE VIOLET.**

POTENCY OF THE FLOWER AS A REMEDY FOR THE AFFECTION PROVED MORE THAN A THEORY IN ENGLAND.

LONDON, March 25.—That the brew from violet leaves is an effective cure for cancer may not be new in theory, but two actual cures now are reported. Much interest has been taken in a story in the *Lancet*, told by Dr. Gordon, of Exeter, of a man who refused to be operated upon for a cancer on his tongue

Then violet leaves were tried, the garden variety being found preferable to the wild violet. Every day the patient drank a part of the brew hot and the other he used as a fomentation.

That treatment has been continued since the beginning of last November and now nothing remains of the affection but a tiny hard scar.

On reading this story, a woman well known socially wrote, telling an even more remarkable story of a cure of a cancer on the liver by violet leaves. Treated by a specialist without avail she grew worse until violet leaves were suggested by a friend.

Hopeless of ever being cured, she nevertheless tried the remedy. She took a wineglass of the decoction several times a day and applied cotton wool soaked in the hot liquid over the seat of the cancer. The woman says she now is completely cured.

The violet, under its technical name, *Viola tricolor*, was proved by Hahnemann, Franz, Gutman, Langhammer, Wislicenus, Haase, between 1780 and 1785, and has been in the homeopathic *Materia Medica* as one of our leading remedies ever since. Its symptomatology has been verified in practice in the homeopathic school for over a hundred years. It has cured many cases of *tinea capitis*, *crusta lactea*, *impetigo*, *plica polonica*, and other diseases of the scalp and skin of the face. It has even been effective in syphilitic affections of the throat, as well as the primary ulcer of both hard

and soft chancre. Many cases of syphilitic throat, involving the fauces and soft palate have been cured with Viola.

Its characteristic symptom, especially in skin diseases of children, is well-known to every tyro in homeopathic *Materia Medica*, viz.; "urine; offensive smelling, like cat's urine; turbid; profuse, involuntary." It has proved itself a most effective remedy where skin or venereal diseases have been suppressed by external treatment and affections of the throat, tongue or other internal organs resulting in ulceration or cancerous degeneration followed.

These cases of cancer above reported, when viewed in the light cast upon suppressed affections, and the truth of Hahnemann's great discovery, the psoric theory, are easily explained. Thus one by one these modern discoveries are accidentally made by our allopathic colleagues, but being without law as a therapeutic guide they stumble upon some cures but are totally unable to explain them. The next few cases of cancer will be failures, if treated by Viola, because the symptom totality and other conditions are not similar to those produced by Viola on the healthy. This empirical method of ascertaining the curative power of drugs has been in vogue for the last thousand years and nothing has ever been or ever will be learned from it. There are none so blind as those who will not see.

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**What the Anti Vaccinationists say.** "What is the object of vaccinating healthy children and adults? It cannot be to make them healthy, for they are that already.

"According to the Chicago Board of Health, vaccination is the artificial production of a constitutional disease. Medical text books state that a constitutional disease lowers the vitality, weakens the parts affected, and renders the organism more liable to attacks of the same disease.

"The United States Census of 1900 gives the population as 75,994,575, and the total deaths in the United States from smallpox as 3,484, or 4.6 per 100,000; therefore, there are 99,996.4 chances in 100,000 that you WILL NOT take smallpox and die.

"Vaccinators indulge in platitudes and glittering generalities about mythical benefits of vaccination. They refer to the benefits of sanitation and hygiene, which are the antithesis of vaccination. Never yet has a vaccinator given a single instance of benefit received from vaccination producing scientific proofs for his statements.

"If like breeds like, will disease produce health?"

"If a self-constituted Medical Board operating through some of their members, who are public executive servants, have the power to enforce surgical inoculation with tainted pus (vaccination); it is a mystery why they do not enforce a demand that all women shall submit to the surgical operation of ovariectomy, on account of their liability to ovarian tumors; or that all citizens shall have the vermiform appendix removed, because they are liable to get appendicitis, the ratios of liability being almost equally remote."

**May Removals:**—The annual moving day of Chicago has arrived, and many members of the profession will change their downtown office. The following to hand:

Drs. H. C. Allen, J. R. Boynton, R. N. Morris, B. L. Hotchkiss, T. G. Roberts, E. A. Taylor and G. N. Pratt, have removed to the Chicago Savings Bank Bldg., cor. State and Madison.

Drs. J. F. Beaumont, Howard Crutcher, W. C. A. Leopold, W. S. Harvey, J. A. Tomhagen, E. J. Farnham, have removed to the new Heyworth Bldg., cor. State and Madison.

Dr. Genevieve Tucker announces that after fourteen years residence in Pueblo, Colo., she can no longer remain in the high altitude and has removed to 313 E. 15th St., Davenport, Iowa.

Dr. David Duncan removes from Masonic Temple to suite 316, Dearborn St. Dr. J. Eugene Tremaine removes to 5400 Jefferson Avenue, Chicago.

Dr. J. Henry Allen removes from 92 State St. to suite 1320 Masonic Temple. Dr. M. R. Levenson removes to Miller's Hotel, 41 West 26th St. Manhattan, N. Y.

Dr. D. G. Roy (Hering, 1904) has located at 321 Western Ave., Blue Island, Ill. Dr. J. Wilford Allen removes office to 117 West 12th St. New York.

## NEW PUBLICATIONS.

**A Treatise on Urological and Venereal Diseases.** By **BURK G. CARLETON, M. D.**, Professor of Urinary Surgery in the New York Homeopathic College and Hospital; Consulting Genito-urinary Surgeon to the Hahnemann Hospital, and Visiting Genito-urinary Surgeon to the Metropolitan and Flower Hospitals, New York City. 171 illustrations, 795 pages, 8vo. Cloth, \$5.00; half morocco, \$6.00. Philadelphia and Chicago. Boericke & Tafel. 1905.

This volume, of nearly 800 pages, is the practical outgrowth of our extended knowledge of the diseases of which it treats. The field of Urology has been materially enlarged and wonderfully developed during the last decade, and the diseases of the Genito-urinary system has received more special attention, especially in hygiene and surgery, than ever before. This is especially true of the surgical technique and post-operative treatment of these affections. The author has had an extended experience during his service at the Metropolitan, Hahnemann and Flower Hospitals which added to his large private practice specially fits him for authoritative work. He has drawn largely upon the work of some of our ablest surgeons, of whom Packard of Boston, Bransford Lewis and Carl Beck may be noticed, but what will be of especial benefit to the surgeons and physicians of the homeopathic school, will be his application of the homeopathic principles in the treatment of diseases of the Uro-poietic tract.

In the clinical history, Etiology, Pathology, Hygiene and Surgical treatment, especially post-operative, the volume is very complete. In these particulars it embraces the best-known and most advanced treatment to be found in all schools, but for a text-book it is too voluminous and too comprehensive; it is rather adapted as a complete work of reference for surgeons and teachers, rather than for the student and general practitioner.

"The general and hygienic care of the syphilitic is undoubtedly of great importance, it is almost as necessary as a constitutional medication."

The directions given under this heading are comprehen-

sive, almost radical, and cannot be too highly commended. Alcoholic liquors of all kinds, and especially tobacco, must be absolutely prohibited to insure success. Out door exercise and frequent bathing are very beneficial: for this treatment forms the key to the national reputation which the Hot Springs of Arkansas has gained.

In the medicinal treatment, the author says; "During the so called primary or initial stage, Mercurius is rarely indicated, and when administered is often detrimental to the patients future. When the constitutional manifestations appear, Mercurius is symptomatically indicated."

"The reason why Mercurius, in its various forms, has acted so universally satisfactory, and when given in various doses and given for a period approximating the constitutional period of the disease, is not because it is antidotal to the syphilitic poison, but because it is homeopathic to the general condition. It is in no way an antidote to syphilis even when given in quantities sufficient to produce physiological effect."

"The primary lesions, or chancre, should never be cauterized, except in cases of mixed infection."

Hahnemann says, that Mercurius is the specific remedy for syphilis, but he also says if a few doses of Mercurius Solubilis fails to promptly avert the disease, it is because it is grafted on a psoric diathesis, and then Mercurius should be stopped and the psoric diathesis treated, until relieved of obstruction when Mercurius again becomes the remedy, and will constitutionally cure the patient. He nowhere mentions in cases of mixed infection the cauterization of the ulcer. This cauterization with Carbolic or Nitric Acid, or even the actual cautery is always suppressive and never curative, and it is from this treatment, largely, that we have chronic syphilis in its various stages to deal with.

What is homeopathic in the treatment laid down in this work we heartily commend, but that which tends to the external treatment of acute or chronic syphilis we cannot, too severely condemn.



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No. 6

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### NOTES FROM KENT'S LECTURES.

#### MANGANUM.

If the old school physicians had many years ago relied on Manganum as a specific for anemia they would have been nearly right. Anemia always meant Iron, but Manganum is pre-eminently a drug that causes chlorosis, and it is suitable for chlorotic girls, in broken down constitutions, waxy, anemic, pallid, sickly, *threatening phthisis*, with necrosis and caries of bone and organic affections. There is the history of a long period of scanty menstruation, or the menses have been delayed until the patient was eighteen or twenty years of age.

A strong feature is the great soreness of the periosteum, along the bones, and especially the shin bone. Tendency to ulceration and eruptions, and around these there is thickening and infiltration. Chronic eruptions; inveterate like psoriasis. Small ulcers suppurate and infiltrate with purple hardness. It has a deep action, breaks down the blood corpuscles and lays the foundation for tuberculosis, especially in the larynx. Repeated attacks of laryngitis, each leaving the patient in a worse state than before. Tuberculosis begins in the larynx. Aversion to food, no appetite, nothing will tempt him. This, with great soreness over the body, lays the foundation for some deep complaint. It is not an acute periostitis, but a passive soreness all over. Inflammation of the joints and swellings go on to suppuration and necrosis. Ulcerations and suppurative processes take on a quality of semi-malignancy and do not heal, presenting an

erysipelatous appearance. Everywhere there is soreness to touch and soreness from jarring. The bones are sore from walking. Arnica relieves only a day or two; but in this remedy it is deep-seated and prolonged, and we would not think of Arnica or Baptisia, which would only give relief for a day or so. Vesicular eruptions, infiltrating, deep-seated, with tendency to crack and bleed. Roughness of the skin and psoriasis. Complaints worse in cold, damp weather and before a storm.

And now we will take up some of the mental symptoms. There are only a few of them, but they are striking, and these go deeper into the nature of the man himself, even than those we have been speaking about. Anxiety and fear. Great apprehensiveness. Something awful is going to happen. Restless and anxious. He walks the floor, and the more he walks the floor the more anxious he becomes. He attempts mental occupation; tries to occupy his mind, and the more he does this, the more anxious he becomes. He is tired and careworn. He cannot think; he cannot meditate. He has difficulties in his business, because he cannot do thinking. Anxious restlessness.

The queerest part of all is just how he gets relief. He lies down and it all passes away. You cannot find that in every medicine; that is rare, strange and peculiar. And yet, see how general it is; it defines the whole nature of the sick man. His very life is excited, tired and anxious. Great sadness and distress. He lies down and says; "Why did I not think of that before?" Perfectly comfortable now. He gets up, and the anxiety and restlessness come over him again, and he is fairly driven to distraction. See how unlike Rhus that gets relief from motion. See how unlike Ars. that is, the patient goes from one bed to another, from bed to chair and back again; he cannot sit still, or lie still, for his anxiety is worse keeping still. See how striking these symptoms are, and see what a contrast we have. The very innermost life of the patient is talking to us and asking for remedies. We must now read the signs and inner expressions of the disordered economy.

Then, he has these tormenting fears. Anxiety in the day time while moving about, better while lying down. Sad, weeping and silent. Can think of nothing to console him but to lie down and get peace. Is it any wonder, then, that some of these patients are driven to a bedridden state? And Manganum is a wonderful medicine for bedridden women who love to keep still, and it is said of them that they love to lie in bed. As far as we have gone we see that everything brings out that very idea and the nature of things that Hahnemann talks about in his first paragraph, that the sole duty of the physician is to pay his attention to the sick, to the patient himself; and who is this patient himself? This is what we have been talking about, this is what we have been trying to bring out here; and now all the particulars that I shall take up corroborate these very things. These particulars are so linked with these generals that I have talked about that they make a grand unity of thought, and we cannot separate them.

Irritability and low-spirited, like Sulph. and Graph. It is similar to Arg. met., Phos., Graph. and Sulph., in its underlying tendency to tuberculosis. Fretfulness from small things.

Headaches as in anemia. Dreadful headaches; head feels heavy; sticking pains; pressing, boring pains. Stitches like needles. Aggravation from jarring on stepping. Soreness in the brain and skull. Skull sensitive to touch and pressure. Red, sore spots here and there on the scalp (like Phos.) as if erysipelas would develop. Drawing, stinging headache in the open air, ameliorated in the house. Other headaches are ameliorated in the air. Aggravation from a jar, motion, and change of temperature and in cold, damp weather.

Agglutination of the eyelids. It is a suppurative and catarrhal remedy. The eyelids are swollen. Aching of the eyes on looking at near objects, especially a near light. I have used this medicine often with that symptom and cured when there was pain in the eyes from sewing, reading fine print and doing anything that would concentrate vision.

Ruta in nervous, gouty constitutions, when there is pain in the eyes and complaints from sewing and reading fine print for a long time. Ruta is especially a remedy for artists who work with a magnifying glass.

Offensive discharges from the ear. Dullness of hearing ameliorated by blowing the nose. Stopped sensation ameliorated by blowing the nose. Catarrh of the eustachian tube. The external ear is painful to the touch.

The ear symptoms are numerous. It seems to many patients that all their troubles settle in the ears. All the pains and aches in the upper part of the body settle in the ears. The pains in the throat shoot to the ears. There are pains in the throat, and pains in the teeth that go to the ears. Pains in the eyes that centre in the ears. That is strange. The ear is a centre of much tribulation. "Catarrhal conditions, with increasing deafness." From cold, damp weather. He is deaf whenever the cold rains come in the fall. Then there is a soreness, rawness and burning in the auditory canal, with much itching. Silica and Kali carb. are the two principal remedies for the paroxysmal cough that comes on from scratching the auditory canal. I have seen them choke and gag and vomit when they needed Kali carb. after scratching the auditory canal. Spasmodic cough from scratching the auditory canal belongs principally to Silica and Kali carb., but Manganum has cured it. Itching in the ears from talking, from swallowing, from laughing, or doing anything that brings the throat into operation. From talking, which is using the larynx. When the bolus passes down behind the larynx is when it takes place. It is sometimes present in laryngeal phthisis, in chronic ulceration of the larynx, with burning, stinging pains in the larynx that shoot to the ears.

So we see how the ear is involved in this wonderful medicine. In the proving of Manganum it is astonishing how many ear symptoms are recorded. And all these ear symptoms, like the others, are brought on, or increased in cold, damp weather. "Catarrh of the eustachian tube." Obstruction. Feels as if the ears were obstructed. "Feels as

if there were a leaf before the ear," in cold, rainy weather.

A strong feature running through the remedy is similar to Dulc., in that it is worse from cold, cold air, and cold, damp weather. His catarrh rouses up in cold weather. Every cold, damp spell causes hoarseness and the formation of mucus in the throat. All of its complaints, the eruptions, etc., respond to the weather.

Wherever there is irritation there is great soreness. The eyes are red and sore. The throat is red and raw. Ear discharges are followed by great tenderness. Soreness and tenderness run all through. Chronic catarrh. Nose stopped up. Discharge yellow, lumpy and green in the morning. Bloody discharge. The nose and cartilages are sore. He avoids handling the nose.

No medicine will give you a sicklier face. When persons have bled out and have become waxy and pale the routinist thinks of China, but when there has been no bleeding and this same state is present from breaking down of the blood corpuscles Manganum is to be thought of. Chlorosis and pernicious enemia would make one think of Manganum, and also Picric acid and Ferrum. Small wounds suppurate; every bruise remains sore for a long time. There is not much bleeding, for there is not much blood.

Infiltration is in keeping with this remedy. I have seen it cure inveterate ulcers, indurated and purple, in anemic patients. Old "fever sores" can be cured with this remedy. Squamous eruptions,

All sorts of stomach disorders. Indigestion. Want of appetite. Drawing in the region of the stomach. Colic. All of these are worse from cold, damp weather. The pains are ameliorated from bending double. It is a very useful remedy for warding off tabes mesenterica; anemic constitution, no appetite, diarrhea, pain in bowels, and as the patient emaciates, the glands are felt. Useful in women who have been anemic for some time from loss of blood, but it is not so great a remedy for anemia following hemorrhage as from that condition resulting from destruction of the blood corpuscles. Dreadful flushes of heat like Psor., Lach.,

Sulph., and Graph., coming on in women who have been anemic for some time.

It is also a great liver remedy. There is congestion and tumefaction of the liver. It has cured a tendency to fatty degeneration. It has cured jaundice, it has cured many cases of gall stone; which means that the liver goes into such a sluggish state that the bile is unhealthy, the flow is impeded, and then little nodules form in it, and form gall stones. It establishes a better working order of the stomach—a better working basis of the liver, the bile becomes healthy, and gall stones are dissolved in healthy bile. Gall stone colics are likely to occur along with gall stones.

The abdomen may be said to be full of rumblings, and there are frequent griping pains—and these come on in cold, damp weather. They come from eating cold food, like iced foods. Cold things create much distress in the region of the liver. Distress in the stomach, and distress through the bowels. "Pain and contraction at the navel;" something like Plumbum, although it is not said to draw like a string at the navel, like Plumbum and Platinum.

"Passes much flatus with the stool. Irregular action of the bowels." There may be periods of constipation interrupted with every digestion, causing diarrhea—so that the bowels are always irregular. He is never quite safe, he has constipation or diarrhea. As we might suppose, the stomach is the faulty organ.

"Cramps in the anus while sitting. Better lying down."

And then the woman comes in for many complaints. It is a useful remedy for those flushes of heat that occur at the period. The chlorotic state mentioned is closely related to the menstrual state, as we all know. Disorders of the uterus and of the stomach.

Very scanty menstrual flow. It lasts but a day or two, and it comes too soon. This is unusual in anemic conditions, unusual in chlorosis. The old practitioners know that chlorotic girls go sometimes many weeks over their time. But, a little flow every now and then. In women past the turn of life, every little while there will come a little hem

orrhage; a little watery flow. Anemic old ladies with a little watery flow from the uterus. A very annoying thing. We have had in the past to rely mostly on Calcarea for the old ladies with hemorrhages of the uterus.

We are not surprised with all these weaknesses if we have muscular relaxation, and it is true in Manganum with these tired, weakly, anemic women; and also there is a prolapsus of the uterus and prolapsus of the rectum. A dragging down of the intestines, and the whole abdomen feels heavy from a state of relaxation.

The region most threatened is the larynx, trachea and lungs. If this anemic girl does not improve and get up a better reaction something serious will happen. Menstruation is merely a pale fluid or a little leucorrhœa. Rawness of the larynx. Hoarseness and loss of voice in a chronic state. It is suitable in recurrent cases coming with every spell of damp weather until finally tuberculosis starts. Every cold starts up additional trouble in the larynx, causing a laryngitis. It is a wonderful remedy in speakers and singers, as useful as Argentum met. Constant accumulations of mucus, more forms as soon as he clears it. Hemming all the time and annoying everybody. Arg. met., Sil., Sul., Phos. and Manganum all do that. Each hem brings up a mouthful of mucus. Tubercular laryngitis. Rawness in the larynx. Expectoration of green mucus, great anæmia, Every spell of cold rouses up a bronchitis, like Dulc. Cold, dry weather sometimes relieves, but the patient is sensitive to cold, chilly and anæmic.

The cough is ameliorated by lying down. Most coughs are worse from lying down, and few remedies have amelioration from lying. In Euphrasia there is a cough coming from coryza, especially acute coryza, in vigorous persons, and the cough is better while lying. Again there is a nervous spinal cough in spinal subjects, nervous girls, who have a cough as soon as they lie down, which is cured by Hyos. This medicine has a day cough—no cough at night because he is lying. Arg. met. has a day cough; like Manganum it refers to the larynx, and is ameliorated by lying down.

Cough worse from talking, laughing, walking, deep inspiration and cold, damp weather.

This medicine is most useful in recurrent complaints, and is hardly ever seen in first attacks. It is of great use in patients who are gradually declining. Ulceration and bleeding in the lungs. The hæmorrhage is watery, like bloody saliva or bloody mucus. The patient grows nervous, tremulous and has palpitation.

The limbs are full of distress, even to gout. Sore bones, burning in scles, arthritic enlargements, painful periostium, sore joints. It has not rapid inflammatory rheumatism, like Puls. and Bell., but tenderness of the joints, with not much swelling and aggravation from damp weather, like Rhoe., Rhus and Dulc.

This remedy does not usually come up in fevers, but in cases of low typhoid, after the fever has somewhat abated, the bones are sensitive, sore all over, the patient does not rally, there is prolonged convalescence, especially in badly treated cases, who have been drugged until the blood corpuscles are ruined. You would think if he could only start up a big abscess he would be better, but he has not vigor enough for that. Some of these patients have "fever sores," and this acts as a seton and relieves them; but this patient cannot develop one, only the periostium is sore and infiltrated.

#### ZINC.

"The great nervousness of zinc is manifested in the feet. You will notice a child or a woman keeping one foot going all the time, cannot keep it still. Many medicines have nervous feet, and many have relief of symptoms by motion of the feet. But this is marked in Zinc. A girl about 12 years of age had no congruity of symptoms, and I could not find the remedy. The mother said the child mortified her by keeping one foot constantly going in church. On asking why she did this she replied that if she stopped she would lose her urine. Zinc cured the whole patient. In the text we find double-lined the two words 'Filgety feet.'"

[Around this marked characteristic of Zincum all the



ailments of the patient revolved as around a pivotal point. The nervous reflexes all spoke through the characteristic "Fidgety feet," and all her symptoms were found under this remedy. See Organon § 153. ED.]

## CHAMOMILLA.

"The most important part of Chamomilla is the mental state. It pervades the whole economy, and you will see that every region which is taken up, every part that is studied, brings into it the mental state of the patient. This remedy has more mental symptoms than in any other part. 'Crying, piteous moaning, irritable.' The irritability is so great that it manifests itself sometimes in a very singular way. The patient seems to be driven to frenzy by the pains and she forgets all about her prudence and her diplomacy. Loss of generosity; she has no consideration for the feeling of others. She will simply enter into a quarrel or dispute regardless of the feelings of anybody. So when you go into practice, do not be surprised when you go to the bedside of a patient in labor, who is full of pains and sufferings, if she says, 'Doctor, I don't want you, get out.' Just such an one will pass under other circumstances as a lady. The awful pains that she is bearing drive her to frenzy, this frenzy and this over-sensitiveness to pain is coupled with the mental state. Inability to control her temper, and the temper is roused to white heat.

Now, in the child, the child whines and cries and sputters about everything. It wants something new every minute. It refuses everything it has asked for. If it is for something to eat, for something to play with, for its toys, when these are handed to the child it throws them away, slings them clear across the room. Strikes the nurse in the face for presuming to get something or other that the little one did not want, yet had asked for. Capriciousness. It seems that the pains and sufferings are sometimes ameliorated by passive motion, this very particularly in children. The pains seem to be better when the child is carried, so the child wants to be carried all the time. This is true in the colic and in the bowel troubles. It is true with the earache;

it is true with the evening fevers, and the general sufferings from cold and conditions while teething.

*Children must be carried.* The nurse is compelled to carry the child all the time. And then there is the restlessness and capriciousness about the members of the family. The child goes two or three times up and down the room with the nurse and then reaches out for its mother; goes two or three times up and down the room with her, and then wants to go to its father. And so it is changing about. Never satisfied. It seems to have no peace. When it has earache the sharp shooting pains cause the child to screech out. Carries the hand to the ear. The pains often cause that sharp, piercing tone of the voice. Adults in pain cannot keep still the pains are so severe; it is not always that they are decidedly ameliorated by moving, but they seem to be. But they move because they can't keep still. So the chamomilla patient is tossing in bed, if in bed; not an instant quiet. And along with all of these the same irritability; becomes violently excited by the pain; angry at the pain; irritable about the pain; will scold and scold about the pain; the pain is so torturesome. Aversion to talk and snappish. The patient is constantly sitting and looking within herself during such conditions when pains are absent."

HELLEBORUS NIGER.

"The face has a very sickly appearance; sunken, gradually emaciating. It has a sooty appearance, just as if soot had settled in the nostrils and in the corners of the eyes. You will say that the patient is going to die. Quite likely—without Hellebore. The remedy fits the kind of cases that the allopath knows nothing about and has no remedy for. His prognosis is always unfavorable. The face, of course, expresses the mental symptoms. Wrinkled forehead, bathed in cold sweat. Paleness of the face and heat of the head. Twitching of the muscles of the face. We find that knitting of the brow and wrinkling of the forehead in just this kind of brain trouble. We find a similar kind of wrinkling in *Lycopodium*, but the trouble is in the lungs. In this remedy the nostrils are dilated. The eyeballs are glassy and the lids are sticky."

## CALCAREA OSTEARUM AND CALCAREA PHOSPHORICUM: A COMPARISON.

Many physicians use these two preparations of Calcarea because they are antipsorics. Hahnemann called Calcarea Ostreorum an antipsoric, and Schussler gives Calcarea Phosphoricum as his leading antipsoric, and this term appears to be the excuse for using both remedies almost interchangeably. But there are a few broad, constitutional differentiations which, if studied, would form a line of demarcation for the use of both.

Here are some broad differences:

<b>CALCAREA OSTREARUM.</b>	<b>CALCAREA PHOSPHORICUM.</b>
The child is fair and fat.	Patient generally emaciated.
Complexion is chalky white.	Complexion dirty, white or brownish.
Abdomen large, but tense.	Abdomen large, but flabby.
Craving for eggs.	Craving for salt or smoked meats' especially for fat bacon.
Dyspepsia, pyrosis after eating; acid regurgitation and acid vomiting.	Dyspepsia > by belching, and temporarily by eating.
Stools green, watery, white and mixed with curds.	Green, slimy, hot, watery with fetid flatus.
Anterior fontanelle open.	Both open, posterior largest.
Bones thick and firm but undeveloped at margins.	Bones soft, crack like paper when pressed upon.
Generally feels better when constipated.	Constipation < with tendency to fistula.

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## CARDIAC ASTHMA.\*

With Indications for a Few Remedies.

BY WALLACE McGEORGE, M. D., Camden, N. J.

It is with some misgiving that I have selected Cardiac Asthma as the subject of my paper, because some doctors consider many cases of Cardiac Asthma as simply dyspnea and not asthma. I have no doubt that some cases which have been diagnosed as cardiac asthma may have been want-

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\*Read before the West Jersey Homeopathic Medical Society.

ing in the spasmodic condition generally present in bronchial asthma; notwithstanding this objection I have latterly diagnosed those cases where the trouble had originated in a diseased condition of the heart or its appendages when complicated with dyspnea or orthopnea as cardiac asthma, to distinguish them from asthma due to other causes, even if the expiration was not spasmodic.

Thomson says: "Unlike croup, asthma allows the air to readily enter with the inspiration, but the expiration appears as a laborious struggle, which succeeds in forcing the air out only with painful slowness, rendering this process from two to four times the length of the inspiration."

With this brief description of the etiology and pathology of cardiac asthma, I pass to the part I am most interested in, viz.: the remedies to use in these distressing cases, leaving to the learned doctor who is to open the discussion on this paper the harder work of enlightening you on the physical conditions you will meet in this disease.

The range of remedies in this paper is not large because it would be inappropriate to refer to all the remediea we use in dyspnea or in orthopnea. After briefly stating that Ipecac 30 or 200 and Bryonia in the same potencies have rendered me better service in speedily relieving bronchial asthma than all other remedies, I will mention the medicines I rely on in the treatment of cardiac asthma.

At the head I place Sumbul, which is a remedy whose provings were first published in Great Britain in 1852 and in this country by Hale in 1873. In 1869 it was discovered by Fedshenke in Central Asia. With this remedy as with many others in our pharmacopea our allopathic brethren discover (?) and proclaim its virtue long after we have given it a place in our materia medica. The most interesting account of this drug is given by Dr. Archibald Atkinson in a brochure entitled "Sumbul, the New Vegetable Nervine and Anti-Spasmodic, and Its Place in Medicine." It is the musky root of an Asiatic umbellicous plant which is found in Central Asia, and grows only in great elevations. I have with me some of the tincture prepared by Boericke & Tafel,

the only preparation I have ever used, and also a plate showing the plant, stalk, leaves, flower and root.

Homeopathic physicians use it for skin troubles, sexual disorders, and in nervous, spasmodic diseases. My attention was first called to this drug by a note by Dr. Hale in his *New Remedies* edition of 1873, where he says: "I think it will prove useful in cardiac asthma." In a severe case that had perplexed me greatly in 1875, I first tried this remedy and verified Dr. Hale's observation.

The indications which I have verified more than once are as follows:

"Tensive pain like a string pulling in right breast.

"Tightness, tensive, stretched feeling across chest between left breast and sternum and in left breast, < on inspiration.

"Palpitation of the heart with irregular and weak pulse.

"Coldness of the skin and coldness of the entire body."

With this coldness the skin is very white, while under Lacheses with the cold skin the color is of a bluish tinge. In patients who have more or less dyspepsia only becoming spasmodic at intervals when the trouble is due to arterio-sclerosis, in many great relief will be derived from the exhibition of Sumbul.

Lachesis ranks next to Sumbul in this disease. It acts quickly on the nerves and heart; the patient breathes easier and soon tells you the medicine is helping her. In women it acts longer in the dyspnea accompanying arterio-sclerosis, with or without valvular disturbances, than any other remedy. You can give this medicine for weeks with great benefit, and when you change it the patient will know in an hour or two that you have changed your remedy. While under the influence of this drug the patient becomes brighter, breathes easier, takes more interest in things, and asks if she may go out doors. Improvement continues for weeks and months.

The symptoms which lead me to give Lachesis are:  
Periodical attacks of asthma; she cannot lie down

Oppressed breathing, worse when talking and after eating.

Shortness of breath and suffocative attacks are caused by touching the larynx and are < on raising the arms.

Constrictive sensation in the region of the heart when the rheumatism shifts from the joints to the heart, with great dyspnea.

Another and characteristic indication is the patient is afraid to go to sleep for fear she will suffocate; also in those cases where they waken from sleep in a fright, or are always worse after sleeping.

In cardiac asthma the hands are cold as if dead, and have a bluish tinge.

Under Sumbul the cold is more general, cold hands, cold feet, cold face, cold ears, with a clear white appearance of the skin.

Under *Laurocerasus* you will find in cyanosis, dyspnea and nearly all the heart symptoms, the very opposite condition from *Lachesis*; that is, the patients are always > when lying down, and always < when they sit up.

Nash in his *Leaders* says *Psorinum* and *Laurocerasus* are the only remedies which have this condition. I have never used this remedy in adults but for "blue babies" as they are popularly called; in children born of parents who have the specific disease, who are prone to have heart diseases, it is an invaluable remedy.

I have been hurriedly called in such cases, finding the babe or child gasping for breath, blue in the face and almost pulseless. *Laurocerasus* 200 has always stood me in good part and relief obtained in a very few minutes.

In those cases where there was great rattling, *Tartar emetic* gave the quickest relief, and generally was sufficient to complete the cure. Older children who can explain where they feel bad frequently put their hands to the heart as if the trouble was all there.

*Lactuca virosa* is occasionally called for in females from 20 to 40 years of age, who wake out of sleep suddenly with suffocation, causing them to jump out of bed and stand up-

right. One of the male provers had "great oppression of the chest at night waking him from sleep and obliging him to sit up with anxious suddenness; feels as if he would suffocate, and suddenly he finds himself on his feet in the room."

I have cured this symptom with *Lactuca* 200 in young women, and have rarely ever had to repeat the prescription.

Oedematous swelling of the whole body, with asthmatic complaints; cannot bear anything to press on the chest lest the breathing should become oppressed, shortness of breath, constant hunger for air, sometimes while walking feeling as if the air could not be expired from constriction in the epigastric and umbilical regions.

*Lactuca* is useful in children who have valvular troubles following rheumatism. If you have a nervous, hysterical patient who starts up suddenly in her sleep and is out of bed on her feet almost before she is awake with fear of suffocation, if this patient can hardly be persuaded to return to bed for fear she will suffocate, if you give her a dose of *Lactuca*, and don't give it too low you will not only cure her of that symptom, but will have a patient who will sing your praises long after you have forgotten her case.

*Grindelia robusta* is recommended by Jousset when there is congestion of the bronchial mucosa, slight expectoration and some dyspnea; increased action of the heart without cardiac disease, while *Grindelia squamosa*, which has the same symptoms as the *robusta*, is valuable in cardiac asthma, when there is impeded aeration, carbonic acid asphyxia, cyanosis and threatened heart failure. It acts also on the kidneys while restoring the heart; cough and asthma are relieved and urinary secretions increased. (Jousset's Practice, Page 843.)

*Grindelia robusta* is quite a favorite with some of our Camden doctors in asthma, but I must confess I have been disappointed in it. *Grindelia squamosa* I have not tried but shall get some to use when such a case as is pictured above presents itself.

One of the oldest remedies we have one proved by Hah-

nemann, and very useful in occasional cases of this disease. is Carbo veg. "It is a great remedy for the bronchitis of old people, also for asthma of the same, in very desperate cases, where the patient appears as if dying." It is especially useful when the cardiac trouble is aggravated by flatulence. The Carbo veg. patient is also very much oppressed in the chest, and weak on waking, like Lachesis. The weaker the patient the more we should think of this remedy.

We complete the list of remedies in this paper with Nux vomica. In cases where the cardiac trouble is increased by imprudence in diet, when the patient has yielded to his appetite and eaten hastily of short cake or hot tea biscuit, and in consequence of this imprudence his stomach becomes distended and crowds the diaphragm and heart upwards, Nux, if given promptly, may save the case from a fatal termination. There is no remedy so useful in relapses after over feeding in patients convalescing from diphtheria. Nux is good in asthma with nightly suffocative fits, and tones up the weakened hearts whether given in the high potencies or administered hypodermically in the form of strychnine.

The following clinical case may exemplify what we have read.

CASE I. I. C., aged 74, suffered in 1875 from attacks of cardiac asthma, diagnosed by me at the time as angina pectoris. The attacks would come suddenly any time, but oftener at 4 and 5 o'clock in the morning. He received Nux Lyc., Bry., Ars., Cact. with temporary benefit, but whether he was relieved by the medicines or whether the paroxysm ceased spontaneously am unable to say. I tried to believe that my medicines brought relief but I was not satisfied. I never had so bad a case, and I felt that my patient was not improving as much as he wished and as I hoped for.

I went home and studied up my case and searched my materia medica for a remedy. My eye caught this foot note in Hales' New Remedies. "I think this remedy, (Sumbul) will prove useful in cardiac asthma." I sent to Boericke &



Tafel and got some of the tincture and next time I was called there I took Sumbul with me. Putting a few drops in a tumbler partly full of water, I gave him a spoonful every five minutes, and sat down and watched the results. The relief came quicker than before and before I went home the old farmer told me to leave some of that medicine with him so he could have it right away. The relief was certain, and helped him for three months when it gradually wore out.

After his death a post mortem showed calcification of the coronary arteries. So calcified had they become that we could not force the Scalpel all the way through the artery. This was a case of heredity without doubt, as his mother died of heart disease; his father fell over dead. My patient's brother ran to catch the train and died from heart disease the same day. A son of my patient died six months after his father, with pericarditis.

CASE II. On April 23, 1895, I was called hurriedly by Dr. G— to see an elderly man who was gasping for breath. He was out doors so he could get his wind; his pulse was feeble, he was cold all over, had clammy sweat on his forehead, and was apparently slipping away. One drop of Sumbul in a spoonful of water was immediately exhibited, and the dose repeated every five minutes until he breathed freer, then every half hour; next day he seemed tolerably comfortable.

I saw him again on May 12, when the condition present in April was observed. His pulse was very feeble and he was cold as marble. Sumbul again relieved him, but this time the effect was not so lasting. He continued much the same way until May 15 when he died. This coldness of the body was continual. On May 15 I told the family he would die, and was asked to inform the patient of my prognosis. I did so, but he looked me in the face, took me by the hand and said: "Doctor, you are mistaken, I am not going to die." In less than three hours death had conquered. The relief of the spasmodic condition from the Sumbul in this case was very great. No post mortem was held.

CASE III. May 11, 1895. Mrs. M. applied to me for

help in my clinic in the dispensary. She had endocarditis and nephritis. From that time till July of this year (1904) she came to the dispensary, some times every week. some times not for six months. During this time she had had four children, the last one, a seven months (dead) child was born on April 28 of this year.

She came to the dispensary again July 20 and was in a pitiable condition. There was mitral regurgitation, nephritis, œdema of the feet and arterio-sclerosis; the radial pulse in each hand being as crooked as a ram's horn. She was much emaciated and told me she had never been well since the child birth in April. Apoc. relieved her and she came up every week to the clinic. One Saturday she got wet going home and she came but once afterward. I attended her at her home, and for a month she improved steadily under Lachesis, and thought she might get around again, and at her request to save expenses, I ceased visiting her, her daughter reporting every week at my office.

October 20 I saw her again and found the œdema in the limbs much increased. Temporary relief was obtained by tapping her feet, and her respiration improved, heart's action was stronger, she rested easier, partook of food better, and she asked me if I did not think she would get well. When the Lachesis failed Mercurius helped her for a few days, but Digitalis did not help and deranged her stomach. November 1st she moved to another house, had a chill and gradually declined until November 13, when she passed away during a storm. Cause of death, arterio-sclerosis, complicated with endocarditis.

CASE IV. In 1900, an old man who was very thin came to me at the clinic for relief from shortness of breath. His radial arteries presented the beaded appearance found in arterio-sclerosis and the heart's action was feeble. His principle trouble was difficult breathing, coming in paroxysms. Sumbul relieved him promptly, and he was able to do light work for a few weeks, but he caught cold one day and his attacks of dyspnea were worse afterward. When he sat perfectly still he had no pain, no dyspnea, but the

attacks were brought on by the least exertion. Bryonia 30 helped him, the Sumbul having lost its power. He died in a few days sitting in his chair. No post mortem was allowed, although the man was embalmed. The undertaker cut me a piece of his radial artery, and the cavity was so small inside the calcareous coat that I could scarcely insert the point of a fine needle in the canal.

CASE V. In 1902, at Audubon, I attended a lady who suffered terribly with paroxysms of asthma. She was about 48 years old, had had a large family of children, and two or three miscarriages. Up to within a week before I was called, she had been able to look after her house. Sumbul did not relieve her. Lachesis did for a time, but Ipecac lasted longer than any other remedy. Arsenicum, Bryonia and Sulphur would relieve for a time but the effect was evanescent. Dr. Quint saw her in consultation with me and advised Atropine during the paroxysm and Kali bichromicum afterward. The effect was only partially successful. Lachesis would relieve but not cure. She died August, 1902. In this vial is a portion of the right mammary artery which I had observed as being so hard during her life. Although she died from insufficient aeration, resulting from the sclerosed condition of the arteries, she kept in good physical condition to the end

Occasionally in my clinics, here I see severe cases of arterio-sclerosis. The patients don't know what ails them, all they come for is relief for the shortness of breath. Sumbul relieves them and oftentimes they come back and say the medicine makes them comfortable; will I please give them the same medicine again. But the relief wears out in a few weeks, and then the end is not far distant.

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**HOPE FOR CANCER.**

BY MRS. MARY J. HALL-WILLIAMS, M. D., Panzance, Eng.

Of all dreaded diseases, perhaps cancer inspires in the minds of men most horror. There is in the popular idea so much of mystery about the origin, and such a feeling of certainty of impossibility of cure. In the absence of anything reasonably reliable, various theories are advanced affecting mainly the idea of prevention. To this end one article of diet after another has been maligned and then avoided by timorous or judicious people; not to much purpose, as the disease is vastly on the increase. Then by way of cure the public is offered the knife—a method which for common sense may be ranked alongside of the curing of a diseased apple tree by plucking off the fruit. Then we find a sort of return to nature for those things that are requisite for the body to keep it in health; which things are all true, but insufficient. Insufficient, and the being so, argues some baleful influence in the human system that must be eradicated. Curiously enough, the vendors of most systems for amelioration of cancer think it necessary to decry all others; especially would they set aside the idea of curability by drugs. The neglect or ignoring of drugs must surely arise from a want of knowledge of guidance in their application. from a want of recognizing the law of cure and the law absolutely controlling drug action. Drugs are a part of the creation, and as such are subject to fixed law. If the law be existing it should be effective in cancer as it is in other constitutional diseases given the same conditions. We call cancer a constitutional disease.

Let us say that constitution lies at the bottom of all bodily conditions for good or ill. A good constitution throws off opposing forces quickly; a perfect constitution never becomes subject; a poor constitution remains subject to ills which spread over time and are termed chronic. A chronic disease is therefore a constitutional disease, and we must look for its cause in the constitution. There must we

look for the cause of cancer. If it be a constitutional disease we shall find it yielding to such remedies as will work a beneficial change in constitutional characteristics; in other words, cancer is amenable to drug treatment.

A late London physician, Dr. Cooper, writes: "That heaped up disease in the form of a cancerous mass can be set free by the action of remedies, is placed, in my opinion, almost beyond dispute."

"Cancer tissue when accumulated in any one part of the body, can, generally speaking, be easily acted upon, much more easily than even a fatty tumor or a tuberculous mass."

"The seed of a globe turnip (*Brassia Rapia*) is said to multiply its bulk in the ground seventeen millions of times, the resulting effect being in no way due to the size of the original seed, but to the relationship that exists between the soil and the germ or seed placed there. The matter then is one of sympathetic relationship; the life of a collection of cancer cells obeys the same laws as the life of any other living being. It has come into being by a process of germination, and it is to be dispersed by a force that sets agoing a similar but antagonizing process. But just as the experienced gardener knows the conditions that are most favorable for the development of the energies of certain seeds, so ought the experienced practitioner to know the conditions that in the diseased patient will call into activity the curative energies of his remedy."

In discussing chronic diseases, Hahnemann, the discoverer of Homeopathy, says; "The evidence of improvement is from within out, from above downwards, from the centre to the periphery." This being so, as is proved by experience, the method of cutting away from the outside is beginning at the wrong end, and can only drive back, not outward; neither can it be merely outgrown. The poison being in the system is not eradicated by being lived with, it must be treated on the principle of sympathetic drug relationship.

My assurance of the foregoing being true comes from

experience of cancer patients under my care. The first one I ever had came to me in distress because she had been sent by her doctor to Sir James Paget, and she wished to know if I could do anything to make that unnecessary. I prescribed, the case ran its course, and the patient came out well. However, during that course, she came up to London to ask another doctor if I was doing right. She received an answer in the affirmative, an added prescription, and recovered, not only from her cancer, but also from a 20 year old tendency to constipation and some inconvenient nervous symptoms. I believe she is still living. That was well on to 20 years ago.

Another case was from a family well known to be subject to the disease, whose home stood alone on rising ground. For consultation I took her to a doctor in full London practice, the late Dr. Burnett. A remark of his is worth recording relative to the origin of cancer. He said: "How is it we get such a large proportion of cases from the Eastern counties, when people go there and live down consumption? It is because the consumption poison is not taken out of the blood; it is lived down, but not out, by means of the clear air; and when the vitality begins to wane it reappears as cancer." That patient went home and delighted her friends by the improved appearance her short stay with us had worked; but contrary counsels prevailed, and then we heard of cutting and burying.

Another case had been seen by some doctor previous to myself, who had given the same opinion regarding a certain growth on the mucous membrane. We both said it looked cancerous, but was not likely to develop because of the lady's great age. It never did, but a lump on the left breast appeared and grew and increased in pain and devastation. It was having its way. Either I had not chosen the drug she needed or the vitality was at fault. One day she said: "The nipple is going to drop off," and it looked like it. At the same visit she told me of a pain in her neck; so I ceased thinking of the cancerous lump, and prescribed for the rheumatic pain. When I saw her again after a month the

pain was all gone from the neck and breast, new flesh had come round the nipple, the circle was almost complete, and I was discharged. In this case it was evidently rheumatism that lay at the bottom of that cancerous trouble, and constituted the obstacle which nature found in making healthy tissue. The patient was at that time 84 years of age. She lived years after but I did not see her again.

Another patient lost heart of complete recovery; she thought and said that I was only keeping her alive, that her age precluded the satisfaction of health; so she refused more medicine until violent pain came on. Then she had the constitutional remedy her case called for, and the pain was quickly allayed and it disappeared. The drug was in no sense a stupefier, but selected on the lines of Homeopathy as taught by Hahnemann.

Homeopathy cannot give life, it can only direct how to clear while life lasts. Added to this we might say, do not postpone, for weakness comes from long endurance of an illness, and strength is needed to work with the drug. Then it should follow the course of improvement of all other chronic constitutional diseases, from within outward, in order to be permanent. When it is found that a large proportion of cancer cases comes from a region of pure air, pure enough to enable a young constitution to live down consumption, it is clear that something more than clean air is needed to eradicate the poison that goes to make the cancer. That the poison must find that sympathetic relationship with one of those elements of nature, which when acting in that capacity we call a drug. It is, perhaps, superfluous to observe that all adjuncts which go to the preservation of health are needful for its recovery. Not only is fresh air needful, but a further defining of the right kind of fresh air, whether of sea or mountain, will be found helpful.

The question of food must be held to be a very serious one from both positive and negative considerations of good or evil. We have in favor of a vegetable diet a quadruple economy. For corroboration of this let me quote a table copied from "The Perfect Way in Diet." Dr. Edward

Smith, F. R. S., who in 1864, under the direction of the government, conducted certain enquiries into the kind and quantity of food in use among the poor classes, showed that at the same price, taking a penny as unit, a man may have

	Grains of Carbon.	Grains of Nitrogen.
Bread.....	1.450...	66
Barley.....	2.500.....	93
Oatmeal.....	1.513.....	75
Wheatmeal.....	1.30.....	60
Rice.....	1.380.....	36
Corn.....	2.800.....	121
Peas.....	1.820.....	170
Milk.....	.873.....	87
Beef.....	.320.....	23
Mutton.....	.415.....	20
Pork.....	.483.....	18
Ham.....	.510.....	12

The grains of carbon give heat and force while those of nitrogen give building material.

There is yet another reason against the eating of meat to be found in a physiological law. It applies to the practice of vivisection equally to the impairment of health. It is recognized that pain makes poison. All creatures with a nervous system, that is, power to feel pain or pleasure, will develop poison in themselves when suffering. Unless animals, killed for food, can be insured against all fright and suffering, they are bound to generate poison, and if people eat poison they will expect to be poisoned. Thus then to avoid poison and gain most strength, we should not rationally choose flesh meat.

There is still another reason. It may be gathered from this extract from a paper read by a credited medical man before a credited medical society, otherwise unknown to me: 'It is high time to call an abrupt halt in the world-wide prevalence of the practice of these various 'Scientific' assassinations of the blood of our domestic animals. It is not only degrading and debasing them, now and for their posterity, but is sure to be merang disastrously upon the physical welfare of the human race. Who can estimate the hav-



oe even now wrought along this line? And why should we longer countenance this recrudescence of superstition or longer worship this fetish of hygiene, this useless and dangerous procedure?" The subject heading of the paper is, "The treatment of Cancer."

It says. "Cancer is a disease of civilization, and was not much known until a few generations ago. This disease is the grand type of the class called heterologous hyperplasia, being characterized by a prodigiously abnormal proliferation of epithelium. Malignant growths are at first purely local and benign, carcinoma originating from cells which belong to the epiblastic or hypoblastic structures, epithelial, while sarcomas are from the mesoblastic connective tissue."

"Now, it takes 21 years to make a man, and but 4 to make a cow. As cancer is a disease characterized by the rapid imposition of cells, is it safe to put the rapid-growing cells, or protoplasm, into the slow growing cells, as is done in vaccination and the various forms of blood assassination now rife in civilized countries, often, indeed, enforced by law or health (?) board legislation? Granted that the practice does not cause the disease outright, as it does consumption, is it not at least reasonable to suppose that it predisposes us toward it? And we are now reaping the harvest of the seed so generally introduced half a century ago. And consumption has steadily increased from the time when young Phipps, Jenner's first vaccination victim, and also his own frequently experimented-on son, died of it."

"That among the black people in America, the proportionate deathrate from cancer does not equal or even exceed that of the whites, may be explained by the fact that they are more prejudiced against vaccination, and so more of them escape the esoteric rite and its dangers." Among their people in Africa, Cancer is said to be unknown.

"New York vaccinates freely and by force, and its cancer deaths double in ten years."

"But let the causation of disease by vaccination, and the tendency to cause them be studied carefully, and the

mystery which now puzzles us with regard to cancer may be largely cleared away."

Now to turn to the subject of climate for weakly people, or for sickly ones. The word that I would give, irrespective of whether they should be sent to the mountains or the sea, is just this; where there is little strength to resist, much should not be given requiring resisting power. Sudden and great changes are trying to most constitutions. Climates that are subject to rapid and severe alternations are met well only by those inured to them, and of good strength. Therefore for persons out of strength from any cause, a climate that will not demand too much from the patient will be most likely to be beneficial. This especially during the days of weakness, until strength shall be becoming established, when a climate harsher and rougher may be bracing. But to put weakly people into what is ordinarily understood as a bracing climate, is like drawing heavily on a poor account at the bank. Let them increase their banking store and then go forth.

Climate for invalids should be one with the least variation between summer and winter—between night and day. Nor is it quite the best to go from summer to summer. Winter is in the order of nature and must be needed, not only by the Earth, but by what she produces, whose highest product is man.

A place, then, of the greatest mean temperature in their own islands should, generally speaking, be most advantageous to British invalids.

It is owing to considerations of this character that I write not from London, but Penzance.

A lady whom I met here, who had been the wife of an army chaplain, and had thus had opportunities of judging, was quite decided in her preference for this climate over the continental resorts, so much run to, but so little understood by the British people, that she had heard it said, and gave it to me as the prevalent idea, "Oh! here are these English come to die." This not because the climate is in itself bad, but British ideas applied to what they thought

hey saw, led to mistaken actions; and those actions to disastrous results.

As the fruits of a country are the best for the people of that country, so in the main will their own climate, or a similar one, be most likely to cherish them—having sought out the exposed or the sheltered spots to suit the changes in themselves. It is my experience that where a change of climate is needed more also is needed. As before mentioned,—the administration of that element in the world in sympathetic relationship which shall rid them of the enemy that is draining their strength, provided there be still strength left to act with that element.

All sins against health, whether of omission or commission, will have their weight in the balance.

“These aught ye to have done, and not to leave the other undone.”

## CONSTITUTIONAL EFFECTS OF COFFEE.

BY SAMUEL HAHNEMANN, M. D.

When the few hours of the above described primary action of this medicinal beverage, that representation of artificially exalted vital energy, is gone, there then gradually creeps on a yawning drowsiness and greater inactivity than in the ordinary state, the movements of the body become more difficult than formerly, all the excessive gaiety of the previous hours changes into obtuseness of the senses. If, during the first hours after drinking the coffee, the digestion and the expulsion of the excrements were hastened, now the flatus becomes painfully incarcerated in the intestines, and the expulsion of the feces becomes more difficult and slower than in the former state. If, in the first hours, an agreeable warmth pervaded the frame, this factitious vital spark now gradually becomes extinguished, a shivering sensation is felt, the hands and feet become cold. All external agents appear less agreeable than before. More ill-humoured than ordinarily, they are more given to peevishness. The sexual

passion which was excited by the coffee in the first hours becomes all the colder and more obtuse. A kind of speedily satiated ravenous hunger takes the place of the healthy desire for nutriment, and yet eating and drinking oppress the stomach more than previously. They have greater difficulty in getting to sleep than formerly, and the sleep is heavier than it used to be before they took coffee, and on awaking they are more sleepy, more discouraged, more melancholy than usual.

But look! all these evils are rapidly driven away by a renewed application to this hurtful palliative—a new, artificial life commences—only it has a somewhat shorter duration than the first time, and thus its repetition becomes ever more frequently necessary, or the beverage must always be made stronger in order to enable it again to excite life for a few hours.

By such means the body of the person whose occupation confines him to his room degenerates all the more. The injurious effects of the secondary action of this medicinal drink spread farther around, and strike their roots too deeply to allow of their being again effaced, if only for a few hours, by a mere repetition of the same palliative more frequently or in stronger doses.

The skin now becomes more generally sensitive to the cold, and even to the open air though not cold; the digestion becomes obstructed, the bowels become constipated for several days at a time, flatulence occasions anxiety and causes a number of painful sensations. The constipation only alternates with diarrhea, not with a healthy state of the bowels. Sleep is obtained with difficulty, and bears more resemblance to a slumber that causes no refreshment. On awaking there are remarkable confusion of the head, half-waking dreams, slowness of recollecting himself, helplessness of the limbs, and a kind of joylessness that throws a dark shade over all God's lovely nature. The beneficent emotions of the heart, warm philanthropy, gratitude, compassion, heroism, strength and nobility of the mind, and

joyousness, change into pusillanimity, indifference, insensible hardness of heart, variable humour, melancholy.

The use of coffee as a beverage is continued, and sensitiveness alternates ever more with insensibility, over hasty resolves with irresolution, noisy quarrelsomeness with cowardly compliance, affectation of friendship with malicious envy, transient rapture with joylessness, grinning, smiling with inclination to shed tears—symptoms of constant hovering betwixt excitement and depression of the mind and the body.

It would be no easy task for me to indicate all the maladies, that under the names of debility, nervous affections and chronic disease, prevail among the coffee-drinking set, enervating humanity and causing degeneration of mind and body.

But it must not be imagined that all the evil results I have named occur to every coffee-bibber in the same degree! No, one suffers from this, another from that symptom of the secondary action of coffee. My description includes the whole coffee-drinking race; all their maladies which arise from this source I have arranged together, as they have from time to time come under my notice.

The palliative agreeable sensation which the coffee distributes for some hours through the finest fibres, leaves behind it, as a secondary action, an extraordinary susceptibility to painful sensations, which always becomes greater and greater, the longer, the oftener, the stronger and greater the quantity in which the coffee is drunk. Very slight things (that would make scarcely any impression on a healthy person not accustomed to the use of coffee) cause in the coffee drinking lady megrim, a frequent often intolerable toothache, which comes on, chiefly at night, with redness of the face and at length swelling of the cheek—a painful drawing and tearing in different parts of the body, on one side of the face, or at one time in one limb, at another in another.<sup>1</sup> The body has a special tendency to erysipelas,

<sup>1</sup>This drawing tearing in the limbs caused by coffee in its secondary action and when its use is persisted in for a long time, is not in the

either in the legs (hence the frequency of old ulcers there) or (when suckling) in the mammæ, or on one half of the face. Apprehensiveness and flying heat are her daily complaints, and nervous semilateral headache her property.<sup>2</sup>

From moderate errors of diet and disagreeable mental emotions there occur painful affections of the chest, stomach and abdomen (known by the inaccurate name of *spasms*)—the catamenia come on with pains, are not regular, or the discharge is less copious and at length quite scanty; it is watery or slimy; leucorrhœa (generally of an acrid char-

— joints, but from one joint to the other. It appears to be more in the flesh or cellular tissue than in the bones, is unattended by swelling or other abnormal appearance, and there is scarcely any tenderness on touching the part. Our nosologists know nothing about it.

<sup>2</sup>The megrim above alluded to, which only appears after some exciting cause, as vexation, overloading of the stomach, a chill, etc., generally very rapidly and at all times of the day, differs entirely from the so-called nervous hemicrania. The latter occurs in the morning, soon or immediately after waking, and increases gradually. The pain is almost intolerable, often of a burning character, the external coverings of the skull are also intolerably sensitive and painful on the least touch. Body and mind seem both to be insufferably sensitive. Apparently destitute of all strength, they seek a solitary and if possible dark spot, where, in order to avoid the daylight they pass the time with closed eyes in a kind of waking slumber, usually on a couch raised in the back, or in an arm chair, quite motionless. Every movement, every noise increases their pains. They avoid speaking themselves and listening to the conversation of others. Their body is colder than usual, though without rigour; the hands and feet in particular are very cold. Everything is distasteful to them, but chiefly eating and drinking, for an incessant nausea hinders them from taking anything. In bad cases the nausea amounts to vomiting of mucus, but the headache is seldom alleviated thereby. The bowels are constipated. This headache almost never goes off until evening; in very bad cases I have seen it last thirty-six hours, so that it only disappeared the following evening. In slighter cases its original producer, coffee, shortens its duration in a palliative manner, but it communicates to the system the tendency to produce it after a still shorter interval. It recurs at undetermined times, every fortnight, three, four weeks, etc. It comes on without any exciting cause, quite unexpectedly; even the night previously the patient seldom feels any premonitory signs of the nervous headache that is to come on the next morning.

*I have never met with it excepting among regular coffee drinkers.*

acter) prevails almost the whole time, from one period to another, or completely supersedes the menstrual flux—coition is often painful. The earthy, yellowish or quite pale complexion, the dull eye surrounded by blue rings, the blue lips, the flaccid muscular tissue, the shrivelled breasts, are the external signs of this miserable hidden state. Sometimes the almost suppressed menses alternate with serious uterine hemorrhages.

In males there occur painful hemorrhoids and nocturnal emissions of semen. In both sexes the sexual power becomes gradually extinguished. The normal exuberant energy of the embrace of a healthy couple becomes a worthless bagatelle. Impotence of both sexes and sterility, inability to suckle a child, ensue. The monster of nature, that hollow-eyed ghost, onanism, is generally concealed behind the coffee table (though indulgence in the perusal of mere tritious novels, over exertion of the mind, bad company and a sedentary life in close apartments, contribute their share).

As an inordinate indulgence in coffee has for its secondary effect to dispose the body greatly to all kinds of disagreeable sensations and most acute pains, it will be readily comprehended how it, more than any other hurtful substance we are acquainted with, excites a great tendency to caries of the bones. No error of diet causes the teeth to decay more easily and certainly than indulgence in coffee. Coffee alone (with the exception of grief and the abuse of mercury) destroys the teeth in the shortest space of time.<sup>1</sup> The confined air of a room and overloading the stomach (especially at night) contribute their share to this effect. But coffee by itself is quite capable of destroying in a short space of time this irreparable ornament of the mouth, this indispensable accessory organ for distinct speech and for the intimate mixture of the food with the digestive saliva, or at least of rendering them black and yellow. The loss of the front (incisor) teeth is chiefly due to the abuse of coffee.

If I except the true spina ventosa, there occurs scarcely

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<sup>1</sup>Observations on which I can depend have convinced me of this.

a single case of caries of the bones in children (if they have not been overdosed with mercury) from any other cause than from coffee?<sup>1</sup> Besides these there are in children other deep seated flesh abscesses that take a long time of bursting and then have but a small orifice, which are often solely to be ascribed to the action of the coffee.

As a rule, coffee acts, most unjuringly on children; the more tender their age, the worse its effects. Although it is incapable of itself of producing true rickets, but can only accelerate them, in conjunction with their special exciting cause (food composed of unfermented vegetable substances, and the air of close, damp rooms,) yet it of itself excites in little children, even when their other food is wholesome and the air in which they live good, a kind of infantile hectic, which is not much less sad in its results. Their complexion becomes pale, their muscles quite flaccid. It is only after a long time that they learn to walk a little but that their gait is uncertain, they easily fall, and wish always to be carried. They stammer in their speech. They wish for a great variety of things, but relish nothing heartily. The drollery happiness and liveliness that characterize the age of childhood are changed into indolent dejection; nothing gives them pleasure, nothing makes them contented; they enjoy only a sort of half life.

They are very easily startled and timid. Diarrhea alternates with costiveness. Viscid mucus rattles in their chest as they breathe, especially when they are asleep, which no amount of coughing can remove, they have always got a wheezing at the chest. Their teeth come with much difficulty and with convulsion fits; they are very imperfect and fall out decayed before the period of changing them arrives. Mostly every evening just before bed time or after lying

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<sup>1</sup>These ulcerations of the bones, which lie concealed beneath elevated, hard, blush-red swellings of the soft parts, exude an albuminous looking mucus, mixed with some cheese-like matter. It has very little smell. The pains of the affected part are very shooting in their character. The rest of the body presents a pure picture of the coffee dyscrasia.



down in bed, they get redness and heat on one or both cheeks. They sleep very imperfectly, toss about at night, often want to drink; they then perspire. not only on the forehead, but also on the hairy scalp, particularly at the back of the head, and whine and moan in their sleep. They get through every disease with difficulty, and their recovery is very slow and imperfect.

They are frequently subject to a chronic inflammation of the eyes, not unfrequently accompanied by an eruption in the face, along with a peculiar relaxation of the upper eyelid, which prevents them raising it, even when the redness and swelling of the lids are but moderate. This kind of ophthalmia, that often lasts for several years, making them frequently lie upon the face, with constant peevishness and crying. or conceal themselves in a dark place where they remain lying or sitting in a stooping posture; this ophthalmia, I say, chiefly affects the cornea, covers it with red vessels and at last with dark spots, or there occur phlyctenulæ and little ulcers on it, that often eat deeply into the cornea and threaten blindness.

This ophthalmia and that rattling at the chest and the other ailments above described, attack even infants at the breast, who take nothing but their mothers milk, if the mother indulges in coffee and inhabits a close room.

How penetrating must not the hurtful power of this medicinal beverage be, that even infants at the breast suffer from it.

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Modern unionism is like a fixed and chronic disease. Once it becomes fastened to the victim it slowly and surely pushes him daily closer to the grave. Only those survive who have the force, intelligence and vitality to shake it off. If you doubt that statement try becoming inoculated with the disease of a closed shop and you will surely pay the penalty of such a crime against humanity, as anyone and everyone must when they transgress either fundamental or natural law.

## A CASE OF METASTATIC CANCER.

BY G. F. THORNHILL, M. D., Paris, Texas.

Mrs. C. H. C., age 45. Left breast removed eight years ago for cancer. September, 1904, was taken with acute indigestion and placed herself under my care, but became dissatisfied and called Dr. W. After a few day's treatment called in Dr. M.; then Dr. McQ. As she was growing worse all the time and unable to take strong medicine, she tried Dr. M., an osteopath. After one week's treatment he declared it cancer of the stomach (so did the M. D.'s) and gave up the case as incurable.

Sunday, Jan. 29th, 1905, her husband came to me; said he was lost, and unless some radical change in his wife took place soon, she could not live one week, and asked if I would not take charge of the case again; that Homeopathy was the only hope.

I found her in bed, where she had been for two months, completely prostrated from vomiting black blood like coffee-grounds, offensive, and the same kind of discharge from bowels by enemas every day.

No appetite whatever, even thought or odor of food caused vomiting.

Burning pain in pit of stomach extending to back.

Lump in pit of stomach which is sensitive to pressure; great deal of foul flatus.

Legs cold up to her knees.

I did not take case in writing because from the appearance, the symptoms and history of the case, I thought it hopeless, and I could do nothing but palliate symptoms as they came up. Everything pointed to Carbo veg. which was given in the 30th potency, a dose every hour.

The relief she had in 24 hours was simply marvellous. First question next morning on my arrival was: "Doctor, my bowels havn't moved since you left, what must I take." Nothing, was my reply. Let them alone. The improvement progressed beautifully; she did not worry any more

about her bowels until the next Sunday, one week from the day I took charge of the case, she said her bowels felt full and thought if they acted she would feel better. As she had considerable appetite and no more vomiting I gave her an enema and brought a perfectly natural action.

Her improvement continued, and in three weeks was able to be up, I delivered her daughter about three weeks ago, and she stayed up nearly all night helping me, doing all of her own housework and waiting on the baby a great deal. Eats almost everything and has no trouble with her stomach unless she eats sweets. This has been one of the most remarkable cases it has ever been my good fortune to relieve. When I took charge of the case her husband asked me if it was cancer. I told him if she died we would say it was cancer. If she gets well, I do not know. What was it?

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### A PROVING OF IRIDIUM CHLORIDE.\*

BY H. A. ROBERTS, M. D., Derby, Conn.

The proving was made with the 3x potency, using 2-grain powders once in two hours. The subject was a male, 34 years of age, medium height and weight, dark hair and gray eyes. I have arranged the symptoms in their order, and will later give the time of development of certain conditions that may be of interest.

*Mind.* Very difficult to keep mind on subject of work or current of thought, even when great effort was made to arouse one's self.

Sensation as if the mind was void, coming on in the course of one's work, amounting to almost transient unconsciousness.

*Sensorium.* Confusion of thoughts. Sensation as if two or three antagonistic lines of thoughts were striving for the mastery.

*Head.* Constant sensation as if liquid lead were in the

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\*Connecticut State Society.

right occiput, weighing the head over to that side; in fact, so pronounced was that sensation that the prover would hold his head over to the right side.

Occasionally sharp, darting pains in the right side of head.

“Woodeny feeling” in whole right side of head.

Very severe, sharp pain in right parietal region, in afternoon, of a neuralgic nature.

*Outer Head.* Right side of scalp sensitive to touch.

*Eyes.* Sight not clear and distinct; letters run together.

Inclination to rub the eyes, with the hope of clearing sight.

Pupils contracted.

*Nose.* Profuse, watery coryza; sneezing; > indoors, by the fire.

Posterior nares feels raw and inflamed.

Profuse, thick, yellowish discharge from nose.

*Lower Face.* Stiffness of jaws, especially on right side, so much so that it is painful to swallow.

Parotid gland on right side sore to touch.

Difficult to open mouth to eat.

*Mouth.* Tongue, right side, coated thick and white; left side clear.

The line of demarkation followed the frænum exactly.

Mouth constantly filled with a profuse, frothy saliva, necessitates constant swallowing.

Gums and teeth sore; hurts to chew.

*Throat.* Rawness on right side of throat along the pillars of the fauces; right tonsil red and inflamed; pharynx red and inflamed.

Soreness more marked on swallowing.

*Appetite, Thirst, Etc.* Appetite poor; a little satisfies.

Thirst during fever.

*Voice.* Hoarseness, < by talking; trachea scrapes on coughing; feeling of rawness all through trachea and bronchi.

*Cough.* Hoarse cough, < by talking; hard, dry, spasmodic cough, wracking whole frame.

Sensation of exhaustion after cough.

Cough brought on by talking or exercise.

*Back.* In left sacro-iliac synchondrosis, a dull, heavy, dragging pain, as if joints were weak.

*Nerves.* Very sensitive to noise or confusion.

*Fever.* Temperature 109; thirst during fever; malaise and tired out feeling.

Sweat up and down back on awaking during fever.

*Aggravation.* Talking (hoarseness and cough); exercise (cough); motion (headache).

*Amelioration.* After eating (nervous conditions).

The symptoms first produced were the salivation and stiffness of the jaws, which increased for two days, and then subsided as the head and nervous symptoms gained in prominence. The nervous symptoms were of some days' duration, and did not disappear until the congestion in the nares and bronchi had gotten well under way. The nervous symptoms continued as long as the drug was taken. The cough was the last sign of its effects.

I have not used the remedy on the homeopathic application as yet, for I have had no case on which to try it. I would like to see the remedy proven upon a woman, for I feel sure it has symptoms that would be of value in that sphere. The dragging pain in the lower back was very marked before the prover stopped taking the drug.

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### CENTRE SHOTS WITH THE SINGLE REMEDY.\*

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BY H. A. CAMERON, M. D., Waterbury, Conn.

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CASE I. *Clavus.* Mrs. J. S., a woman 41 years of age, has had for three days pain as from a large square nail driven into her head near the vertex and to the left of the sagittal suture.

Has also a soreness extending from the left eye up to the painful part.

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\*Connecticut State Society.

The pain is > from hot applications and from vomiting and is always < on awaking.

Sore bruised feeling in the left eye as if it had been struck.

Shooting pains extending from the left eye into the head radiating upward.

Nausea and vomiting with the pain.

The patient smothers in a warm room.

She gave a history of an eruption in the popliteal region which she had cured with acetate of copper solution three weeks before. I associated the two conditions and so "thinned down" the list of remedies applicable to the case to Hepar; Lach., Nat. m., Sep. and Thuja. A study of these remedies in the materia medica decided in favor of Sepia, of which one dose of the cm. was given. Next day she reported that the pain was gone and she had no return in the ten months since that date.

CASE II. *Trifacial Neuralgia*. A. K. B. has lost sleep from neuralgic pains in left temple and adjacent scalp, and wants a remedy to give him a night's rest. He says the pain is > while he blows his nose and from pressure on the part, and is < during the night and upon lying on the painful side. He could give no other data, and Lachesis which has the left sidedness and > from pressure, was given in the 30th potency, 4 doses 2 hours apart. I heard no more from him until I met him, about six weeks later, when he informed me that the remedy did the work promptly.

CASE III. *Trifacial Neuralgia*. Miss B. presented a similar unsatisfactory picture of neuralgia of a branch of the 5th nerve. The pain in her case involved the right eye and right cheek. The pain of a steady, dull, aching character, began in the afternoon and got worse all night, was < from chewing and > from warmth. The right-sidedness and the afternoon < were the only features to guide, and Lycopodium lm. was given and was followed by relief. The 45m., however, had to be given later for a partial return.

CASE IV. *Neurasthenia*. K. W., a man about 50 years of age, complained of weakness of the legs. Says that he

had the same feeling all last summer, and got better only when the winter came on. He notices that he is always< in bright sunshiny weather. Has dizziness by spells. Always feels< in the afternoon. Is stiff on first getting up from a chair, but this goes off by continued motion. The peculiar< in clear fine weather decided for Caust., but Lyc. was of course, kept in reserve p. r. n. He gave a glowing report a week later and felt fine for a month, when he came in to complain of feeling generally bad after supper till about 8 P.M. Lyc. lm. put him in good condition and opened a sebaceous cyst in his dorsal region that had been quiescent for years.

CASE V. *Traumatic Neurasthenia.* Miss S. E. B. complains of pain in the left upper arm, which she has had off and on for several years and almost steadily for the last five months. She cannot raise the arm without getting a pain, and lately the pain has extended to the fourth and fifth fingers. Pain wakes her up in the early morning. Arm is stiff in the morning on getting up and also after rest. She cannot extend the forearm fully because of a contraction of the muscles of the upper arm and those muscles are atrophied. On being questioned as to the effect of the weather changes she says the arm is much< during the bright sunny weather and> during rainy weather. Six years ago she tripped and fell on the buttocks jarring the spine and head and since that time has had pain in whole spine, especially in cervical region. Caust. 45m., one dose was also exhibited in this case, and the patient in three weeks time reported freedom from pain and ability to use the arm. There has been no return of these symptoms.

CASE VI. *Infantile Convulsions.* A little Italian baby, 2 months old, was seized with convulsions late in the evening and as I had left the office an allopathic physician was called in. He reported to me next morning that he had given a rectal injection of sweet oil, a hypodermic of morphine, a rectal injection of chloral, and also some sedative medicine. I saw the child about 10 o'clock in the morning and found the following symptoms: The trouble began with

straining as if for stool; child held its breath and face became red. No movement of the bowels, but convulsions set in. Child cried a great deal yesterday before the convulsions and was quieted only by being carried about the room. Has had about twelve convulsions between 9 o'clock last night and 10 this morning (in spite of the remedies given by the allopath). While I was talking to the mother a convulsion came on and was frightful to behold. The eyes were drawn up, a cyanosed condition appeared around the mouth and eyes, the respiration was suspended for a long time, so that one would think the child had died; but sudden quick inspirations followed, with gurgling in the throat at the end of each. Child was constantly putting out the tongue, as if licking the lips. There was divergent strabismus.

I put Cina 200 in water and directed a teaspoonful to be given at once and a dose after each convulsion. The first dose was the only one given, as the child began to improve immediately and had no more convulsions.

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### A TUBERCULINUM CASE.

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BY ELEANOR BEATTY, M. D. Pana, Ill.

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May 10th, 1904, called to see baby Jenkins, age 11 months, who had been very ill since Feb. 9th. Three allopaths had said that she could not live.

She was the usual length of a medium sized child of eight months and weighed ten pounds; a little skeleton. Temp. 103.4, pulse 160.

Hacking cough, rattling of mucus in bronchi.

Burning thirst; vomiting of mother's milk; constipated; constant pitiful whine; short restless naps. Tuberculinum 1m, one dose. The following diet was ordered:

Food:—2 tablespoonsfuls barley in one pint of water, boil 30 minutes; 3 pints morning's milk, let stand two hours, then take top pint; equal parts of barley water and milk and one teaspoonful sugar; bring to boil, cool, and feed 3 oz. every two hours.



In five days temperature normal. She was given one dose Tuberculinum once a week for three weeks.

I never expect any remedy to do everything. This child was bathed daily with sweet oil. When restless, rubbed gently by the warm hands of an excellent nurse, and kept out of doors if the weather was pleasant. I also forbade the child being handled by any one except the nurse and mother, consequently she was kept at home.

Improvement continued until August, when she became thoroughly chilled one cool night; then it was I had a typical case of cholera infantum. She was given Aconite, followed by Sulphur. In a few days her mouth grew very sore, with profuse saliva. Then the professional nurse from the Illinois Training School said; "we cannot save her this time." I said, I have more reason to believe I will than any day since the attack, as these symptoms mean to me that my remedies are eliminating her system of the Mercury given by my predecessor. He had told the mother the day he began giving Mercury, and she dated the child's rapid decline from that day.

Under the beneficent influence of Mercurius sol. cm. the change was radical. But her strength returned slowly, very slowly, so I gave Tuberculinum cm., one dose every day, for a week, with satisfactory results in every way.

Although I was in touch with this child every week through the mother, I did not see her from August until December, and when I did, I did not know her. She had grown into a well rounded specimen, but yet unable to stand alone.

May 10, 1905:—Now She stands alone, eats all kinds of food suitable for her, and talks her own vocabulary very forcefully.

#### SYPHILITIC ANGINA.

*Nitric Acid*:—May 1, 1905:—Mrs. F. R., age 33, widow, milliner, a little woman of the red-yellow type. Since a small child has had occasional attacks of tonsillitis.

She came to me Oct. 19, 1904. For five months has not had a comfortable day with her throat. Had treated four

months with allopathic doctors, and one month with a homeopathic. The latter helped in a general way, yet the throat continued very painful. Examination showed the tonsils and uvula congested, tongue thick, with heavy coat, and many ulcers scattered throughout buccal cavity, even to border of lips, they were raw and bleeding. Everything <, talking, eating, drinking. Cold water burned where ever it touched. Her head ached furiously, she ached all over. Saliva profuse. Nose dry. "Feels as if a thousand splinters in throat."

Constipation with ball-like stool covered with mucus.

Vaginal discharge that excoriated.

Sleep greatly disturbed by pain in throat, and horrifying dreams of murder, death, rats and woolly worms.

She was given one dose of Nitric Acid, dmm, at 10 A. M., with instructions to go to bed for a few hours. I realized Homeopathy was in the balance, and I struck hard. Her response was immediate. for within ten minutes there was a fluent coryza. After she reached home she was semi-conscious from severe pain in head until 4 P. M., then arose and called for something to eat which she swallowed with less pain than she had for months. Pain in head was gone and she felt better in every way. For five days improvement continued then she began to cough a dry hard cough, with pain in left lung.

I fed her generously on placebo for seven days, but the paroxysms of coughing grew alarming, especially so at night. Then my fears were confirmed. that I had struck too hard, and I must antidote the Nitric Acid, which I did upon the totality of the symptoms.

Oct. 31st, 10 P. M., she was given Mercurius sol., cm, one dose. She coughed once that night, followed by occasional mild paroxysms next day, with free discharge from nose and bronchi of a heavy greenish-yellow mucus. This is a marked ly syphilitic case. Not only were the ulcers and congestion of throat gone, but the constipation and excoriation of anus had vanished before I gave the Mercury. Mercury by its wonderful power to produce an outflowing condition is elim-

inating her system of its syphilis through the natural emunctories of the body.

In February, during the grippe wave, she needed Hepar sulphur.

She continues to feel well and sounds the praise of Homoeopathy.

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### CEREBRO-SPINAL MENINGITIS CURED BY ARSENICUM.

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BY C. BERNREUTER, M. D. Nashv. e, Ill.

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Elkton, a small town in the southwestern part of Washington county, with a population of about three hundred, has proven itself to be a real hot-bed for spotted fever. The first epidemic raged there in 1861, and the second in the spring of 1873. I have been informed that the disease made its appearance in the same house both times. The family occupying this house in 1873 consisted of the parents and six children. Of the latter all died except the babe, which recovered with the loss of sight.

The whole number attacked during both epidemics may have been about eighty. The physician residing there says that not more than six recovered, and that these few would be better off if they had died.

The subject of this report is a little girl aged nine years, who previous to my being called, was treated by the resident allopath. At his last visit he had in consultation his former preceptor, who gave a very unfavorable prognosis. As I am reporting from memory, the symptoms cannot all be given; neither do I recollect what remedies were prescribed. Nor is it the object to give all the particulars, but to impress on the minds of my younger brethren an important mental symptom of Arsenic. Suffice it to state that she had the usual pain in the neck, which was blisted; that she could not bear the least motion; that her intellectual faculties were not much affected; and that she had neither the characteristic thirst nor any other symptom which would lead

me to think of Arsenicum, except the mental symptom to be mentioned.

She was formerly of a most amiable disposition; now she was one of the most peevish and irritable patients that I had ever seen. She would scream at the top of her voice for things, such as sweet potatoes, which could not be had. *If any one approached and spoke to her she screamed, "Go away! you kill me! you kill me!" And when the attendants wanted to go out she halloed, "Don't go out! don't go off!"* Thus she lingered on for about two weeks, improving very little, when one night a messenger came who said she was vomiting and purging, and that she was much worse. I sent Arsenicum promising to visit the child next day. On my arrival the uncle of the child told me that he had selected Arsenicum from Laurie and McClatchey's Domestic Physician, which relieved the vomiting and purging at once. I must state she vomited after drinking, which made a plain Arsenicum case of it. From this time she recovered rapidly not only her general good health, but also her former amiable disposition was perfectly restored.

I took the above-mentioned book, turned to the *Materia Medica* part, where I found the peculiar group of mental symptoms, and as they can not be found in any other book of my acquaintance, I quote: "The patient will not permit any one to speak to him, neither will he permit the attendants to leave the room." There is no doubt that Arsenicum was indicated from the beginning, but I could not see it, and it is doubtful whether many others would have done better. We know the dread of solitude is a symptom belonging to Arsenicum, but her unwillingness to let attendants go out did not seem to express fear of being alone, but it seemed rather to be an expression of peevishness. "Does not want to be spoken to," is given in Allen's Encyclopedia, but not starred. The probability is that if Arsenicum had been demanded by the development into an Arsenic case, she would have gradually recovered with the loss of amiability. May not Arsenicum be a good remedy for other cases having thus partially recovered?

# THE MEDICAL ADVANCE

AND

## JOURNAL OF HOMEOPATHICS

A Monthly Journal of Hahnemannian Homeopathy

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JUNE, 1905.

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## Editorial

### THE X-RAY IN THE TREATMENT OF CANCER.

For some time nearly every journal has furnished cases of cancer or other malignant disease treated by the X-Ray, the Finzen Light or some other form of electricity, and many so-called cures of malignant diseases have been published. Are these recoveries cures? Has the X-Ray ever cured a genuine case of cancer or other malignant growth? In view of the cases reported as cured we think these questions are pertinent. We have seen a great many cases of malignant diseases treated by the X-Ray. We have also seen many cases of lupus, eczema and other skin affections treated by electricity, but thus far we have never known a

cure, although we frankly confess that we have seen recoveries; but there is a broad distinction between acute and a recovery.

The doctrine or principle underlying Hahnemann's theory of chronic diseases explains this seeming paradox. Whether we believe in his psoric theory or not we certainly must believe in the facts which he has presented, and which have been verified hundreds of times by observing homeopathic physicians. Hahnemann's observations have withstood the test of time better than those of any other physician. No one has written so accurately or followed nature's method of cure more closely than he, and it is his observations in this respect that are worthy of study.

He says the progress of chronic diseases is always from without to within, from the external surface of the body to the vital organs, and he also affirms that a chronic psoric disease never gets well unaided. Unlike acute diseases it is never self-limited. He also has left on record as a practical observation that every homeopath of a few years experience has verified, that chronic diseases get well in the inverse order of their course, that is, from within to without. Every Hahnemannian must have observed that genuine improvement in pain takes place from above downward, and that improvement from disease takes place from within outward. For this reason chronic diseases, if they are thoroughly cured, always terminate in some cutaneous eruption which differ according to the different constitutions of patients.

Hering says; "The skin being the outermost surface of the body receives the extreme termination of the disease. This cutaneous eruption is not a mere morbid secretion, having been chemically separated from the internal organism in the form of a gas, a liquid or a salt; it is the whole of the morbid action which is pressed from within outward, and it is characteristic of a thorough and curative treatment. This eruption always is a favorable symptom; it alleviates the suffering of the patient and generally prevents a more dangerous affection.'

The thorough cure of a widely ramified chronic disease is marked by the most important organs being first relieved. The affection passes off in the order in which the organs had been attached, the more important being relieved first, the less important next, and the skin last.

Even the superficial observer will not fail to recognize this law of order. An improvement which takes place in a different order can never be relied upon. A fit of hysteria may terminate in a profuse flow of urine; other fits may either terminate in the same way or in hemorrhage; the succeeding fit shows how little the affection had been cured. The disease may take a different turn; it may change its form, and in this new form it may be less troublesome, but the general state of the organism will suffer in consequence of this transformation.

This law of order also accounts for the numerous eruptions consequent upon the homeopathic treatment, even where they never had been seen before; for the obstinacy of which many kinds of herpes and ulcers remain upon the skin, whereas others are dissipated like snow. Those which remain do so because the internal disease is yet existing.

Hahnemann states in his *Chronic Diseases*; "Symptoms recently developed are the first to yield, older symptoms disappear last." Here is one of Hahnemann's observations, a plain, practical rule of immense value in the treatment of chronic diseases, and it seems remarkable that it was never observed but by Hahnemann, nor ever stated as a rule by anyone else. This rule enables the Hahnemannian not only to cure the most obstinate chronic disease, but also to make a certain prognosis that the patient will remain cured if the symptoms disappear in the inverse order of their onset.

Hence it is easily seen that one of the fundamental principles of the law of similars is that chronic diseases get well and the symptoms are removed permanently only when they go from within outwards; and electricity and topical medicated applications of all kinds applied to malignant growths do their work in the opposite direction from that

indicated by nature, and consequently these cases may recover for a time, but are never cured. We do not think it possible that cancer can be cured by an external application by the X-Ray or Finsen Light any more than it can by the knife.

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### THE AGNOSTIC HOMEOPATH.

One of the cardinal principles of our allopathic colleague is lack of faith or confidence in therapeutics. This seems natural enough, because he has no law as a therapeutic guide and must depend on the *ipse dixit* of the leading men in the ranks for his therapeutic knowledge. He is well skilled in bacteriology, pathology and differential diagnosis, but when he has to face the prevention or the cure of diseases all he can do is to recommend a change of diet or a change of climate; he is poverty stricken and seems astonished at the enthusiastic faith of the homeopath. "He is a giant in his library, a booby at the bedside."

Dr. S. A. Jones, in *The Grounds of a Homeopath's Faith*, says: "If I was asked to state what distinguishes the homeopathic physician from his older brother in the science and art of medicine, I should, at once reply, not the law of cure, not the infinitesimal dose, not the Hahnemannian hypothesis of chronic diseases, none of these, but simply this, his fixed faith in the efficiency of drugs."

It is frequently observed in the papers read and discussions of them in our medical societies, that the enthusiasm of the modern homeopath is far below that of the pioneer. The early converts who were plodding through the mysteries of empiricism in the dominant school, became enthusiastic when they first began to verify our remedies under the law of similars, and we may naturally ask; Why is it that with each succeeding decade a decreasing faith in the efficacy of the homeopathic remedy is found? There is only one legitimate explanation, the deficient faith is the natural offspring of defective methods. In homeopathic practice it is the patient, and not the disease that is to be treated, and when a complicated and difficult case is met we



must go to the fountain head, the *Materia Medica*, as did the early converts, and by hard work find the simillimum and then reap the legitimate reward. The modern homeopath who reads allopathic periodicals and text-books, who studies their methods and prescribes from his pathological basis, meets with a success that is not intended to inspire enthusiasm in the system or confidence in the efficacy of his remedy. As a consequence, sooner or later, he resorts to palliative methods when his first prescription fails to cure and soon ends by becoming an agnostic like his allopathic colleague; he has lost faith in therapeutics, because he has attempted to practise Homeopathy in the allopathic way.

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### OUR "UNSCIENTIFIC" MATERIA MEDICA.

The forthcoming report of the Bureau for Drug Proving in the American Institute will be looked forward to with much interest. A large amount of money has been subscribed for the purpose of re-proving our *materia medica*. A similar effort was made twenty or twenty-five years ago which ended in the production of the *Cyclopedia of Drug Pathogenesis*, a scientific (?) *materia medica*. The complaint then was that there was so much chaff, and so little grain, so many unreliable symptoms, and so many clinical symptoms that an accurate prescription was impossible. The provings had never been sufficiently pushed nor the experiments sufficiently verified, and consequently when the new *materia medica* was produced it was expected to replace all others in practise. Dr. Dake in this country, and Dr. Hughes in Great Britain, labored diligently for years until the work was produced; and now it is rarely, if ever used in practise; it is so scientific that nobody can use it.

Dr. J. B. Sutherland, one of the originators and enthusiastic supporters of the *Cyclopedia of Drug Pathogenesis*, said: "The provings in the work are condensed by individual judgment, and consequently are not scientific. Individual judgment allows of great latitude." Will the present effort at re-proving be any more trustworthy if individual judgment be allowed? With all due deference to the honest

intention of our colleagues, we fear the goal of a perfect *materia medica* will never be reached by the scientific route. That is the allopathic track. We do not think the *materia medica* left us by Hahnemann, Hering, Dunham, Allen, Tes-te, Jahr and others is at fault, neither is it Hahnemann's theory that is defective; the fault lies in the method of application. We must return to first principles, the principles enunciated in the *Organon*, and then we will have little fault to find with the *materia medica*, little cause to regret our lack of success at the bedside.

A re-proving of the *materia medica* may be beneficial, it will add to the value of our remedies to be re-proven; but we must know how to find a remedy in a case of sickness and how to use it after it has been found; the latter is often more difficult than the former. Can we do better work than they did fifty years ago? During the cholera epidemic in Cincinnati in 1849 and 1850, Drs. Pulte and Ehrmann treated over 1,100 cases with a loss of 3 per cent, while during the same epidemic our scientific allopathic colleagues with their palliative therapeutics lost 59 per cent. In Naples, Italy, in 1854, Dr. Rubini treated 705 cases with a loss of only three patients, while the allopathic mortality all a round him was over 60 per cent. Will our modern scientific homeopath explain how this record could be made more successful by resorting to the so-called scientific methods of other schools? how his enthusiasm or faith in the remedy or confidence in the law of similars can be increased by becoming scientific as our colleagues explain science?

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### CHICAGO'S GREETING TO THE AMERICAN INSTITUTE.

*"Chicago Is The Nerve-Center Of America"*—Mayor Dunne.

Call it what you will, the "Phoenix City," the "White City," or the Great Metropolis of the West, Chicago is the greatest center of a greater number of things than is any other city in this great country. It is the greatest railroad center in the world. It is the greatest trade center in the universe. It has more miles of boulevard than Paris, and more miles of tunnel than London. It has the worst street-

car system and the best water-supply of any city in the United States. It has a fire-department to extinguish fires, it has street-scrapers to scrape the streets, and sky-scrapers to scrape the skies.

Chicago has been rightly called "The Convention City," for the reason that it has halls of all kinds for all purposes, and it has hotels with ample accommodation to care for a multitude of people.

Chicago is famous for its "summer-resort" climate. Such a thing as a "scorcher" is almost unknown. In June, especially, the weather is usually delightful. Quite recently one of our daily papers, *The Chronicle*, was led to express itself in these words:

THE GREAT LAKES IN SUMMER.

The summer climate of Chicago is at once the pride and boast of all citizens of the lake metropolis. An isothermal line drawn to connect the world's summer resorts possessing an ideal climate would run directly through this city and link it with the celebrated watering places of Europe as well as with the mountain resorts of the Alps, the Adirondacks and the Rockies."—*Dr. Chas. Gatchell, Annual Announcement.*

\* \* \* \* \*

The International Hahnemannian Association will convene at the Chicago Beach Hotel, June 22nd, to celebrate the Twenty-fifth anniversary of its organization, and the 150th anniversary of the birth of Hahnemann. During the twenty-five years of its existence, it has maintained a work of which every true homeopath may be justly proud, and for which the homeopathic world is under great obligations. As a result, direct or indirect, of its influence and its teaching, there has been a marked improvement in the tone of our current literature, and in the instruction in our colleges, while the number of physicians who uphold the banner, *Simplex Simile Minimum*, and rely upon the dynamic remedy in the treatment of disease, as recommended by Hahnemann, has been quadrupled. The chairmen of the different bureaus are rapidly filling the program with excellent papers, and every true follower of Hahnemann will find this session almost as advantageous as a Post-Graduate course of lectures. The time and money expended in attending the meeting this year will reap a bountiful harvest. Every reader of the *ADVANCE* is cordially invited to be present and take part in the discussion of the papers,

## COMMENT AND CRITICISM

### PREACHING AND PRACTICE.

The following extracts from two of our contemporaries illustrate very clearly the broad distinction between preaching and practice; the first is from the *May Recorder*, page 219, an enthusiastic letter in praise of Kent's *Materia Medica*. Read this side of the picture carefully, for this is preaching:

I think I received about the nicest piece of morocco I ever saw in the copy of your *Materia Medica* that B. & T. sent me, and profound, indeed, was my joy to be able to paste inside an aphorism of the author that in a few lines summarized all there is in the practice of pure Homeopathy. It is the most fascinatingly interesting book, of any nature or kind what-soever, that I possess. I never take it up that I am not transported back again to the amphitheatre at Dunham.

Schwartz (now in Houston) writes me:

Have you seen Kent's *Materia Medica*? It is great. He is a wonder. I just love to sit down and read his lectures. I remember how he used to say in lecture what enjoyment he would get reading *Materia Medica* when tired. At the time I could not imagine one would ever get that way, but now it is refreshing to me to read his work. It is like reading a story. \* \* \* I tell you Hunt we did not realize at college we had a Master lecturing to us. Hering was my grandmother's physician in Philadelphia. On my mother's side of the family Dr. Detweiler was the family physician so you see I have had Homeopathy imbued into me in embryo. \* \* \* We should in some way show him our appreciation of the grand work he has accomplished and is doing every day. \* \* \* I hope the good Lord will spare him many years. Not to gratify my own thirst for his works but to advance the school in the lead of medicine, where it belongs. I wish to God, Hunt, that I had your gift of oratory that I could shout it to the world that we have something that CURES people when they are sick.

I quote Schwartz's letter so fully to show you that there are more of your old pupils than I that think that you are doing great work.

With esteem and respect affectionally,

V. V. HUNT

Cordell, Okla., April 5, 1905.

Now comes the practice. It is an article in the *May Visitor* on eclampsia, and occupies the first twelve pages, the leading article. In this Dr. Hunt compares hysteric, puerperal apoplectic and epileptic with puerperal convul-

sions quoting many authors, giving etiology, pathology and treatment, ending with the following advice from Yingling's Emergency Manual:

The Repertory on Labor should be consulted under most of the rubrics, as many irregularities of labor cause convulsions. A timely prescription will prevent this dire calamity. Here special indications are given. When hemorrhage is present consult Repertory on Hemorrhage, also with retained Placenta and After-pains.

After quoting numerous authorities from the allopathic school, Dr. Hunt closes with the following:

The properly indicated homeopathic remedy excepted venesection after all, must be admitted to be the chief reliance in the treatment of puerperal convulsions. Unless the patient be evidently chlorotic or hydremic the first step to be taken is to bleed freely from a large opening in the vein, *pleno rivo*. The amount of blood to be taken should vary according to the patient's strength and condition. In ordinary cases from 16 to 30 ounces are not too much. If the convulsions return at very short intervals and the face remains livid and cyanosed, and the patient comatose, the bleeding should be repeated in from four to six hours. At the same time leeches, twenty to thirty in number, and ice-water on cloths to the head, must be used. Trousseau recommends compression of the carotids, which gives temporary relief and guards against the consequences of turgescence of the brain, such as probable apoplectiform effusions. This turgescence is not the cause, but the effect of the convulsions. The pulse, which before the bleeding was sometimes small, will rise and become fuller as the blood flows (Naegele). But in moderate convulsions and those at long intervals, without the above-mentioned brain symptoms, venesection is not so much indicated, or only in great moderation.

The skillful homeopathic physician will not need to employ any accessory treatment whatever. The remedy indicated by the totality of symptoms as the simillimum will work more surely and rapidly than any other measure, but, unfortunately we are not all Kents, or Allens, or Cowperthwaites, and it is to prevent the unskillful brother from, probably, losing two lives when confronted by a case of eclampsia that these remarks on accessory treatment are made at all. Now I hope this is sufficient apology and explanation to the illustrious men whose signatures are on my diplomas, and who, if they read this paper, will exclaim: "I never taught him that!"

Summary of Treatment.—1. In grave albuminuria before labor, an exclusive milk diet and moderate venesection if there be serious head symptoms or disturbance of vision.

2. If, notwithstanding these measures, the convulsions appear, take from the arm 16 to 30 ounces of blood, use chloral in doses of 1 drachm

as an enema and repeat in four hours; also moderate inhalations of chloroform during the attacks.

3. The labor having set in, terminate it as soon as possible by forceps or by version, or under very rare circumstances, by the Cesarean operation.

4. After the delivery, if there be convulsions, use chloral; and if needed, chloroform during the attacks."

When a physician spends time in preparing an article for a medical magazine, it is generally supposed that he has something to contribute which will be of assistance to his professional colleagues. Perhaps it may be a verification of some symptom or symptoms of one of our remedies, thus increasing its value at the bedside; but no, a *cacoethes scribendi*, worthy of a better cause, rather than an effort to aid his homeopathic colleagues in their struggle with eclampsia, seems to have inspired this woe begone article.

Dr. Phlebotomy Hunt is a graduate of Dunham College, has been in practice about two years, and the chances are not one in a hundred that he has ever seen a case of eclampsia, for no Hahnemannian would ever have written the following: "I would as soon enjoy a nap while sitting on the escape valve of a racing steamer as consult my repertory while my patient is in the throes of eclampsia. If you have forgotten your therapeutics, this is no time for review." Working out a difficult case with repertory is not reviewing your therapeutics. Neither Dr. Kent, Dr. Cowperthwaite, nor any living homeopath can always make an off hand successful prescription for a case of eclampsia; the science of therapeutics is not built that way. The symptoms necessarily are largely, if not entirely, objective. Without his anamnesis which is often most difficult to obtain, the correct remedy cannot be selected without its symptom totality. Belladonna would never cure a *Veratrum viride* case of eclampsia or vice versa. The *similimum* will promptly relieve in all curable cases; the wrong remedy never.

Some time ago we published in the *ADVANCE* a case in Philadelphia in which Dr. Margaret E. Burgess, in consultation with two of her ablest homeopathic colleagues, after the patient had been for hours under the palliative effects of

chloroform and was thought to be moribund and the case pronounced utterly hopeless, from some symptoms observed put a few pellets of *Cicuta* 200 within the lips of the patient; the convulsions ceased, never returned, and the patient recovered.

Dr. H. N. Guernsey had a supposedly fatal case of typhoid at the Continental Hotel in Philadelphia. The patient was rapidly going from bad to worse, when Dr. Dunham was called in consultation from New York. These two men were among the ablest prescribers that the homeopathic ranks have ever produced. They spent two hours in obtaining the symptoms, subjective and objective of the patient, delirious, unconscious, rapidly sinking, then repaired to another room in the hotel and worked over the case for three hours with their repertories, selected *Silicea*, an unheard of remedy in typhoid, as the *simillimum*. It was administered and the patient recovered.

Now the first thing, and the thing to do in a case of eclampsia, that is feared to be fatal, is to obtain the symptoms of the patient and then by the use of the repertory, if the remedy can be found in no other way, select the *simillimum*. It may be a cool process on the part of the prescriber, but it is his duty, and perhaps the only thing that will save the life of the patient. It is not more cool and does not require any more time than venesection.

Within the last year we were unfortunate enough to have a case occur at the fourth month. In consultation with Drs. King and Titzell the convulsions were promptly relieved with Opium and the uterus was emptied; but the patient died about a week later from total suppression of urine. It is the only case that we have ever lost with puerperal eclampsia, but she did not die in convulsions.

But why a professed Hahnemannian should deliberately compile an article from a dozen allopathic text-books, and coolly recommend venesection as the first step in the treatment of eclampsia is beyond comprehension. The honorable and manly course for Dr. Phlebotomy Hunt to pursue would be, return his homeopathic degree to his Alma

Mater, and join the ranks of the dominant school in which venesection and chloroform appear to be the only reliance in such cases.

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SENSATION OF CAVITY IN REGION OF HEART.

Watsonville, Cal., May 6th, 1905.

EDITOR OF ADVANCE. I am receiving letters from your readers asking me where in Kent's Repertory I found "Sensation of Cavity in Region of Heart" covered by Medorrhinum. I made a serious mistake. It is not in Kent's Repertory, but on page 828, Knerr's Repertory I found it. The patient said "cavity," and under that head I looked for it in Kent, but it is not there. As Knerr gives but Medorrhinum for the symptom under consideration, I cried "Eureka!" turned to Guiding Symptoms and found the case fully covered by that remedy. As I am too dense to appreciate the difference between the sensations of cavity and emptiness, I did not look farther and concluded that Medorrhinum was the only remedy capable of causing the sensation of "cavity in the region of the heart." But on the next page of Knerr's Repertory, 829, near the middle of the second column, is recorded: "Heart, sensation of emptiness. Cocculus." Why these two remedies, Medorrhinum and Cocculus, should not come under the head of either cavity or emptiness of heart, let Dr. Knerr rise and explain.

Taking Guiding Symptoms for it, Cocculus and Medorrhinum alone have the subjective symptom that is the subject of this apology. Dr. Kent gives under "Emptiness, sensation of region of heart;" Crocus, "Graphites, Pothos foetidus, and Sulphur." Of Pothos foetidus I know nothing and cannot deny nor doubt Dr. Kent's dictum with regard to it, but I have carefully searched and cannot find that symptom in the symptomatology of either of the other drugs given. In my humble opinion it is for him to tell us where he found it. Fraternaly,

S. E. CHAPMAN.

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## NEWS ITEMS.

**The Missouri Valley Homeopathic Medical Association** will hold its next regular meeting at Omaha, in October. The president, Dr. Freeda M. Lankton, and the secretary, Dr. Erle B. Woodward, announce the coming meeting and appeal to the profession of the Missouri Valley for united support in carrying out the program. They announce that fewer papers will be presented in order that a free and full discussion by the members may be had. This will induce members who are invited to write a paper to appreciate the compliment and do their level best in its production. Every loyal homeopath is earnestly invited to be present and participate in a successful meeting.

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**Dr. Joseph McDonald, Jr.**, of New York, announces that he has severed his connection as managing editor of the International Journal of Surgery, and in future will publish an independent surgical journal. He has purchased the American Journal of Surgery and Gynecology, and will issue it as the "American Journal of Surgery." With a large list of contributing surgeons and teachers, he will probably make it one of the best known and successful surgical journals in the country. We wish him success.

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Drs. Arthur and Francis Peake have formed a partnership under the firm name of Peake Bros., at Valley City, N. D. This move became necessary in order to attend to the increasing homeopathic practice of the city and surrounding country.

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We are indebted to Dr. John L. Moffat, of Brooklyn, for the photogravure of the portrait of Bönninghausen, painted by Prof. Roetting of Dusseldorf, upon the order of Carroll Dunham's father. The plate was made upon the initiative of Dr. W. W. Blackmann, of New York, who gave a sketch of Bönninghausen's life at the New York College Alumni meeting.

It was Bönninghausen to whom Dunham went for instruction in the practise of pure Homeopathy, after he had been converted in New York by the cure of his arm from

septic poisoning. The life that was then saved was devoted to the practise of Homeopathy, and Dunham always referred to the debt of gratitude he owed Bönninghausen for instructing him in the practical application of the law of similars. And yet to many members in the homeopathic profession this great colleague of Hahnemann is practically unknown. An alumnus of the New York College, at a recent meeting, asked a member who was present this significant question, when Dr. Blackman's address was announced: Who was Bönninghausen? We hope to see Dr. Blackman's address in print, for Bönninghausen has perhaps, with his incomparable repertory, done more to further the progress of pure Homeopathy than almost any other writer in our school.

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The Wisconsin, the Iowa and the Illinois State Societies have postponed their annual meetings and will meet in conjunction with the American Institute, June 26th to July 1st. Many members of both societies wish to attend the Institute and cannot afford the time to attend two societies meeting in consecutive months. This is not only a wise but a business proposition, and should certainly meet the approval of the profession. Special business meetings of the societies will be held from time to time to elect officers, new members and those who wish to join the American Institute. Let us have a rousing meeting here in June.

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EDITOR MEDICAL ADVANCE: **The American Medical Society for the Study of Alcohol and Other Narcotics** was organized June 8, 1904, by the union of the American Association for the Study of Inebriety and the Medical Temperance Association. Both of these societies are composed of physicians interested in the study and treatment of inebriety and the physiological nature and action of alcohol and narcotics in health and disease. The first society was organized in 1870 and has published five volumes of transactions and twenty seven yearly volumes of the Quarterly Journal of Inebriety, the organ of its association. The

second society began in 1891 and has issued three volumes of transactions and for seven years published a Quarterly Bulletin containing the papers read at its meetings. The special object of the union of the two societies is to create greater interest among physicians to study one of the greatest evils of modern times. Its plan of work is to encourage and promote more exact scientific studies of the nature and effects of alcohol in health and disease, particularly of its etiological, physiological and therapeutic relations. Second, to secure more accurate investigations of the disease associated or following from the use of alcohol and narcotics. Third, to correct the present empirical treatment of these diseases by secret drugs and so-called specifics and to secure legislation prohibiting the sale of nostrums claiming to be absolute cures containing dangerous poisons. Fourth, to encourage special legislation for the care, control and medical treatment of spirit and drug takers. The alcoholic problem and the diseases which center and spring from it are becoming more prominent and its medical and hygienic importance have assumed such proportions that physicians everywhere are called on for advice and counsel. Public sentiment is turning to medical men for authoritative facts and conclusions to enable them to realize the causes, means of prevention and cure for this evil. This new society comes to meet this want by enlisting medical men as members and stimulating new studies and researches from a broader and more scientific point of view. As a medical and hygienic topic the alcoholic problem has an intense personal interest, not only to every physician, but to the public generally, in every town and city in the country. This interest demands concentrated efforts through the medium of a society to clear away the present confusion, educate public sentiment, and make medical men the final authority in the consideration of the remedial measures for cure and prevention. For this purpose a most urgent appeal is made to all physicians to assist in making this society the medium and authority for the scientific study of the subject. The secretary, Dr. T. D. Crothers, of Hartford, Conn., will be pleased to give any farther information.

**Dr. Alonzo Lewis Kennedy**, died at his home in Brookline, Mass. April 13th. He was born in New Castle, Me., October 22, 1844. He received his literary education at the Lincoln Academy and Bowdoin College, and his Medical degree from the Boston University Medical School, being a member of the first class that was graduated in 1876. He afterwards took post-graduate work in Vienna and located in Boston.

Dr. Kennedy was an active and well-known Hahnemannian, thoroughly imbued with the spirit of Hahnemann and one of the best prescribers in New England. He was the ruling spirit in the establishment of the Medical Dispensary now located in the Charity Building on Chardon Street, for which he labored for eighteen years. He was for several years instructor in Materia Medica in the Boston University School. He was the author of a pamphlet on Homeopathy which has been largely circulated, and considered an excellent missionary document, although he gave full credit to the Bönninghausen Club of Boston, of which he was an active member. He was prominently identified with the American Institute of Homeopathy, The International Hahnemannian Association, The Massachusetts Homeopathic Medical Society, several social clubs, and especially the Congregational Club of the old South Church, from which the funeral service was held.

Dr. Kennedy was married in Chicago, in 1895, to Miss Isadore Hatfield, who, with an eight years old son, survives him.

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**Dr. John W. Streeter**, for many years one of the leading homeopathic surgeons of Chicago, died at his home in Lake Forest, June 5th, 1905.

He was born in Anstenberg, N. Y., September 17th, 1841; was educated at Monroe academy and Otterbein university. He left college in 1858, taught school four years in northern Indiana, and at the outbreak of the war, joined the famous Loomis Battery and was mustered out in 1865 as First Lieutenant.

He began the study of medicine at the University of Michigan, and graduated from Hahnemann Medical College in 1868. He was one of the founders of the Chicago Homeopathic College, and Professor of Gynecology for many years. For ten years he was president of the homeopathic staff in Cook County Hospital.

Ten years ago Dr. Streeter was injured with a needle during an operation. Blood poisoning followed, and he has been an invalid ever since. His physicians then informed him that he could not live more than a year or two, but good care and medication prolonged his life, so that he was enabled to superintend his practice until within the last two years.

He has always been an indefatigable worker, rarely taking a vacation, and even during the last two years of his life his over-active brain found a vent in literary work, and two volumes, at least, of very creditable works of fiction have been published.

He will be sadly missed in the professional circles of Chicago.

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**Spongia:**—Rheumatism had left the lumbar muscles and seized the heart (the second similar metastasis). Was awakened between 1 and 2 A. M. by a sense of suffocation, accompanied by violent, loud cough, great alarm, agitation, anxiety, and difficult respiration. *The fiction of the heart was violent and rapid, each beat was accomplished by a loud blowing as of a bellows: Wells.*

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**Zincum:**—Enlargement and induration of liver; abdomen distended and soft, sore pains all over it, particularly around the naval; hectic fever, unquenchable thirst, when swallowing feels a small, hard lump in throat; sensation as if a worm crept up from pit of stomach into the throat, which makes him cough; frequent gagging and vomiting of a little bloody phlegm or thin blood, sometimes pus. of a saltish taste; cough worse at night, with shooting in scrobiculum, a kind of weak but very deep cough; has to cough until he raises. *cannot lie on left side; during the night a dull moaning.*—*Hering.*

## NEW PUBLICATIONS.

**Conservative Gynecology and Electro-Therapeutics.** A Practical Treatise on the Diseases of Women and Their Treatment by Electricity. By G. Benton Massey, M. D., Attending Surgeon to the American Oncologic Hospital, Philadelphia; Fellow and Ex-President of the American Electro-Therapeutic Association; Member of the Societe Francaise d'Electro-Therapie, American Medical Association, etc. Fourth Edition, Revised. Rewritten and Greatly Enlarged. Illustrated with Twelve Original, Full-Page Chromo-Lithographic Plates; Twelve Full-Page Half-tone Plates of Photographs taken from Nature, and 157 Half-tone and Photo-Engravings in the Text. Pages XVI-468. Octavo. Cloth, \$4.00 net. F. A. Davis Company Publishers, 1914 Cherry Street, Philadelphia.

The best recommendations perhaps that this work of Massey's can receive is that it is the fourth, revised, rewritten and enlarged edition. It is probably one of the most complete works on the application of electricity in the diseases of women in the English language. The author has devoted years to the practical application of this agent, and this volume is the result of his labors. Since the appearance of the last edition electro-therapeutics has made wonderful progress in every direction, but in none has the advance been more marked than in gynecology. This advance has necessitated the complete rewriting of the more technical portions of the work, especially those referring to the constant current, and the theories and practical application of electrolysis.

Several new chapters on the treatment of cancer and other malignant diseases by electricity, chemical destruction and sterilization have been added. And now that so many physicians are using the Roentgen rays this portion will be of special interest. There is a brief, though very complete, chapter on the Roentgen rays in diagnosis and treatment prepared by Dr. Herman Gradd, of New York, which adds materially so the value of the work.

The apostali treatment, as advocated by the author, some years ago, for the averting of unnecessary sacrifice of

the pelvic organs by electric modalities, is here elaborated and brought up to date. The author claims that these questions have passed from the controversial stage into that of acceptance; that the practice is no longer experimentive, but is now one of the modern surgical methods in general vogue; that electro-therapeutics, as applied to the numerous affections of the pelvic organs, the problems of the true gynecology, is here illustrated in its various adaptations to individual cases.

The early work of Apostali and Keith in this line of surgery is here more thoroughly illustrated and practically demonstrated, than perhaps in any other work we have. The half-tones and chromo-lithographic plates greatly add to the value of the volume. No surgeon who does much gynecological work can afford to be without this volume.

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**The Journal of the British Homeopathic Society.** Edited by G. F. Goldsborough, M. D. New Series. Published Quarterly. Pp. 188.

The April number contains a well written article on "Experiences in the Late South African Campaign, with Special Reference to Abdominal Wounds," by Dr. Robert W. Cooper in which unexpected results were obtained in cases where no attempt even at asepsis could be attained. And yet recoveries of cases of laparotomy for gun shot wounds of the abdomen were quite common.

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**Malformations of the Genital Organs of Woman.** By Ch. Debierre, Professor of Anatomy in the Medical Faculty at Lille. With 85 Illustrations. Translated by J. H. C. Simes, M. D., of the Philadelphia Polyclinic. Pp. 182, Cloth, \$1.50 net. Philadelphia: P. Blakiston's Son & Co. 1905.

It is now an accepted anatomical fact that monstrosities are always the result of the action of accidental causes. Saint-Hilaire has demonstrated that all malformations, from the slightest to the most serious are due to modifications in the evolution of the fecundated germ due to the action of external physical causes, that is, deviations of the normal

specific type, caused by a change in embryonic evolution.

The author has undertaken to write a new history of this subject and we think he has succeeded in producing a volume of both scientific and practical interest to the medical profession, especially the gynecologist and obstetrician.

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**MAN; An Introduction to Anthropology.** By W. E. Rotzell, B. S., M. D. Lecturer on Botany and Zoology in the Hahnemann Medical College, of Philadelphia, Editor of the *Atlantic Slope Naturalist*. etc., etc. Second Edition. Pp. 186. Philadelphia. John Joseph McVey.

The first edition of this book was published in 1900, had a rapid sale, and was soon out of print. While there have been few changes made, there are a number of valuable additions in the present work, especially a new chapter on the development of culture, in which some views are presented not elsewhere found.

Anthropology seems, unfortunately, to be one of those subjects about which the vast majority of persons know very little, and judging from their indifference, appear to care less. This is unfortunate. Many persons would be ashamed to acknowledge that they are not fairly acquainted with events in recent history; the date of the reign of some monarch or potentate, the date, or the name and date of some important battle, which perhaps decided the fate of a nation, but without a blush they would acknowledge they had never heard of their probable ancestral type, as represented by the Neanderthal skull of the man and woman of Spy. The classification herein adopted is the common one of color, and one generally accepted for its ease of comprehension and the geographical relation to the races. The author has adopted the rule of most writers on the subject in this particular, but the rule of going from the lower to the higher has been changed in the instance of the red race, in placing it between the yellow and the white. He gives as a reason for this the affinity between the yellow and red races, which seems to be so close that the latter appears to be dependent upon the former for its origin. They might



almost have been considered as constituting a single race.

There are many points of intense interest in this book to every student of Anthropology, and many of our teachers and students of physiology will here find much that will be of interest.

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**Transactions of the Connecticut Homeopathic Medical Society.** Published by the Society. 1904.

This volume of 160 pages contains the revised edition of the constitution and by-laws of the society, and many valuable articles on practical medicine as well as two provings of new remedies: One a proving of Scopolamine, by Dr. H. A. Cameron, of Waterbury, and another on Iridium Chloride by Dr. H. A. Roberts, of Derby, Conn. We congratulate our colleagues of the "Nutmeg State" on their enterprise.

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**Studies in the Psychology of Sex—Sexual Selection in Man, I, Touch. II, Smell. III, Hearing. IV, Vision.** By Havelock Ellis. 6½x8½ inches. Pages XII-270. Extra Cloth, \$2.00 net. Sold only by subscription to Physicians, Lawyers and Scientists. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia, 1905.

The scope of this volume is defined in the preface where the author informs us that: In his famous descent of man, wherein he set forth the doctrine of sexual selection, Darwin injured an essentially sound principle by introducing into it a physiological confusion whereby the physiological sensory stimuli through which sexual selection operates were regarded as equivalent to aesthetic preference.

It is to place this whole question on a scientific basis, to eliminate the aesthetic element of Darwin, that this work by Havelock Ellis has been written. The author claims that sexual selection is fundamentally a psychological process and should be studied from the psychological standpoint, that it is a self evident fact not an hypothesis. Obscure as the psychological aspects of sexual selection still remain, they reveal the inner side of human evolution. Much may be learned of practical value in the prevention and cure of

disease by the study of the facts presented in this work. Many diseases cannot be cured until we can discover and remove the cause.

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**A Text-book of Materia Medica and Therapeutics; Characteristic, Analytical and Comparative.** By A. C. Cowperthwaite, M. D. P. H. D., L. L. D., senior Professor of Materia Medica and Therapeutics in the Hahnemann Medical College and Hospital of Chicago, etc. Ninth edition, with an appendix including the new remedies. Pp. 860; Cloth \$5.00. John B. Delbridge & Son, Chicago. 1905.

In the preface of this edition the author says: "It is now 25 years since the first edition of this book appeared. I well remember the anxiety and trepidation with which the young author then awaited the verdict of the profession, and his relief and satisfaction when he learned that the edition had been closed out within a few weeks and another was required at once. It is with equal satisfaction, though with less youthful elation, that now, after a quarter of a century spent in the teaching of and writing on Materia Medica, he finds that his first work along these lines is still popular with many and remains a standard text-book upon this important subject."

This edition is practically the same as the last, except that it has an appendix containing a number of remedies not included in former editions. Among these remedies we note: Adonis vernalis, Avena sativa, Calcarea fluorica and Sulphurica, Chionanthus, Crataegus, Echinacea, Geranium, Grindelia, Kali muriaticum, Phosphoricum, and Sulphuricum, Magnesia phosphoricum, Mercurius dulcis, Natrum phosphoricum, Passiflora, Sabal Serrulata, Stellaria, Stigmata Maydis.

Among the new remedies in the appendix we looked in vain for some of the nosodes heretofore omitted in this work, although Ambra, Secale and Ustilago, vegetable nosodes, were included in former editions.

The volume is well printed on good paper, and will be found a valuable addition to every homeopathic library.

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**International Clinics**, a quarterly of illustrated clinical lectures and especially prepared original articles in every department of medicine by leading members of the medical profession throughout the world. Volume I. Fifteenth Series, 1905. Pp. 312. J. B. Lippincott Co., Philadelphia.

This volume is well illustrated, well printed, and is composed of many able articles by some of the best known writers. We do not know where the medical man can find more material that will aid him more in diagnosis, pathology, and operative surgery, for the same amount of money, \$2.00 per year. While making an addition to your library every year this series of International Clinics will enable every practitioner to keep in touch with the medical progress and be up-to-date in his work.

A New Book from the pen of Dr. William Harvey King on Static; High Frequency; Radio; Photo and Radium Therapy, is now being issued from the press, price \$2.50. Dr. King is the author of *Electricity in Medicine and Surgery*, this book had a large sale, the second edition being entirely sold out. The New Book will undoubtedly meet with the same success. Boericke & Runyon of New York are the Publishers.

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## KENT'S REPERTORY

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**T**HIS works represents many years of careful research throughout the whole field of homeopathic literature by one of our best teachers of materia medica. He has freely borrowed from other reliable repertories and has also added thousands of choice hints from other reliable sources, provings and clinicals. It seems to us he has been just a little too conservative rather than too liberal; but this only makes the book more precious. It is arranged in chapters, (mind, vertigo, head, eyes, vision, ears, etc.), with alphabetical sub-heads; thus making not only a valuable reference book, but an interesting *reading book* as well. The type is marvelously clear and well arranged on the page, so that the eye easily finds the list it wants and *can't help seeing the leading remedies* (as sample pages will prove)

It has its defects; and will sadly deceive a careless, hasty prescriber, who assumes that any of the lists are complete or that some one of the black faced medicines given will of course cure his case. But to the careful prescriber it will grow more and more precious every day.

**Price, \$16.00, Bound in Half Morocco.**

We are hoping some day to coax Dr. Kent into issuing a five-dollar abridgement for pocket use and *for allopaths* (and some others), who are scared by the size and costliness of this beautiful volume. *But this is the best for office use* and for all perplexing or unusual cases. —

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Is the finest summer and winter hotel on the Great Lakes for families, tourists and transient guests. Has nearly a 1000 feet broad veranda, built of stone and pressed brick; 450 large rooms, All outside. No courts. Furnished throughout in mahogany, 220 private bath-rooms. Just ten minutes by Illinois Central Express from the shopping and theatre district of the city. Cool in summer, away from the city's dust, noise and smoke. Golf, tennis, boating, bathing and fishing. Send for handsome, new, illustrated booklet.



## **THE MEETING OF THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION FOR 1905**

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# THE MEDICAL ADVANCE

AND

## JOURNAL OF HOMEOPATHICS.

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### THE PRINCIPLES OF PRESCRIBING.

BY W. A. YINGLING, M. D., Emporia, Kansas.

Homeopathic prescribing is scientific prescribing and is based on the science of symptomatology which includes or is based upon the law of Similars. Unless one comprehends the science of symptomatology homeopathic prescribing is very difficult and unsatisfactory, and even with the broadest comprehension of true symptomatology it is often no easy task, as none of the sciences are in their art. The farther we get from the teachings of the Organon of the Healing Art as taught by Hahnemann, the more uncertain and the more unsatisfactory becomes the art of healing the sick. Homeopathic symptomatology is not a mere array of the signs of sickness as expressed by the patient, nor is it the aggregate of the subjective and objective expressions of disease. The mere symptom coverer is not a true homeopathician. Yet today the tendency with homeopathic physicians is to cover symptoms, as nosological prescribing is with our allopathic fraters. There is more in the sick condition than the mere name, as there is more to a homeopathic symptom than the simple sensation. The homeopath must be a broad minded man as well as philosophical. He is to consider the "totality of symptoms." This "totality of symptoms," is misconceived by a certain part of the profession. It has not to do with the aggregate of symptoms so much as with the completeness or entirety of symptoms.

**Totality means whole, entire, full, complete, not divided, and its synonyms are "whole, entire, complete." Wholeness implies freedom from deficiency, not defective or imperfect, integral. The "totality of symptoms" means, then, the completed symptom in its entirety, with all its integral parts.**

At times many symptoms of a patient should not be considered in a given prescription because they are lacking in completeness and are misleading, or lead to guessing. This is what Hahnemann refers to in the last clause of section 153 of the Organon when he says the undefined symptoms demand but little attention in prescribing. Every symptom to be complete or total must have four integral parts; (1) The Locality; (2) The Sensation; (3) The concomitant; (4) The Modality, or the conditions of aggravation and amelioration. The Science of Symptomatology is the consideration of completed symptoms with their relations to conditions and circumstances, to cause, family history, the history of the patient, environment, and every feature that can affect the sick condition of the patient. The "Taking of the Case" is the most difficult part of the prescriber's work, but when that is thoroughly done the selection of the remedy is less difficult and its certainty of action is more pronounced.

But even after the remedy has been given, the greatest judgement must be exercised to allow its uninterrupted action, for the interrupted action of a curative remedy will give very much trouble and sometimes will spoil the case. The only rule governing the repetition of a remedy is that given by Hahnemann, that is, to let it alone after a good response has been noticed so long as it acts. But right here it is often most difficult to know with certainty whether the new symptom picture is the result of the curative action of the right remedy or the disorganizing action of the wrong remedy. Experience and patient waiting must largely be the guide. Many physicians fail in this part of their labors and give up in despair, instead of facing the ordeal by determined efforts to overcome the deficiency and to master the Philosophy of Homeopathics.

The greater the mastery of the Science of Symptomatology and the philosophy of Homeopathies, the easier becomes the art of prescribing successfully. It does not require a great amount of knowledge to palliate sickness, especially by the censurable routine of our old school friends, but good judgement, comprehension of the Law of Cure, and hard work are necessary to the *cure* of disease, particularly that of the chronic form.

If we should stop here the task of prescribing would remain too difficult except for the master mind. We have an invaluable aid to prescribing in the peculiarities of a given case that make the task much easier in the majority of instances, when we have properly studied the *Materia Medica* in the true "totality of symptoms," or the completeness of symptoms, as well as their relations to diseased conditions. We must know what to expect in a given sick condition before we can know what is peculiar to that condition. There is no greater help in this field of study than the comparison and differentiation of the pathogeneses of remedies with the diagnostic signs of disease. You must know your remedies by their peculiarities as you know your friends by their idiosyncrasies, and the familiarity must be so marked that the mention of the peculiarity by the recitation of complaints by the patient at once calls up the remedy. This is accomplished by the mental law of association. There is no need to endeavor to commit to memory the *Materia Medica*, it would be as foolish and impracticable as to endeavor to commit the dictionary in all its parts, but by forming the mental picture of the peculiarities of remedies vividly on the mind, they become, by the law of association, the Key-notes around which the other symptom notes assemble to make the harmony of the case.

The peculiarity is not merely the odd symptom, it may be a very common one, but peculiar by its relations and modalities. In paragraph 153 of the *Organon Hahnemann* says: "In this search for a homeopathic specific remedy, that is to say, in this comparison of the collective symptoms of the natural disease with the list of symptoms of known

medicines, in order to find among these an artificial agent corresponding by similarity to the disease to be cured, *the more striking, singular, uncommon, and peculiar* (characteristic) signs and symptoms of the case of disease are chiefly and almost solely to be kept in view; for it is *more particularly, these that very similar ones in the list of symptoms of the selected medicine must correspond to*, in order to constitute it the most suitable for effecting the cure."

We see from this paragraph that a true keynote symptom or symptomatic peculiarity has four characteristics. It must be.

(1). *Striking*: that is, surprising, forcible, impressive, very noticeable, a prominent feature.

(2). *Singular*: that is, out of the ordinary course, unusual, exceptional.

(3). *Uncommon*; that is, not common, infrequent in such a case, rare, hence remarkable.

(4). *Peculiar*; that is, belonging solely or especially to an individual; of private, personal, or characteristic possession; not possessed in common; not usually present in the diseased condition; belonging to the patient as distinct from other patients with the same sickness; the individuality of the patient or case.

There is much confusion regarding the keynote. Some physicians conceive it to be a mere oddity or prominent action of the remedy. It is this, but much more. The keynote is a peculiarity as well as an uncommon symptom, but the setting, the association, makes it the guide in the selection of the homeopathic remedy. Remember, I say, makes it the *guide* in the selection of the homeopathic remedy, and not the sole basis of the selection. What is a peculiarity or keynote in one case may be a very common or unworthy symptom in another case. The keynote peculiarity does not merely refer to the pathogenetic symptom of the remedy, but must correspond equally to the totality of the symptom list in the patient. It must not only be present in the symptom picture of the case, but it must be strikingly forcibly present and show its peculiarity by its setting



and relative association in the symptom complex. This peculiarity may be such from its location, from its sensation, from its concomitants, from the modalities, or from its association alone.

The keynote is not the only note in a given piece of music. The keynote would not make harmony if sounded alone; it requires other notes to make a tune. While it is the principal note of the piece of music, other notes may be more essential to the musical harmony, yet these other notes revolve around and about the keynote. Those who prescribe on one symptom because it is known to be a peculiar one to the remedy, err and fail simply from the fact that they forget that the remedy must be suited to the peculiarities of the patient and not the patient to the peculiarities of the remedy. The patient must be examined to ascertain the individual peculiarities and then the remedy adjusted to the symptom picture as a whole.

The warfare by some eminent and highly respected physicians against the keynote because of its abuse is simply a logomachy, a war of words. The very best prescribers use the keynote in a legitimate way. Even those who fight the name use the principle in every possible way. It is not wisdom to oppose a principle because of its abuse by those who do not understand the science of Symptomatology nor the philosophy of homeopathics. These warriors for the purity of practice stultify themselves by the practical use of the principle they denounce. It would be wiser and more conducive to the furtherance of the good cause of pure Homeopathy to denounce the abuse and error of conception of the principle and exemplify the correct use in reports of cases from actual practice.

The whole foundation of Homeopathy is the law of similars and no prescription is homeopathic, no matter what potency may be used, unless the principle of similitude is at its foundation. It is not prescribing on the name of a disease, the diagnosis, though that may be a prominent feature for consideration. It is furthest removed from routine prescribing, yet in epidemics when the characteristics of

the epidemic have been ascertained by careful investigation, it may border on the routine because the one remedy will largely cover all cases of the epidemic. There is such a thing as family prescribing, for members of a given family with apparently different diseases may, from the peculiarity of the family as present in the given case, require the same remedy.

There is also a large foundation of truth in the employment of the organ or locality remedies, remedies having peculiar and marked affinity for certain organs and locations of the body. But in all these care must be exercised not to overlook the "totality of symptoms," the peculiarities of the individual patient. The curative remedy must correspond in its pathogenesis to the symptom picture of the patient, not in part, but in whole. The correspondence must be, not only in the list of symptoms, but in the degree of relative importance and prominence of the symptoms. A prominent symptom of the patient must be covered by a corresponding eminently prominent symptom in the remedy. A symptom of low degree in the patient should not be covered by a symptom very prominent in the remedy, because it may magnify that symptom and change the relative value of the patient's diseased symptoms. The equation of symptoms is a factor in homeopathic prescribing.

Finally, of the two classes of symptoms, the subjective and objective, the former is of the greater importance. The subjective or mental symptoms are those of the patient's own consciousness, those not knowable to the physician except as the patient reveals them. The objective are those symptoms observed by the physician and are, hence, more material and of less value from this reason. The objective symptoms refer more to the diagnosis and pathology of the disease. The diagnostic symptoms are of little value in the selection of the homeopathic remedy because they are common to the disease and not peculiar to the individual patient as are the subjective or mental symptoms. The objective symptoms have more or less value in prescribing, and may be of great value in the absence of mental symptoms, but usual-

ly are not of great value, whereas the subjective symptoms are always of the highest value.

It is no easy task to be a successful and scientific homeopathic prescriber, but it pays to seek the highest ideal.

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### DRUG DYNAMICS\*

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BY PLUMB BROWN, M. D., Springfield, Mass.

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In presenting this subject at this time for your consideration, I have no thought of adding anything new or original to the rich storehouse of knowledge of any of you present, but if I am able to cull, as it were, a few salient points of this tremendous subject that will draw out a healthy and helpful discussion, interchange of thoughts and experiences, my goal for the paper will be reached.

In these days of therapeutic nihilism does it not behoove us frequently to stop and seriously consider, discuss and ponder over this power? What is the power that keeps us well, what the power that makes us sick and what the power that restores health? Are we not in these days of specifics, palliatives and the rapid rush of life, too apt to forget or lose sight of the undercurrents, as it were, the cause, the power, beneath.

We accept as a definition of our position in the medical world, that of a physician who adds to his knowledge of general medicine, a special knowledge of homeopathic therapeutics. Does not this make our responsibility even greater? As Prof. H. C. Woods of New York puts it, "If you must have a name let it be that of a common sense doctor, who, brought face to face with the problems of life and death is willing to save life in any way, who acknowledges no boundaries, no sects, no schools, but who searches Heaven and earth to find means to relieve suffering and cure disease."

When we have intrusted to our care a human life, any neglect on our part to make ourselves thoroughly conver-

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\*Read at meeting of Western Massachusetts Homeopathic Medical Society May 30, 1905.

sant with every detail of the case is certainly little less than criminal; and if even a theoretical knowledge, which we hope may become a practical one, of the action of drugs will help us to study more carefully our patients anatomically and physiologically as well as pathologically, in order more clearly to understand what methods, what remedies to use to aid the vital force in removing the cause and thus preventing as well as relieving suffering, I am sure our time will not have been spent in vain.

Ignorance is no excuse in the eyes of the law. We must not leave any stone within our reach unturned. In just so far as it lies within our power we must be masters of the situation. How can we be masters of that which we do not understand. A machinest knows his machine. In so far as we are able we should know our machine—the human body, its anatomy, physiology and chemistry.

Without deprecating in the least the value of purely symptomatic prescribing, so-called, with the many times marvelous results attendant upon such prescribing, I still make bold to assert, first, that such a prescription is an impossibility, and further, that a physician is not a thorough master of his calling, has not prescribed for his patient in the most scientific manner possible, who fails to make such a close study of every individual patient anatomically, physiologically and chemically that he has in his mind's eye a clear picture of how things should be, then on comparing this picture with his patient he sees how things are,—the sickness, the pathology.

Having thus clearly before our mind's eye these two pictures, we as homeopaths, as therapeutic specialists, at once throw the light on the third picture in our mind, viz., drug proving. This picture should always be kept very vivid. We should know our remedies very thoroughly, know their character, their possibilities, and their limitations. This can only be done by hard work and study, systematic provings and verifications. We should also know the poisonous properties of our drugs, with their antidotes, as well

as their physical characteristics, in order that we may recognize the original article.

I further contend that in order to fit in the most satisfactory manner, our drug picture to our disease picture, we must of necessity have previously made what is termed a diagnosis, a "scientific determination" as Webster terms it, and that most minutely.

In addition to the oft-repeated question, what cured, we should also ask what was cured.

We must go even deeper in our diagnosis than our allopathic friends, who simply ascertain what organ is involved, while we should find what particular parts or cells of an organ are affected.

A diagnosis thus made gives us the ability to take, to detect the true totality of the symptoms.

It is not scientific to prescribe for symptoms, the nature or cause of which are not in the least understood. For instance, dyspnea is a symptom true, but what is the cause; is it due to pulmonary congestion, hydro-thorax, hydropericardium, cardiac or renal disease, or what? In answering these and similar questions which would arise in our minds, we are consciously or otherwise making at least a partial diagnosis.

I admit this all means hard work and much of it, but one who is afraid of hard work has no business in our profession. Study our patients, their temperaments, study and become acquainted with our drugs; hasten the time when the accusation, too often made with truth at present, that the homeopathic physician at times administers drugs in much larger and more often fatal doses than our allopathic friends would dare give, will be absolutely true in no case. This ignorance of drugs and their sphere has often reflected great discredit and injury upon our school of practice. Granting now that we have before us a clear picture of health, of disease and of drugs, let us for a little consider if it is possible to arrive at any accurate conclusions as to how drugs, remedial agents, restore diseased tissue to health.

You may truthfully say that all of our conjectures will

be theoretical, but the theoretical always antedates the practical and scientific. Confucius said:

“Exercise the mind with contemplation and the body with action, and so preserve the health of both.”

What is drug dynamics?

Hahnemann tells us in § 3 of the Organon;

If the physician clearly perceives what is to be cured in diseases, that is to say in every individual case of disease, (knowledge of disease): if he clearly perceives what is curative in medicine, that is to say in each individual medicine, (knowledge of medicinal power), and if he knows how to adapt, according to clearly defined principles, what is curative in medicines, to what he has discovered to be undoubtedly morbid in the patient, medicine indicated; if finally he knows the obstacles to recovery in each case and is aware how to remove them, then he understands how to treat judiciously and rationally, and is a true practitioner of the healing art.

To the progressive physician of the 20th century it is not entirely satisfactory simply to select the remedy according to symptoms present and then rest content. In so far as possible he must know the how and the why of it all, or as Hahnemann puts it, “have a thorough knowledge of medicinal powers,” drug dynamics.

The often marvelous results which we obtain from our potentized remedies, administered according to the law, *similia similibus curantur* are perplexing and he who contents himself with these results simply, without further investigation will remain an imitator and will neither advance in nor master science.

Hahnemann further tells us in the Organon.

In the healthy condition of man, it is the spiritual, vital force, the dynamis that animates the material body with unbounded sway and retains all the parts of the organism in admirable, harmonious, vital operation.

The material organism without the vital force is capable of no sensation, no function, no self-preservation; it derives all sensations and performs all functions of life solely by means of the immaterial being—vital force, dynamis, which animates the material organism in health and in disease. When a person falls ill, it is only this spiritual, self-acting, vital force, everywhere present in his organism, that is primarily deranged by the dynamic influence upon it of a morbid agent inimical 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.

Thus disease is "morbidly affected vital force."

The vital force, dynamis of health, "deranged by the influence of a morbid agent inimical to health," dynamis of disease, is restored to its original harmonious operation by the third power, the dynamis of drugs, or healing.

How is this accomplished?

In the first place what is a symptom? Hahnemann explains:—

"A symptom is the outwardly reflected picture of the internal essence of the disease, that is the affection of the vital force." The opponents of the existence of this vital-force attempt a mechanical explanation of life claiming that in time we will by physical and chemical laws explain these phenomena. Are we simply a machine explainable by mechanical and chemical laws? or was Hahnemann right when he said "morbid derangements (disease) cannot be removed from the organism by the physician in any other way than by the "spirit-like," dynamic, alterative power of the serviceable medicine acting upon our spirit-like vital force which perceives them through the medium of the sentient faculty of the nerves everywhere present in the organism, and in no other way are remedies able to establish health."

We may not be willing to accept Hahnemann's theory of the *modus operandi*, but can we even now at the close of the first years of the new century advance a better one?

Is not Hahnemann's central truth daily gaining power? Pathologists with the microscope have arrived at a point where they have to admit that beyond the cell, beyond all material cause, they are compelled to recognize a something—a dynamis—a vital force which is invisible and upon which Hahnemann laid much stress.

Vital force—let us keep clearly before our minds the fact that only living cells are influenced by drugs. A tissue to be influenced must be a living tissue. Thus the action of drugs being as it is dependent upon the vitality of tissue, vital-force, is of necessity also dependent upon the conditions of vitality, and whatever destroys the vitality of tissue either prevents or retards the action of our remedies.

One of the many forces that destroys vitality is pressure. Drugs can have no action, no power upon the cutaneous epithelia that are being crushed by a nail in the shoe, or a pin in the baby's band, until the pressure is removed.

Neither can a drug restore consciousness to your patient who has a depressed fracture of the skull. Remove the cause, the pressure, and then your drug will act. There is reason in everything; use common sense. Do not expect everything of your remedies.

How do drugs act? What is the dynamis, the power? Is it by substitution? namely that the drug disease similar to the disease already existing is substituted for it. If so, how does the change take place?

Diphtheria antitoxin is given as an illustration of substitution. As valuable as antitoxin is, it does not destroy the bacilli of Klebs-Loeffler. It simply helps the system to resist, throw off the poison; but how?

Drugs act physiologically, they increase the number of red blood corpuscles, produce emesis, irritate mucous membranes, etc., but how is this accomplished?

Schussler advances the claim that disease is the result of a disturbance of the molecular motion of the inorganic tissue salts, and that his remedies act by supplying deficiencies. Is this literally true?

The late Dr. Hale of Chicago attempted to formulate a law based upon the primary and secondary action of drugs. Nux Vomica causes congestion of the spinal cord, producing spasms of the voluntary muscles, primary action; if continued the drug paralyses the spine and muscular paralysis follows, secondary action. The primary action of Opium and Podophyllum is constipation, while the secondary action is diarrhea.

Dr. Hale suggests the use of the lower potencies for the primary action and the higher for the secondary action. This supposed law based as it is upon the physiological action of drugs does not tell us the how, does not explain the dynamis.

After all our researches and arguments can we improve upon Hahnemann's deductions? Or does it in the least belittle or weaken our prestige if we accept his, may I say, almost inspired teaching? We know that the intestinal walls lined as they are with epithelial cells, each one of which is in



itself a living organism, perform most complicated functions. They absorb chyle by the active contraction of their protoplasm in the same mysterious manner which we observe in other single celled organisms, as for instance the amoeba. We further know that these epithelial cells absorb only useful material and reject useless and harmful matter.

What marks the crisis of a disease, i. e. of pneumonia? It simply marks the point where the disease germs have produced enough of their own poison to kill themselves and the patient recovers if his vital force is reinforced and strong enough to eliminate the disease processes.

The development of our body is by the progressive division of one single cell. Each tissue element becomes able to receive or reject, retain or excrete substances, and in this way become fully equipped to perform the functions of the organ of which in the future it will become an integral part. We stand amazed with wonderment when we consider that by one spermatozoon which in size is about one 500,000,000 of a cubic line, all the physical and mental peculiarities are handed down from father to son and even to the third and fourth generations. If this is mechanical, how marvelously wonderful must be the construction of the atom, or of even the component parts. Can these phenomena be explained by mechanical, physical or chemical laws?

Bacteriology is applicable and serviceable in medicine but we have to look at the cell as the fountain of all changes in the body in its functions. Thus we must admit that both disease symptoms and drug symptoms are produced by changes in the tissue cells. Perverted cell activity will determine any abnormal functional activity in the organism which we term disease. Drugs have either a direct or reflex action. Experiments have proven that drugs must be brought into direct contact with the living cells of the tissues to be influenced. Symptoms produced by reflex action or through nerve distribution are not to be considered as if the drug were carried along the nerve to the organ, but the drug acts pathogenetically on the particular motor region of the brain or spinal cord which governs the functions of

the respective organs. Here the drug action ceases and the nerve takes up the action of the central organ and carries it to its destination.

The vomiting of pregnancy and that of gastro-enteritis have a strong resemblance, but the totality of the symptoms will point to the tissues involved. Whenever we study living protoplasms we find, as we have already seen, the unchangable law of vital function, elective affinity.

Certain drugs have a specific action upon certain organs. Each drug has an affinity for, that is, effects more decidedly certain organs or groups of organs or tissues than other drugs. Pulsatilla, for instance, acts preeminently upon the vegetative system.

Once more, Hahnemann tells us:

Two diseases differing in kind but similar in phenomena invariably annihilate one another when they meet together in the organism, the stronger annihilates the weaker, for whenever the vital force deranged by the primary disease is more strongly attacked by the new very similar, but stronger dynamic morbid power, the weaker disease ceases to exercise any further morbid influence on the vital force, consequently it ceases to exist.

Thus to summarize:

A normal cell group in any part of the body absorbs some irritant towards which it stands in affinity, its normal function is disturbed, a pathological process is started, until another irritant, which we know to have an affinity for the same cell group is introduced into the organism. If the affinity of the latter is stronger, as the drug is, displacement occurs, chemical metamorphosis follows, elimination is facilitated, and normal cell function is restored, health.

Therefore study your case thoroughly; ascertain as definitely as possible what tissues and drugs have affinity for each other; then substitute the stronger force, which, acting as it does directly upon the cellular tissues, overcomes, eliminates the weaker force of disease, and health follows.

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## THE VITAL ADJUSTMENT.

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By A. W. VINCENT, M. D., Union, Ore.

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I remember long ago seeing the engine of a little saw mill start to "run wild" when the governor belt broke. The sawyer put on full feed forcing the log upon the saw which held the machinery to a reasonable speed, and the engineer closed the throttle before the log was cut through, thus compelling the sawyer to "gig back" for a new start. And so the mechanical engineers of this human body would hold the excessive action of the heart, when the "governor" is out of order, with coal tar products, digitalis, strychnine, etc. But you cannot shut down this machine for repairs, and the more you use the coal tar pressure, the more you destroy the adjustment of the "governor" which was the only real trouble in the first place, and there will come a time when you will be compelled to "gig back."

Perhaps by this time the great mechanic will have reduced the steam pressure (and general vitality) by blowing off the boilers (with colomel et.al.) or possibly only have held back the indicator (pain) with morphine,

This machine automatically controlled by the vital force lubricates itself, throws out waste, adjusts itself to varying temperatures, fights off hurtful influences from without and eliminates them from within, and even repairs itself when injured, providing the "governor is properly adjusted.

So let us adjust the governor and not "monkey" too much with the machinery here and there with means that only further destroy the vital adjustment.

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## THE NOSODES.

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By FRANK WIELAND, B. A., M. D., Chicago.

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This is not an exhaustive study of these intensely interesting products. It would be impossible for anyone to write exhaustively of them, unless one would make a closer

study of them than has been done up to date. Many do not believe in the nosodes. I do. In my mind they ought to cover a greater breadth of symptoms than drugs, either vegetable or mineral. Each of them represents the result of diseased conditions; hence they should involve the vital elements, within themselves, of those diseased conditions.

Take Psorinum for instance; it is not the pus that is responsible for the action of the remedy. While it is possible that pus is always of the same chemical composition, we all know that each corpuscle may be charged with a different virulence, and that the pus itself is only a medium. In my mind it is the potomaine in the pus that gives virulence to it; that some is not septic and some is intensely so. The old term "laudable pus" was meant to express this and was not such a bad name after all. "Laudable" and "desirable" are not synonyms.

One of the great benefits that has come to me from association with Dr. H. C. Allen has been the opportunity to hear his lectures on the nosodes; and a knowledge of nosodes has made me lenient to antitoxin. The principle of antitoxin is correct; the medium of its transmission may be open to criticism but that is not the fault of the antitoxin or the truth that is illustrated by it. Twice recently I have operated on appendix cases where there were well defined appendix tumors; in both cases, the pulse and temperature were normal. In both cases there was pus. In one the appendix was completely sloughed off. Of course both abscesses were well walled off; each had been preceded by violently acute symptoms, but these had subsided and the temperature had dropped. In both cases I think the patients had become immune to their pus infection. Eventually the abscess wall would have given way and a general peritoneal infection would have resulted.

Now the question is, why may we not do for our patients with our nosodes, what nature does? I think we can. My faith is as great in Pyrogen, in Psorinum and the few other nosodes, as it is in Arsenicum and Nux Vomica.

It is unfortunate that they are so imperfectly proven.

One of our boys proved *Malandrinum*. I was actually afraid he would die, and I think Dr. Allen shared the fear; but now after 8 months, he has gone up to 180 pounds, is pink and healthy as anyone could desire, and he has lost a cough that was to me very suspicious.

I shall not go into the provings of these remedies. I present the paper only to assert that the expectation of action from nosodes is logical. If nature in throwing off disease produces a product that represents, so to speak, the debris of this disease; if nature concentrates into a discharge, the poisonous principle that has made the disease a force, why should not the principle properly used, counteract disease when the symptoms are similar to those of the patient?

The idea of taking nosodes is repulsive. But to me the idea of taking any medicine is so. I have as wholesome a dread of drugs as a Christian Scientist. I think they are necessary and must be taken, but I never take a dose of anything, even although a necessary one, without thinking I am perpetrating an indignity upon my body.

Dr. Gray and I had a dreadful pus case of appendicitis; although less than 24 hours old, the abscess had ruptured before we operated. The temperature was 106. the pulse 132. That night his temperature was 104 and he had that peculiar restlessness in the eyes that always looks bad. No traumatic temperature ever reaches 104. We gave him *Pyrogen*. In the morning his temperature was 99. If any old school man had given him a serum and gotten this result, he would have lauded his remedy to the skies. We did the same thing, only differently. We gave it potentially into the stomach. We got our result and the man lived. Study the nosodes. It will be worth your while.

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***Stramonium***.—Very restless in the evening in bed; converses with spirits who approach his bed, lays hold of a sword and strikes about him to drive th fiend who is after him from the room. Red face, glistening eyes, great thirst, distended abdomen and great sexual excitement.—*Trinks*.

## HOW TO USE THE REPERTORY.

By DAVID RIDPATH, M. B., C. M., M. D., Edinburg,  
Sunderland, England.

CASE I. S. Aged 13 years.

This boy has suffered several years from severe headaches. The pain is of a pulsating character over the whole head, and is aggravated by noise, light, any jar and while sitting. The pain is relieved by lying and by cold applications. The scalp is painful to touch.

The patient is hurried in his actions and is of a chilly nature. He is very pale and emaciated. These attacks of cephalalgia usually lasted three or four weeks. The attack from which he has now recovered extended over three months his headache being continuous all the time, only slightly remitting in the mornings. Tubercular meningitis was diagnosed from the recurrence of headaches, accompanied by wasting, and the family history which is tubercular.

The remedy was selected by consulting Kent's repertory, which is the best work of the kind hitherto produced.

The numbers after the rubrics are the pages in the Repertory.

Pulsating in head, afternoon (p 224). Aeth. Alum. Cast. Caust. Coca. Glon. Graph. Grat. Hura. Ind. Lyc. Mag. s. Merc. i. r. Nat. m. Phel. Phys. Sil.

Hurry (p 59). Alum. Graph. Grat. Lyc. Nat. m.

Chilliness (p1200). Alum. Graph. Lyc. Nat. m.

Emaciation (p 1157). Alum. Graph. Lyc. Nat. m.

Pain in head <by light in general (p 148). Lyc. Nat. m.

Noise, sensitive to (p 83).

Aggravation afternoon (p 139).

Pain of head agg. by touch (p 156).

} Lyc. Nat. m.

Pain in head >in morning (p 138). Nat. m.

Pain in head >by cold applications (p 143). Nat. m.

Pain <by jar (p 148). Nat. m.

Here by a process of exclusion all the remedies given

in the first rubric, "pulsating in head in afternoon," are compared with the remedies given under the remaining rubrics until Nat. m. is the only one left—which is then considered to be the similimum.

One dose of Natrum muriaticum cm. was given on 24th April, 1904, to the boy. Four days afterward he had spasmodic movements of the muscles of both legs, which passed off in a week. In another week he was able to be out of bed with comfort. Now, on the 18th June the boy is well and quite free from pain. He is putting on flesh.

✓ CASE II. D. Aet. 33. Wiredrawer. May 6, 1904, has severe pain shooting down left thigh and leg in the course of the sciatic nerve; worse at night when warm in bed and also in forenoon when sitting. The pain is felt acutely while coughing.

Cold feet.

Numbness of the left leg while sitting.

Aching pain in lumbar region while stooping. This pain has lasted for four months.

The remedy was selected by reference to Kent's Repertory as follows.

Pain sciatic (p 1020). Ars. Bry. Cim. Col. Lac c. Lach. Mag. p. Merc. Nat. m. Nux. Rhus. Sep. Staph. Sul. Tell. and many others.

Agg. while sitting (p 1021). Bry. Col. Kali i. Lach. Lyc. Lys. Ruta. Sep. Staph.

Agg. in head (p 1020). Hyp. Kali bi. Lyc. Ruta. Sep.

Agg. while coughing. Caps. Sep. Tell.

Numbness of legs while sitting (p 1001). Sep. Nux.

☐ Numbness of left leg (p 1001). Sep.

Sciatic pain forenoon (p 1020). Sep.

Aching pain in lumbar region (p 885). Sep.

On the 6th of May, 1904, a few globules of Sepia 1 m were put on patient's tongue. From this time the pain steadily decreased.

In about ten days the pain was gone. Six weeks afterward the report is that he is quite well and free from pain.

In the preceding case the similimum was readily found by reference to Kent's Repertory.

Experience and an extended practice in the taking of the case, are necessary in order to use the work, but by perseverance all difficulties are overcome.

### RHEUMATISM OF THE HEART.

BY DR. E. W. BERRIDGE, London, England.

The *Homeopathic World* reports a case of rheumatism of the heart which was cured by Kali carb., high, viz:

Symptoms were: *pain like a knife* going into the heart; worse between 3 and 4 A. M., when he generally wakes up with it, with fear of death, the attacks lasting an hour; some aching in stomach which is tender to the touch; costive for three months; a systolic murmur, loudest at apex of heart; for two weeks pressure on heart on leaning forward or carrying anything in left hand. He received one dose July 22d, and was gradually relieved. September 9, same year, went fishing and drank beer; slight return; one dose again cured. The Doctor comments on the case as follows:

After the first dose the pain at heart, which used to attain its height between 3 and 4 A. M., reached its climax between 7 and 8 P. M., and was less severe; a postponement, combined with an > of a paroxysm, and in general any breaking of the periodicity of the disease, is a sign of improvement.

As the heart symptoms improved the old trouble in foot returned; the metastasis of symptoms to a less important organ, their transference to the extremities, and the return of old symptoms combined with the amelioration of the more recent, are all signs of improvement.

In this case the most recent symptoms disappeared first, then the older ones just as Hahnemann taught would always happen in a homeopathic cure; if they disappear in any other order it shows that the remedy was not perfectly homeopathic, and the symptoms being only temporarily suppressed, will return.



The extended duration of the action of Kali carb., in a very high potency is shown here. The first dose acted curatively from July 22d, to September 9th, or fifty days, even apparently producing new symptoms towards the end of that time, and probably it would have continued to act longer had not the patient's dietetic indiscretion hindered it.

This case shows the curative power of a single dose. Cases vary greatly in this respect, some requiring a frequent repetition of the dose, even at very short intervals, others needing only the single dose, and being < if it is repeated. This does not depend altogether on the severity of the case—for some most acute cases have been cured with a single dose, while on the other hand some chronic cases demand persistent repetition—but also on the degree of homeopathicity of the remedy and the freedom from external disturbing circumstances. In all periodical diseases the rule is to give one dose as soon as possible after the paroxysm, and wait to see the change effected in the next before repetition or change. This I did in this case, but had the symptoms been continuous instead of paroxysmal I should, in consideration of his unfavourable surroundings, have repeated the dose at intervals until there was a decided improvement. The repetition of the dose in each case must be left to the judgment of the experienced physicians. But under all circumstances this rule must be observed: Never repeat the dose or change the medicine as long as the patient shows a decided and progressive improvement; and even when the improvement in chronic cases appears to cease wait awhile, as periodical exacerbations of symptoms, followed in turn by marked > almost invariably occur during the progress of a homeopathic cure.

The extended sphere of conditions is here illustrated. Kali carb. is not known to have produced the exact cardiac symptoms of this case at 3 or 4 A. M., but a general < about this time is exceedingly characteristic of this remedy, just as an < from 4 to 8 P. M., is characteristic of Lycopodium. Some conditions seem to belong only to a single symptom, and hence, being of limited utility, are not characteristic;

while others are shown either by the provings or by clinical experience, or by both, to apply to almost, if not quite, the whole of the pathogenesis of the remedy. The same applies also to certain peculiarities of sensation, which are characteristic of certain remedies, even when they occur in regions other than those in which the remedy has produced them; e. g., the "opening and shutting" pain of Cannabis, the "wooden" feeling of Kali nitr., the "suddenly coming and going" pains of Belladonna.

The superiority of the semeiological over the pathological method of selecting the remedy, or rather the utter insufficiency of the latter, is demonstrated by this case. The pathology of the disease showed rheumatism or rheumatic gout, but what indication for the remedy did this afford? What is the pathological significance of < between 3 and 4 A. M., which indicated the true curative remedy; and with what different pathological condition or organic lesion would the case have been associated had there been a marked < between 4 and 7 P. M.? Unless the pathological school can solve these problems, their vaunted superiority of method falls to the ground self-condemned.

And even if pathology ever advances far enough to explain all these internal changes and their connection with the subjective symptoms it would only equal, not surpass, the semeiological method of Hahnemann. What indication, moreover, was the objective symptoms of "systolic murmur heard loudest at apex"? The adherents of this school maintain the superior value of objective symptoms; but Kali carb., which cured the case, has not been known to produce this symptom, while the remedies that have produced it do not correspond to the subjective symptoms. Which are we to follow? The true homeopathician depends most upon the subjective symptoms, because they individualize one case from another. The objective symptoms are of chief value in the diagnosis of the disease, but of little value in the diagnosis of the remedy; first, because in only a few cases have the provings been pushed to a sufficient extent to produce them, so that we cannot possibly form a complete list

of the medicines capable of effecting such a change; and secondly, because even if we had such a complete list, we should still have to resort to the subjective symptoms of each case to individualize one from the other.

When the patient relapsed, the same remedy was repeated. Usually when the symptoms, after > return in a modified form, a different remedy is indicated, the new symptoms being especially characteristic. In the present case, however, no remedy suited so well as Kali carb. As a rule, when the remedy has to be repeated after a long interval of improvement, it is better to give it in a different potency, or in a different degree of repetition; but as it seemed that the relapse was not so much a new phase of the disease as a checking of the action of the remedy by the beer—one of the worst things a rheumatic patient can take—I gave the same dose of the same potency, and with excellent results.

Was the Kali carb. actually antidoted by the beer, or did the latter only re excite the rheumatic symptoms? This is a question which can only be satisfactorily answered after further experience; but the bad effects which I have seen from beer in other rheumatic cases lead me to conclude that the latter is the true explanation of the fact. Added to which I do not find that these very high potencies are interfered with easily by errors of diet; in this they have a marked superiority over the lower potencies.

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**Veratrum Album:**—A crippled girl who fell down suddenly with an attack of convulsions, was brought to bed and had a shaking chill. She sat up in bed in a semi-conscious state, refusing assistance, food or drink. Anxiety, with groaning and sighing all night long. Chides her father for taking part in the revolution; thinks she hears the drum which proclaims his execution. This is followed by silent brooding and occasional starts. Menses checked, the abdomen tense, face pale, arms cold, eyes fixed with contracted pupils. Pulse slow and almost imperceptible.—*Woost.*

## SANGUINARIA CAN. IN RHEUMATISM.

BY R. J. McCLATCHEY, M. D.,

Patient complained of the following symptoms:

A sensation of coldness in the body and right arm, which no amount of clothing could remove; swelling of the right arm between the shoulder and elbow joint; complete inability to raise the arm from the lap, although lateral motion could be made; tenderness and soreness of the right trapezius and deltoid muscles; had been subject to rheumatism some years previous. Sanguinaria 200, two powders, one of which was taken in my office, the other to be dissolved in a half glass of water, four hours later, a tablespoonful to be taken every three hours until relieved. Saw her next day at 5 P. M., much better, could raise the arm nearly to the shoulder, tenderness and soreness disappearing. Stopped the medicine. March 5th she called to say she resumed her duties as bookkeeper the day following my visit, almost entirely relieved.

The prescription was made from reading the following article in the *Hahnemannian Monthly* for February, by Dr. McClatchey, of Philadelphia, on the subject, though he does not state what potency he used.

ST. LOUIS, MO.

C. H. GOODMAN.

### SANGUINARIA CAN. IN RHEUMATISM OF THE SHOULDER.

I am under the impression that I have before called attention to the use of Sanguinaria in muscular rheumatism of the shoulder. In a proving by a medical student, now in my possession, the symptoms of muscular pains in and about the shoulder-joints, and especially in the deltoid muscles were most marked. This led me to the use of blood root in cases with similar symptoms and with very prompt curative results. During the past damp fall we have had an unusual number of rheumatic cases to treat, and among the most unpleasant of these were cases in which the pains were confined to the shoulder, the shoulder cap, and the cervical region. The neck was stiff and

pained greatly on movement; the trapezius was sore under pressure and painful at every movement of the head or shoulder; the deltoid and biceps were very tender on pressure, and so sensitive by use that it was impossible to raise the arm from the side. These cases, in my hands, were very promptly relieved by Sanguinaria.

The following very recent case will illustrate: Yesterday I was called to see Eliza D., a young lady of rheumatic tendency, who suffered from the above mentioned symptoms. Her right arm hung at her side or lay on her lap, as helpless as though there had been a fracture of the humerus. She could not raise it an inch without assistance from the other hand. I gave her Sanguinaria, ten drops in a half tumblerful of water, to take a teaspoonful every three hours. I called to see her this afternoon, and found her braiding her hair before a glass, using both hands, the pain and soreness and inability to move the arm having gradually abated from the first dose, until entirely removed. This is but a representative case. *Med. Investigator.*

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## SINGLE REMEDY CURES.

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BY H. W. K. CHOUDBURY, Magura, Bengal, India.

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### CHAMOMILLA IN A CASE OF EARACHE.

Patient, a Mahomedan boy of five years, came under treatment February 22, 1903. He was sleeping when suddenly a fire broke out at a distance, about midnight; he got up and had a chill; shortly after, the earache commenced. His father gave him Aconite with no effect; pain the whole night; in paroxysms; bowels open; tongue yellowish. Chamomilla, three doses, one globule for a dose; took only one dose and the one dose sufficed.

Remark. I may call this a one dose cure. The commencement of the earache at about midnight, the patient's restlessness, yellow coated tongue, sudden exposure to cold from heat of the house to the outside; almost uncovered in

a cold February night producing a sharp chill, with fear from the fire may all indicate Chamomilla.

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INFLAMED GUMS: MERCURIUS SOL.

Patient, myself. This happened about the last of January, (writing in 1903). I here take the note as it is in my case book. About two months ago when I was in Halatalah I had inflammation of gums of severe type, causing suffering the whole night. There was excessive, offensive salivation; did not take food that night. I was almost sure of incising the inflamed part the next morning the gums were so badly swollen. I tried Homeopathy, took my own medicine, and the next morning there was not a trace of difficulty remaining. I could talk, swallow and eat easily.

I took two doses of the medicine (Merc. sol. 30), a pellet a dose, and no more, and those two pellets sufficed to cure the ailment in such a manner as to give entire satisfaction to the patient as well as the prescriber.

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TWO CASES OF DYSENTERY WITH PROLAPSUS ANI.

SEQUELA OF MEASLES.

CASE I. May 2nd, 1903, a Mahomedan child, six years of age, had been ill five days; had measles sixteen days before which apparently ran its regular course. Seven days after the measles dysentery set in. About twenty stools in twenty-four hours, with prolapsus ani with every stool. The stools composed of blood and white mucus; tenesmus, with a "never get done" sensation; tongue clean. Ignatia 6th, one globular per dose, four doses in twenty-four hours.

Diet: rice, fish broth, with barley water at night.

Following day the patient was improved; only eight stools in twenty-four hours. Prolapsus better; but stools still bloody. Sleeps better, but still much straining. Tongue continues clean; Ignatia repeated, four doses in twenty-four hours.

The following day patient still improving; medicine continued, two doses per day, with gradual improvement, and complete recovery in five days.

CASE II. A girl, eight years old, had been suffering for two weeks. Had an attack of measles a month ago, following which there appeared a diarrhea which, in about a week developed dysentery.

There were about forty or fifty stools in twenty-four hours, consisting of whitish mucus only, no fecal matter or blood; prolapsus ani with every stool; great straining, tenesmus; urine clear and watery. Sleepless and loss of appetite.

Tongue moist, anterior clean, posterior yellowish. Sulphur 200th, one globule every two hours, for a day.

Little improvement the following day; but less fever and had a better night. One dose of Sulphur.

The following day no fever; stools less frequent, but prolapsus ani continued, tongue improved; placebo. From which the patient made an uneventful recovery.

[Comments. During this epidemic of measles, diarrhea was a frequent sequela, and in many cases it became genuine dysentery. These two cases illustrate the necessity for careful differentiation of the remedy. Both attacks were sequale of measles; both were followed by dysentery, and both had prolapsus ani, though each was cured by a different remedy. ED.]

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### COUGH; NOCTURNAL ENEURESIS.

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By ROYAL E. S. HAYES, M. D., Hazardville, Conn.

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Willie C. Oct. 4. Blonde, pale, active, slender, wiry. Had a cough last winter which his mother says is wearing her out for it continues still, in spite of all kinds of "doctoring" including Homeopathy(?)

The cough has a peculiar harsh fluttering or vibrating sound, >in open air, but occurs every few seconds, indoors where it is warm.

Has had nocturnal eneuresis since the cough began. Urine copious, strong odor, stains clothing yellow.

June 26, 1903. Pulsatilla 50 m. (Skinner).

Feb. 1904. Has not wet the bed since the first night

after taking the powder. Cough disappeared in one week and the cure holds good.

PAINLESS LABOR.

Mrs. J. P., 19, a negress, slender, nervous type.

When four months pregnant with first child, fell, striking over the left ilium, causing a little soreness and shock.

Although Arnica was of course suggested to my mind, the symptoms which I obtained seemed to need Pulsatilla which was given without relief.

Some weeks later the symptoms had become gradually developed so she could tell them truthfully.

Bruised soreness all over, <rest, >motion.

Painful, but not violent, motions of fetus.

Complains bitterly of lameness and soreness from lying and keeping still but is too lame and sore in pelvis and abdomen to walk.

Over sensitive to pain.

"Shock in spine and head" which frightens her.

Is <morning, >evening.

October 8, 1903. Arnica 200 promptly removed all symptoms.

October 19, 1903. Has been well since the dose of Arnica until the last three days.

Dreadful shocks in spine every 15 to 40 minutes. They begin between the angles of scapule and shoot to the vertex.

Aching in sides of abdomen. Arnica 200. Completely cured.

Labor came on four months after and lasted three hours. No medicine was given. As the second stage came on the pain gradually ceased though regular contractions continued. During the last hour she slept the sleep of health. After the babe was born, separated from the mother, had ceased his crying and was warmly wrapped in blankets, our "colored lady" woke up and asked, "has the baby come yet?"

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**Arsenicum:**—Periodical melancholy with a woman, age 65. The attacks come only at dusk, before the lamps are lighted and in the night,—*Haynel*.



## GRAPHITES AND SULPHUR CASES.

DY G. HOFFMAN PETERS, M. D., Gloversville, N. Y.

Mr. B., Age 26. Complexion dark, short in stature, constipated.

For years eruption on back of hands, fiery red, full of cracks, oozed a sticky fluid resembling honey; itch intensely > entirely by holding hands near hot stove.

Horny callosities on bottom of feet.

March 20th, 1904, Graphites, cm.

Immediate > of constipation; on the 5th day after back of both hands covered with intensely red eruption; oozing freely of sticky fluid. This condition remained for one week, after which improvement set in and now, June 20th, is entirely cured.

CASE II. Mr. J. W. Tall, spare habit. Has had for several years chronic cough with night sweats and great loss of flesh; would have horrible spells of coughing and expectorating immediately after getting up in morning. Gave him Tuberculinum 200 (Burnett's) with marked improvement of all conditions for first ten days, when suddenly about 3 P. M. was taken with intense spasmodic attacks of coughing, each cough followed by severe constriction in lungs; it seemed each one would be his last. I saw him at 7:30 P. M., only able to detail his condition between attacks of coughing. Recalling Dr. Kent's lecture of some years ago on Agaricus and the proving of Tuberculinum I gave this man one powder of Agar. 200 with complete > of all constriction and spasmodic cough in exactly two minutes. Improvement continued and he has had one dose of Agar. 10 m (Skinner) since, now 18 months. He works daily at his trade of leather dresser.

P. S. Dr. Kent refers to same case in May number of ADVANCE.

CASE III. B. W. Short, stocky build, hair very fine, blue eyes.

On each cheek a patch of eruption of a rough, scaly

nature, very dry, like parchment; itches and burns when he is overheated; itching > on going in cool air; constipated and slight hemorrhoids. Feels better generally in cool air. Dec. 16 Sulphur cm. (F.)

Dec. 22. Eruption on cheeks greatly <, new patches on forehead and temples, four of them each size of a quarter, somewhat raised and full of little cracks oozing a sticky fluid; constipation not >. Placebo.

Dec. 29. More eruption on forehead of a dark red hue. Bowels move slightly every second day. Placebo.

Jan. 9.—Extensive eruption all over face, temples and forehead, the upper face discharges freely a thin, watery fluid, very sticky. Bowels move daily. Placebo.

Jan. 19. No change. except more discharge. Placebo.

Jan. 30. Eruption is not so deep, but full of little cracks, oozes very freely. Graphites 10 m (Skinner.)

Feb. 10. Less discharge and less sticky. Itches intensely. Placebo.

March 10. Great improvement and so continued. Was discharged cured on April 23rd, 1904.

Sulphur should not have been given at all in this case, but could not get from him the character of his early eruption, the conditions leading to Sulphur were > in cool air.

CASE IV. A. S. Feb. 16. 1903. Pain and swelling in right iliac region for past eight months.

Four surgeons advised operation for appendicitis.

Came on suddenly, > somewhat lying down, > by hot applications; < greatly walking or jar; must hold abdomen when going down stair or down hill; < after 4 P. M. (Lyc); sensation of drawing and tightness in right iliac region; sensation of heavy load in abdomen after dinner. Bryonia 10 m. (Skinner).

Feb. 30. 48 hours after abdomen was tense with gas which soon passed off per rectum, with severe constipation for three days. Great pain on moving or turning in bed. On fourth day profuse watery discharge with > of all symptoms. No more medicine.

This patient came a long distance to see me, three of

his friends were operated upon and all died. The only time he has lost from his occupation, that of salesman, was five days immediately after prescription. Has not lost a moment since and remains well.

As I put it in my records: Looks *full of cry*, cries *after* is assured he will get well, are two strong Sulphur symptoms. The odor from a Graphite patient is distinctive from Sulphur, almost diagnostic. Graphites a most sickening, nauseating, pungent odor; Sulphur more foul. These odors are detected best on a warm humid day, in the months of April and May. This may seem far-fetched, but observe them closely and you will agree.

As to needless and unnecessary aggravation. If we were perfection personified, > per se would *not* obtain. There is a dynamis to a diseased vital force just as there is to potentized remedies, and if the dynamis of the remedy corresponds *exactly* to the dynamis of the sick "spirit-like force," < per se would not appear.

By increase per se I mean < in acute disease in which the similar remedy has been given, or of the condition present in chronic cases.

If, for example we have a chronic case that dates back years; has had alternate constipation and diarrhea, suppressed gonorrhoea, conjunctivitis, etc, and that after our remedy these old conditions reappear in their order, we cannot call this an <, it is merely the internal vital force, rearranging as it were its furniture and pulling down a few cob webs.

Several years ago I gave a man Cuprum met. 7 cm. for cramp of the muscles of his extremities. He was in the greatest agony, really seemed to be in the torture of Hades. For the space of a few seconds after the Cuprum his cramps seemed like the fury of a pent up storm let loose and then relaxed; he has not had a cramp since, which before was frequent.

That was an < I feel certain. Had the dynamis of the Cuprum corresponded exactly to the diseased vital force there would have been no <. Strictly speaking *aggrava.*

tions are not necessary and yet are better than no prescribing and no cures. Possibly there will be a day when the art of prescribing and dynamization will be so perfect and the insight of the physicians so correct that they will be able to discern and measure, as it were, the diseased dynamic force, and as a result meet it on its own plane. I fear there are not many good prescribers today who do not have aggravations.

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### THE CONSTITUTIONAL EFFECTS OF COFFEE.

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BY SAMUEL HAHNEMANN, M. D.,

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[The constant use of a poison, a drug, as a table beverage capable of producing such constitutional effects on patients often prevents a cure so long as its use is maintained. One of the first elements of a cure is the removal of every exciting cause. ED.]

After children, coffee acts, as I have said, most injuriously on the female sex, and on literary people whose occupation is sedentary, and confines them to their rooms. To these may be added workmen engaged in a sedentary trade.

The bad effects of coffee are, as I have above mentioned, most effectually diminished by great activity and exercise in the open air—but not permanently removed.

Some individuals also find out as if by instinct, a sort of antidote to coffee in the use of spirituous liquors. It is impossible to deny that they do possess some antidotal powers. These are, however, mere stimulants, without any nutritive quality; that is to say, they are likewise medicinal substances, which, when daily used as articles of diet, produce other injurious effects, and yet are unable to prevent the hurtful action of coffee from taking effect—what they cause are artificial ameliorations, of the vital functions, followed by morbid effects, though of a different, more complex nature.

*Leaving off the use of coffee*<sup>1</sup> is the chief remedy for these

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<sup>1</sup>It is by no means easy to do away with the inveterate habit of using coffee. I first endeavor to convince my patients seriously of the urgent and indispensable necessity of discontinuing its use. Truth, grounded on obvious experience seldom fails to produce conviction—al-

insidious and deeply penetrating injurious effects, and physical exercise in the open air tends to promote the subsequent recovery. If however body and mind be sunk too low, there are some medicines very useful for that state, but this is not the proper place to enumerate them, as I am not at present writing for medical men. When I describe the daily use of coffee as very prejudicial, and when I show from observations and experience of many years that it relaxes and withers the energy of our body and mind, some may retort upon me the appellation "medicinal beverage," which I must unhesitatingly bestow upon coffee.

most never, when it is urged from the philanthropic heart of a physician who, convinced himself of the goodness of his cause, is thoroughly penetrated by the truth of his maxims. Nothing will then prevent their reception, there is no question of any private interest on the part of the doctor; and nothing but pure gain on the side of the party he wishes to convince.

If we have attained this object—whether this is the case or no, he who has a knowledge of human nature can tell by the way the patient receives his advice—we may advise that the quantity of coffee taken be reduced by a cup every three or four days, and allow the last breakfast-cup to be continued for a week longer, until this can either be left off at once, or it may be continued on every alternate day for another week, according to circumstances.

If we have to do with persons on whom we can rely, the affair is managed in the course of four weeks. But should some faint-heartedness or indecision on the part of slaves to coffee make its accomplishment difficult, or should the weak state of the health make its discontinuance be too severely felt, we should do well for every cup of coffee we take away, to allow a cup of tea to be drunk, until in the course of a week nothing but tea (a similar but lesser evil) is drunk, and this, as it has not had time to become a habitual beverage, may be more easily diminished, until at last nothing more of the sort is taken, but only a couple of cups of warm milk for breakfast, in place of coffee or tea.

Whilst thus breaking off the habit, it is indispensable that the body be refreshed and strengthened by daily walks in the open air, by amusements of an innocent character, and by appropriate food, if we wish that the injurious effects of the coffee should disappear, and the individual be confirmed in his resolution to give it up.

And if all goes on well, it will not be a bad plan for the doctor, or a friend in his stead, to assure himself from time to time of the true conversion of his patient, and if necessary, uphold his resolution when the force of example in company seems to cause it to waver.

“Medicines are surely wholesome things,” says the uninitiated. They are so; but only under certain indispensable conditions. It is only when the medicine is suitable for the case that it is wholesome. Now no medicine is suitable for health, and to employ a medicine as a beverage in the ordinary healthy state, is a hurtful procedure, a self-evident contradiction.

I prize the medicinal powers of coffee when it is appropriately employed as a medicine, as much as those of any other medicament.

There is nought superfluous in God’s creation; everything is created for the weal of mankind, particularly the most powerful things, to which class coffee belongs in an especial degree. But let the following facts be borne in mind.

Every single medicine develops in the healthy human body some special alterations, that are peculiar to itself exclusively. When these are known, and when the medicine is employed in cases of disease that have an almost exact similarity with the alteration that the medicine is capable of itself producing (in the healthy body), a radical cure takes place. This employment of the medicine is the *curative* one, the only one to be relied on in chronic diseases.

In speaking of this power of a medicine to alter the human body in a manner peculiar to itself, I allude to its primary or initiatory action. I have said about the primary action of a medicine—for some hours after it has been taken—is the direct opposite of its secondary action, or the state in which it leaves the body whenever its first action is past.

Now if the primary action of a medicine be the exact opposite of the morbid condition of the body we seek to cure, its employment is *palliative*. Almost instantaneous amendment ensues—but a few hours afterwards the malady returns and attains a greater height than it had before the employment of the remedy, the secondary action of the medicine, which resembled the original disease, aggravates the latter.

A miserable method of treatment when we have to do with a chronic malady.

I shall give an example. The primary action of opium in the healthy system is to cause a stupefying snoring sleep, and its secondary action—the opposite—sleeplessness. Now if the physician will be so foolish as to treat a morbid, habitual sleeplessness with opium, he acts in a palliative manner. The stupid, snoring, unrefreshing sleep speedily follows the injection of the opium, but its secondary action, as I have stated, is sleeplessness, an addition to his already habitual sleeplessness, which is now accordingly aggravated. Twenty-four hours afterwards the patient sleeps still less than before he took the opium; a stronger dose of the latter must now be given, the secondary action of which is still greater sleeplessness, that is, an aggravation of the malady, which the foolish man imagined he was curing.

In like manner coffee proves a bad palliative remedy when it is used as a medicinal agent, for example, in cases of habitual constipation proceeding from inactivity of the bowels<sup>1</sup>—as is often done by medical men. Its primary action is, as I have before stated, the reverse of this state—it therefore acts here as a palliative, and if it be used for the first time, or only on rare occasions, it speedily produces a motion of the bowels, but the following days, under the secondary action, the constipation becomes all the greater. If we again seek to remove this in the same palliative manner by means of coffee, more of it must be drunk, or it must be made stronger, and still the habitual constipation is not thereby eradicated, for it always returns more obstinately on the recurrence of the secondary action of the coffee, whenever this palliative administration of the coffee is discontinued, or stronger and more frequent potations of it are not taken, which always aggravate the disease and entail other maladies.

It will be found that the medical excuses offered by coffee drinkers in justification of this habit almost all rest on

<sup>1</sup>As is usually the case with those who lead a sedentary life in their room.

some such palliative relief it affords them, and yet nothing is more certain than the experience that a long-continued palliative employment of a drug is injurious, but the palliative employment of drugs as articles of diet is the most injurious of all.

Therefore when I, whilst deprecating its abuse as an every-day beverage, commend the great medicinal virtues of coffee, I do the latter merely in reference to its *curative* employment for chronic ailments that bear a great resemblance to its primary action,<sup>2</sup> and in reference to its *palliative* employment in acute diseases threatening rapid danger, which bear a great resemblance to the secondary effects of coffee.<sup>3</sup> This is the only rational and wise mode of employing this medicinal beverage which is abused by hundreds of millions of individuals to their hurt, is understood by few, but which is extremely wholesome when used in its proper place.

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<sup>2</sup>For example when, in a person unaccustomed to the use of coffee, there is present (it may be a habitual) indisposition, composed of a frequent, painless evacuation of soft fæces and frequent inclination to go to stool, an unnatural sleeplessness, excessive irritability and agility, and a want of appetite and thirst, but without any diminution of the perception of the flavour of food and drink, in such a case coffee *will, must* effect a radical cure in the course of a short time. In like manner it is, in the frequently dangerous symptoms brought on by a sudden, great, joyful mental emotion, the most suitable, trustworthy, curative medicine, and also in a certain kind of labor-pains, which bear much resemblance to the primary effects of coffee.

<sup>3</sup>The following are examples of the excellent palliative employment of coffee in diseases that come on rapidly and require speedy relief: seasickness, poisoning by opium in those unaccustomed to the use of coffee, poisoning by veratrum album, the apparent death of drowned, suffocated, but especially of frozen persons, as I have frequently had the satisfaction of witnessing."

LESSER WRITINGS.

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**Petroleum:**—Towards evening anxiety and apprehension about his family, which he left behind while going on a short journey; the anxiety increases until he becomes inconsolable.—*Haynel*.



**HAHNEMANNIAN TREATMENT OF PNEUMONIA.**

BY J. T. BOLAND, M. D., Kansas City, Mo.

Though somewhat threadbare yet I felt inspired by your card to write just a little about what I know of pneumonia, and the results that will be obtained by the treatment that is homeopathic to conditions present.

I know that this will be dealing with a very large subject, much larger than as though it were viewed from the stand point of limited microscopic revelations and chemical germicides. It leads at once into the field of dynamic force so completely proven and described by Hahnemann, a *familiar* acquaintance with which is helpful alike to the old prescriber and the beginner, and which would take from that so much dreaded octopus of the old school all of its terror and give it a most tractable character.

What is it, and what treatment does it require to obtain the quickest and most lasting results?

The old school of (scientific?) medicine has contributed another fact to their already large store by admitting complete ignorance of the cause, and having so far discovered no prophylactic virus nor specific therapeutic serum, are now vying with themselves like the great Fadladdin in endeavoring in a learned manner to demonstrate how little they know of what they are talking about; but their results are calculated to leave the people in doubt whether it is better to send for a physician, or die without "sailing orders" from one who does not know.

The preceptor that taught me Homeopathy—that grand representative of pure Homeopathy, the late Benj. H. Wilcox of St. Louis—often repeated the assertion that it was absolutely unnecessary for a physician to lose patients from any of the acute fevers peculiar to the temperate zone of North America, and especially was that true of pneumonia. He had then practiced Homeopathy for twenty two years and had never lost a case during that time.

I have read and studied Hahnemann's Organon and his

*Chronic Diseases*, and have endeavored for more than twenty years to follow his teachings, and to observe the results of applied practice.

In *Chronic Diseases*, Vol I. Hahnemann says that pneumonia is (in every case not of traumatic origin) an acute manifestation of the latent psoric miasm that had lain dormant in the organism or had previously *mildly* manifested its presence in some other form, and that by some influence of the immediate environment the passive or slumbering psora apparently changes form of manifestation and at once, or very rapidly, produces such violent conditions as to immediately endanger the life of the patient.

The totality of the symptoms both subjective and objective are usually so pronounced, when the conditions have not been masked by improper medication, that the indicated remedy can readily be selected by the intelligent, well informed, observant homeopathic physician, and usually but few doses of the proper remedy given as indicated in the Organon under the heading of "Repetition of Dosage" will be sufficient to remove or cure the more violent or dangerous conditions.

But Hahnemann also goes further and says, that the cure being incomplete in many cases, it will be necessary to retake the case in its *present* totality, i. e. after improvement ceases under the remedy first selected, when one, or at most a few doses of the properly selected anti-psoric remedy will complete the cure, that is remove the few remaining morbid symptoms, when the organism will resume its normal healthy functions and will be rendered immune to *recurrent* attacks of such dangerous conditions.

Dr. Wilcox taught me that there are *auxilliary agents* that are strictly homeopathic to conditions, which will act palliatively and accelerate the action of the homeopathic medicinal remedy. This he had often observed, and especially was it true of the application of hot and cold water in certain conditions having the immediate aggravating agent in heat or cold. That when heat was the source of aggravation, representing positive electricity, then hot water

would be the homeopathic auxilliary; and when cold was the aggravating agent, then cold water would be the homeopathic auxilliary. That the immediate developing agent of pneumonia was cold or the negative electric conditions, in which the ordinary polarity is reversed, the positive being under the feet in the ground and the negative being in the atmosphere overhead.

The exciting cause then of pneumonia being known to be cold, and knowing that cold water is negative electricity, the homeopathic law requires the use of cold water in treating pneumonia.

My experience has verified the fact that the cold water pack in *every* case will accelerate the action of the indicated remedy and in ninety-nine per cent of the cases where it is properly used will cut short and abort the pneumonic processes in the first part of the so-called second stage.

Dr. Wilcox told me that should he meet me ten years after my leaving him and going into practice he wanted me to be able to say to him that I had not lost a single case.

For more than twenty years, I have followed the teachings of Hahnemann and of Dr. Wilcox, as nearly as my ability permitted me to do, and were Dr. Wilcox now living, I could truthfully say to him, I have never lost a case of pneumonia.

This article grows too long and perhaps it is only a rehashing of what all practitioners are familiar with, and hence will be uninteresting.

Should there be a desire by you or any one for a continuation of the article, describing the method of treatment pursued, or description of individual cases from case-book, including duration of fever from beginning of treatment, convalescence, and remedies most frequently indicated in this locality, I would willingly comply.

[The writer will confer a favor on the readers of the **ADVANCE** by reporting cases of pneumonia with individualization of patient (for this is the difficult part of the task) as well as remedy, and especially the application of the compress, which we have used for years. **ED.**]

## WHAT THE SINGLE REMEDY HAS DONE FOR ME.

BY DR. FRANK A. GUSTAFSON, Mason City, Illinois.

In one case of chills and fever which had lasted for forty years three doses *Eupatorium perf.* 200 cured, and also removed a chronic bronchitis and obstinate constipation of years standing. This was three years ago, no signs of return.

A bad case of hay fever, suffered severely, was down town and could not get to his medicine sent him the day before; but when he arrived home in the evening took one dose; next morning head clear and no signs of the trouble all season from then on. What did it? I think that it was due to the one dose. And what? *Sinapis nigra cm.*

A woman in the second week of whooping cough relieved absolutely in twenty four hours by three doses *Drosera 30.*

A boy with scarlet fever, unconscious for days, rolled head from side to side, screamed terribly, temperature remained above 106 for four days, and there seemed no hope for the little fellow. Careful watching finally brought out a progression from right to left in the throat symptoms, and a general aggravation about four in the afternoon with improvement before 9 P. M. One dose *Lycopodium 10m.* In the morning temperature was normal and the boy went on to quick recovery.

Was asked to prescribe for a woman with bladder trouble, the only distinctive symptom was an involuntary urination whenever she saw or heard water running. She had soiled her clothing on the streets the day before when passing a store in front of which a boy was sprinkling. Gave her three doses *Lyssin 30.* She reports no more trouble from running water.

These are not much, but to one who has for years blundered on in the old way of Allopathy they are rather startling. I know but little of Homeopathy but I have learned enough in the last year to satisfy me that if one but patiently waits for symptoms and earnestly works them out accord-

ing to the Repertory, and has faith enough to apply the remedy he will get results that will astonish him, provided that he has not been astonished so often that it fails to affect him more.

I had to learn by bitter experience that it is not always wisest to use the indicated remedy in the higher potencies. I have in mind a consumptive to whom I was giving Hepar Sulph. 30. He improved rapidly for a while but came to a stand still. Apparently a higher potency was called for. He received one dose of Hepar 10m. In four days he went to bed, and although I have seen much of tuberculosis in the twelve years I have been in practice, I never saw one go to pieces so rapidly. He died in less than six weeks. I am strongly of the belief that a lower potency, say the 200, would have kept him here in comparative comfort for many months.

A good many physicians fail to get results with the homeopathic remedy because they so often fail to consider that it is the *patient* and not the disease that is to be prescribed for. One is often tempted to prescribe for a sore throat on the local symptoms and appearances; failure often results because the local symptoms have been considered the totality of symptoms, and it is the *throat*, not the *patient* that has been considered. And this is true of all conditions in the treatment of the sick. We so often fall back on mere particulars relating to local conditions when our first attention should be to that which is peculiar to the patient. For it is *his* peculiarities and not the peculiarities of the local conditions apart from him that forms the *primary* basis in the comparison of drug symptoms with symptoms of the sick.

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**Gelsemium:**—A nervous young lady, uneasy before a thunder storm, set up a terrific scream after a thunder-bolt, and continued it without cessation in spite of the consoling efforts of the alarmed family, until they had time to run for the doctor. One dose of Gelsemium high quieted her very soon. Since then she has kept well by resorting at the return of the least fear to the same remedy.—*Lippe*.

**KEY-NOTES AS A GUIDE IN PRESCRIBING.**

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BY A. P. HANCHETT, M. D., Council Bluffs, Iowa.

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Secretary of Materia Medica Bureau American Institute of Homeopathy', Chicago, June 28, 1905.

To the homeopathic physician, and especially to those just entering upon the study of medicine, the magnitude of the task of mastering our materia medica seems appalling. A glance through the pages of confusing and apparently conflicting symptoms recorded under aconite, arsenicum, belladonna or any other of the polycrests only increases this feeling of despair, and convinces many who have entered upon the study of medicine enthusiastically that the task is hopeless; that it will be quite impossible to memorize the thousands of abstract symptoms and have them ready to be recalled in their proper place and order at any moment in the selection of the appropriate remedy in the treatment of the sick.

Who among us does not recall some such feeling of hopeless depression in both his earlier and later years, that has come upon him in the presence of this herculean task? The pioneers in homeopathy however had even a greater task, for they had first to construct a materia medica, and then to master it.

With a view to assisting somewhat in overcoming these difficulties and aiding the memory in the search for the indicated remedy two general methods have been evolved, each of which has its devoted advocates; one we will call the totality of symptoms method, the other the key-note method of prescribing. Accurate prescribing by either of these lines necessitates the same careful taking of the case. Where at all complicated, obscure, and intricate the symptoms should be carefully and fully recorded, that a deliberate study may be made with a certainty of every symptom of the case before us. Going over such a record with the patient the symptoms which have been most prominent, most peculiar, or most persistent should be emphasized and

frequently, I think I may say generally, some one or more will stand out as a key-note in this case, pointing with special prominence to one or at most a few remedies. I am not the one to advocate routine prescribing, nor the selection of the remedy upon a single symptom, but when, in the course of our examination a patient withholds the tears with difficulty as she tells of her ill health, who does not think of *ignatia*, *pulsatilla*, or *natrum muriaticum*? Then with a little questioning to determine whether she likes or dislikes sympathy in her distress; whether she is constantly depressed or changeable, one hour, or one day in the depth of despair, the next buoyant and happy; how she is effected by a walk or drive in the open air; whether thirsty or thirstless, and when. If suffering from pain in the head or elsewhere, their character, location, and hour of aggravation or amelioration; how affected by applications of heat and cold, and the differentiation will be complete.

Or again, our patient may complain of numerous symptoms that seem to come from a gastric disorder; belching, bloating, burning sensation in pit of the stomach; sensitiveness in the epigastric or right hypochondriac region, constipation, occipital headache; and yet, when you have gone no farther you might with equal reason administer any of twenty or more of our remedies. No striking characteristic has yet been elicited. In addition to the above you find patient has severe pain under right shoulder blade you know *chelidonium majus* will give prompt relief. If all his suffering is relieved when quiet, and every exertion aggravates it will be *bryonia*. If in addition to the above he is very irritable, worse in the early morning, and has frequent ineffectual urging to stool you would only think of *nux vomica*, or if instead he complained of feet burning at night, must stick them out of bed, weak, gone, feeling at 11 a. m. daily who would not give sulphur? And so on indefinitely, the physician who has a large number of those special characteristic key-note symptoms at his command will find it possible to select the proper remedy quickly and accurately in a large proportion of his cases.

When the totality method is to be followed instead of allowing special prominence to those peculiar and striking symptoms its advocates would, by means of repertory and materia medica, institute an exhaustive search for all the symptoms recorded, giving to every group and every symptom about equal value, a procedure that necessitates the expenditure of much time and effort.

Many of our greatest prescribers have depended upon this method in their daily work, and the aphorism that has been credited to Hering, "A stool will stand on three legs" indicates his confidence in a few characteristics as a guide to the remedy.

I grant you there may be some danger of drifting into careless work, if one depends wholly upon key-notes in prescribing, but let us have this danger in mind and then avoid it. Our materia medica has now attained considerable age. Clinical experience has demonstrated the most trustworthy guides by repeated verification, and we are adding to this sort of positive knowledge continually. It is therefore possible to depend upon these peculiar guiding symptoms, or groups of symptoms, these key-notes, with increasing confidence.

The great popularity of some of these little volumes which contain little more than the leading characteristics of our leading remedies is striking evidence of the general acceptance of this method by the profession, and in presenting this brief paper upon this topic it is my desire, not only to emphasize the method of prescribing, but draw out as full discussion as possible, that we may know what can be said for and against it as a guide in our daily work at the bedside.

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### POTENTIAL VALUES.

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By J. C. WHITE, M. D., Port Chester, N. Y.

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When the patient does not respond to a *positively indicated* remedy, when given in a low potency, experience has taught me to give the higher ones.



A case in point: My daughter in her 15th year grew chlorotic; menses scanty and without color; lips and buccal surfaces pale; morning headaches, that frequently kept her from school, occurring daily. I gave her Natrum mur. 30, for several days, and later the 200th, without any perceptible improvement. In an anxious and perplexed state of mind I called on Dr. Carleton, of New York, for advice. After stating the symptoms, (omitting the treatment given) he said, "Is it not Natrum mur.?" I then told him I had given that remedy as long and as much as I dared to give. He then said that he did not know what to suggest. Not knowing what else to do, I concluded to try one dose of the cm. potency. She responded to it immediately; the headaches and mental symptoms disappeared, and the color improved in a very few days. She required a repetition of the remedy in two, three and six weeks, and then at much longer intervals. She is now a fine specimen of physical vigor.

A. M. Oistreman, age 45, a strong, robust person, had well defined epithelioma of seven years growth on the side of the nose, as large as a hickory nut. The surface remained excoriated, after an attempt to have it burned out. It would scab over, and this falling off would leave a raw and fissured surface. He was quite deaf and difficult to converse with. I could get no symptoms from him. At every effort in that direction he would affirm: "O! I am all right, as well as can be." At that time I had but little experience with potencies, and being uncertain in regard to the remedy, I gave him Thuja tincture to bathe the surface twice daily, and Thuja 3x to take three times daily. I tried this treatment with some variations (which I have now forgotten, being 11 years ago) for more than a year, when both the patient and myself were discouraged. He agreed to try medicine once more, and I gave him Thuja 10m, one dose, and some blank tablets to take three times daily. I did not see him again until three months later, when I was surprised to find the tumor more than one-half diminished in size, smooth, and of more healthy appearance. He then got one dose more of Thuja 10m, and in three months more the

tumor had entirely disappeared. The man is now a living witness to the above statement.

An arsenical case of cholera infantum not responding to the 30th, or even the 200 potency, was promptly relieved by the cm. potency. I mentioned this circumstance to a neighbor, homeopathic physician. He was quite certain that the first, or lowest potency, did the good work. This was seven years ago. I have only given the highest potencies to this class of cases since that time, and my cases are cured more promptly than when preceded by the lower potencies. I have no doubt that the lower potencies cure the majority of cases. While I use them generally, I frequently meet cases that do not respond to them, and then I go higher.

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**Carcinoma Arising After Twenty Years in a Vaccination Scar.**—Wm. B. Crawford describes this case. The patient was a colored farm hand, 68 years of age. The family and personal histories were negative, except that the patient had had frequent attacks of malaria. Twenty years before he had been vaccinated upon the right arm. A scar about the size of a quarter resulted. No tendency to hypertrophy in the scar and no keloid formation had been noted. The patient was a moderate drinker, but denied syphilis. Eight months before admission to the hospital the scar became painful and tender, although there had been no injury. The scar also began to increase in size, and the patient consulted a physician. Within a few months after these symptoms the scar broke down, with a resulting foul-smelling lesion. Loss of strength and flesh became rapid and decided. On admission the upper third of the arm showed a necrotic, foul mass, covered with a purulent discharge, which bled readily. The axillary glands and a chain down the sides of the chest were enlarged. These glands were discreet. The general appearance of this lesion was that of an infected keloid. The temperature was 100°, the pulse 96, and respirations 22. The urine was negative. At operation the arm was disarticulated and removed with an extensive dissection

of the axillary space and side of the chest. The patient never recovered from the shock of the operation and died twenty-two hours after.—*The Georgia Practician.*

[Comments. Would this have occurred had he not been vaccinated? Was this a constitutional effect of vaccination? Is health ever made better or improved by inoculating a healthy system with an animal toxine the quality of which no man knoweth? ED.]

### THE MORTALITY AMONG FIELD SURGEONS.

A member of the medical department of the United States army, who has been with the Japanese troops, gives this description of what happened after one of the great battles:

The regiment re formed, but even while the men were creeping away we saw the medical officers and stretcher-bearers suddenly spread over the field. They walked in that storm of bullets as quietly as if on the parade ground at Tokyo. In twenty minutes there was not a dead or wounded Japanese soldier left on the field.

The real heroes who suffer and sacrifice and die in war are not magnificent or inspiring to look upon. The real heroes are those who bind up the wounds that war has made; whose breasts are turned to the bullets while they extend hands to soothe and help and heal.

In every modern war but one the proportion of deaths among the medical officers has been greater than that among the combatants. In the French campaign against Constantine, while every thirteenth combatant officer was killed, every sixth surgeon died. In the Crimean war the mortality among the surgeons was 18.2-10 per cent, and among the combatant officers 7.3-10. In the last Russian campaign prior to the present war 355 surgeons out of a total of 2,839 died. In the Mexican expedition (French) the mortality rate among the surgeons was about 20 per cent, while among the combatant officers it was only about 4 per cent.

Here, then, all unheralded in the daily news of great victories, are the great heroes of war, who die not in an effort to kill, but to save lives.

# THE MEDICAL ADVANCE

AND

## JOURNAL OF HOMEOPATHICS

A Monthly Journal of Hahnemannian Homeopathy

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

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JULY, 1905.

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## Editorial

### HAHNEMANN'S DYNAMIC CAUSE OF DISEASE.

Hahnemann was the first man in the history of medicine to remove the art of healing from the material to the dynamic plane. Hippocrates and other writers had glimpses of the truth, but like the law of cure they left it to Hahnemann to formulate a system and adapt it to the needs of scientific therapeutics.

In paragraphs 9, 10 and 11 of the Organon we have the first hint of the dynamic cause of sickness, or with what we have to deal in the sick:

§ 9. In the healthy condition of man, the spiritual vital force (auto-cracy), 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 on our existence.

§ 10. The material organism, without the vital force, is capable of no sensation, no function, no self preservation; it derives all sensation and performs all the functions of life solely by means of the immaterial being (the vital force) which animates the material organism in health and in disease.

§ 11. When a person falls ill, it is only this spiritual, self-acting (automatic) vital force, everywhere present in his organism, that is primarily deranged by the dynamic influence upon it of a morbid agent inimical 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 by the manifestation of disease in the sensations and functions of those parts of the organism exposed to the senses of the observer and physician, that is, by *morbid symptoms*, and in no other way can it make itself known.

Again in paragraph 16, we have another practical lesson in dynamic medicine, one which if we study it carefully and thoroughly may aid us in detecting a cause for disease and explaining the action of the potentized remedy. In the practise of every physician cases are continually occurring which demonstrate the disease producing action of dynamic agents. One dose of a disease infected atmosphere which can neither be seen, tasted, weighed or measured by the most delicate scale or finest sensibility is capable of producing smallpox, chickenpox, whooping-cough, measles and many other contagious or infectious diseases. A person extremely susceptible to the effects of rhus radicans is often poisoned although not within a hundred feet of the vine. A nursing mother feeds her babe after a fit of anger, and within a short time the babe is in convulsions. How large a dose of any of these dynamic poisons did it require to produce an effect? How large a dose of anger was necessary to produce convulsions in the babe?

And the three parallels of Hahnemann explain in this paragraph why we potentize a remedy, for it is here given as a principle that holds good in all cases, that the healthy

human organism can only be affected by dynamic agents:

‡ 16. Our vital force, as a spirit-like dynamis, cannot be attacked and affected by injurious influences on the healthy organism caused by the external inimical forces that disturb the harmonious play of life, otherwise than in a spirit-like (dynamic) way, and in like manner, all such morbid derangements (diseases) cannot be removed from it by the physician in any other way than by the spirit-like (dynamic, virtual) alterative powers of the serviceable medicines acting upon our spirit-like vital force, which perceives them through the medium of the sentient faculty of the nerves everywhere present in the organism, so that it is only by their dynamic action on the vital force that remedies are able to re-establish and do actually re-establish health and vital harmony, after the changes in the health of the patient cognizable by our senses (the totality of the symptoms) have revealed the disease to the carefully observing and investigating physician as fully as was requisite in order to enable him to cure it.

A careful study of the principle here laid down should convince us that there is something in medicine beside its cruder qualities. We potentize a remedy to obtain its force, its dynamic strength, its curative power, and this may explain many puzzling questions not thoroughly understood.

Why does a remedy or a potency improve for a time and then cease to act?

Why when a potency or a remedy in the cure of a patient reaches a certain point does it go no further in its cure?

Doctors frequently assert that they gave the 30th or 200th and it totally failed; then they cured the patient with the tincture or first or second potency.

On the other hand they frequently claim that after the tincture and crude preparations in large doses were given, without result, the patient is frequently cured by the dynamic effect of the remedy in the 30th or 200th or 1000th potency.

The reason here seems easy of explanation. A patient extremely sensitive to the action of a remedy improves for a time while taking the 30th potency. This improvement means a forward step towards health, and when the plane of dynamic strength in the patient has been raised to another level, the level of the 30th, the improvement ceases. Many symptoms have disappeared before the patient reach-

es this dynamic plane, but many symptoms still remain, and the further improvement in the health of the patient demands a potency fitted to this new plane of dynamic health. It may be the 50th, 100th or 200th potency which now given will obtain the same result. Improvement takes place for a time, and then comes to a stand-still. The potency ceases to act, because the dynamic plane has changed; many old symptoms have disappeared or possibly changed some what in character, the 200th has done all the work it is capable of doing, for another plane in the progress of the health has been reached. As the patient increases in strength and health, a new potency adapted to this new dynamic plane or change must again be selected. It may be the 1000th or even higher (stronger), it is the adaptation of the dynamic strength of the remedy to the dynamic strength or plane of the patient that is required, and eventually this extreme sensitiveness of the patient to the action of a remedy is removed or cured as the patient is cured. These parallels of Hahnemann, fully explained in paragraph 16, are worthy of careful study, and the more we study them the more thoroughly will we be convinced that Hahnemann builded wiser than he knew.

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### THE REPETITION OF THE DOSE WHEN USING THE NOSODES.

In the Organon, § 245, Hahnemann gives his observation, based on experience at the bedside, of the repetition of the dose. We do not think there are any better rules to be found than the ones here laid down by Hahnemann. It is the effect of the dose, the improvement or non improvement of the patient, that is the only safe guide for repetition.

He says:

§ 245. Every perceptibly progressive and strikingly increasing amelioration in an acute or chronic disease, is a condition which, as long as it lasts, completely precludes every repetition of the dose of any medicine whatsoever, because all the good the medicine taken continues to effect is now hastening towards its completion. Every new dose of any medicine, whatsoever, even of the one last ministered, that has hither-

to shown itself to be salutary, would in this case disturb the work of amelioration or cure.

§ 246. On the other hand, the slowly progressive amelioration consequent on a very minute dose, whose selection has been accurately homeopathic, when it has met with no hindrance to the duration of its action, sometimes accomplishes all the good the remedy in question is capable from its nature of performing in a given case, in periods of forty, fifty or a hundred days. This is, however, but rarely the case; and besides, it must be a matter of great importance to the physician as well as to the patient that, were it possible, this period should be diminished to one-half, one-quarter, and even still less, so that a much more rapid cure might be obtained. And this may be very happily affected, as recent and oft-repeated observations have shown, under three conditions:

Firstly, if the medicine selected with the utmost care was perfectly homeopathic.

Secondly, if it was given in the minutest dose, so as to produce the least possible excitation of the vital force, and yet sufficient to effect the necessary change in it.

Thirdly, if this minutest yet powerful dose of the best selected medicine *be repeated at suitable intervals*, which experience shall have pronounced to be the best adapted for accelerating the cure to the utmost extent, yet without the vital force, which it is sought to influence to the production of a similar medicinal disease, being able to feel itself excited and roused to adverse reactions.

The Nosode, like every drug in the homeopathic materia medica, does not become a homeopathic remedy until it has been proven on the healthy. When its pathogenesis has been obtained, its symptoms recorded and verified, then it is subject to the same law that governs every medicine and the same rules for the repetition of the dose.

The Nosode should also be selected, like every other remedy, for its symptom totality, not because the diathesis to which it pertains has been found, or thought to have been found in the patient. Tuberculinum, for instance, should not be selected because we make a diagnosis of a tubercular diathesis, a tubercular history, or even an existing tuberculous disease in the patient under consideration, but from its symptom totality. Medorrhinum should not be given because there is a history of gonorrhœa in the patient or his family, but on the symptoms presented by the patient, without any reference to the specific disease. Mercury in any potency is not the remedy to antidote mercurial poisoning,



unless the patient, when the anamnesis is taken, presents symptoms of mercury. Many patients in whom no trace of tuberculosis can be found in their present ailments, or in their family history, have been benefitted or even cured of pleurisy, pneumonia, hay fever, eczema or hydrocephalus by Tuberculinum, because of the symptom totality. I have relieved or cured many cases of rheumatism, gout, asthma, cystitis, etc., with Medorrhinum when no history or trace of the sycotic diathesis, either acute or chronic, could be found in the patient. And yet the characteristic indications for every nosode should always be borne in mind, when with a specified, specific diathesis the best selected remedy fails to relieve or permanently improve. Often when it is impossible to secure a symptom totally sufficient to warrant the exhibition of a remedy, wonderful results have been obtained by the use of the nosode, in the so-called "one-sided cases" mentioned by Hahnemann.

Hahnemann laments, from the beginning to the end of the Organon, the lack of proven remedies in his armamentarium. He had very few remedies compared with the numbers that we now possess, and he constantly makes reference to the fact in his expression, "Provided the symptoms are to be found among the list of our proven remedies." While we ought not to complain of lack of remedies in the materia medica, at present, it is no doubt true, to a certain extent, that the remedies in many ailments have not yet been found, or been proved, for the cure of every sickness. Here it is that some of the nosodes may so correct the diathesis of a patient as to clear up the symptoms and render it much more easy to eradicate the disease.

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**American Patriotism.** The price we pay for our patriotism, so-called, seems almost incredible. In no other nation is there an annual day of slaughter dedicated to, or commemorative of, liberty. No such holocaust on the altar of freedom is to be found in any nation on the globe. And yet we boast of our advanced civilization.

Pearson's magazine for July contains some notable statistics in re-

gard to Fourth of July casualties. For 1903 and 1904, the only two years for which the accident list has been gathered, the following figures are presented:

	1903	1904
Died of tetanus.....	406	91
Died from other causes.....	60	92
	<hr/>	<hr/>
Total of dead.....	466	183
Injured, not fatally.....	3,983	3,986
	<hr/>	<hr/>
Total of dead and injured.....	4,449	4,169
Lost sight of both eyes.....	10	19
Lost sight of one eye.....	95	61
Lost arms, hands or legs.....	4	61
Lost one or more fingers.....	174	208
Other injuries.....	3,670	3,637

The death list reached its maximum in 1903. Out of the 466 victims, Pennsylvania claimed 86, Ohio 77, Illinois 50, New York 41, Michigan 31, and Missouri 29. In 1904 Pennsylvania's death list had decreased to 26, New York and Illinois lost 22 each, New Jersey and Ohio 15 each, and Indiana 11, while Missouri's record had dropped from 29 to 4.

Total to July 12 for 1905..... 75

**The Bureau of Homeopathy.** At the late meeting of the American Institute some well written papers were presented on the Propogandism of Homeopathy, among which were the following:

- In the Corporations.
- In the National Government.
- In the Scientific World.
- In the Public Institutions.
- In the Universities.
- In the Attraction of Students.

These papers and discussions on them formed one of the most attractive features of the session, so much so that at the next meeting the Secretary was instructed to so arrange the program that the entire Institute can attend the meeting of this Bureau.

The character of some of the papers in the bureaus of *Materia Medica* and *Clinical Medicine* and the tone of some of the discussions which followed their reading would seem to suggest that a paper on Propogandism of Homeopathy

Among Members of the Institute might have been opportune and productive of far reaching results. A discussion for example of such questions as:

*First*.—The Anamnesis; the first element and most important factor of successful prescribing. If a case be well taken any one can find the similinum and vice versa.

*Second*.—On the importance of ascertaining and removing the exciting cause of the sickness in order to restore health.

*Third*.—On the use of the repertory in the selection of the remedy.

*Fourth*.—The selection of the potency, or the adaptation of the dynamis of the remedy to the dynamic strength of the patient.

*Fifth*.—The repetition of the dose in acute and chronic disease, irrespective of potency.

*Sixth*.—The alternation of remedies or the use of the combination tablets is unhomeopathic and unscientific, and tends to degrade both the homeopath and homeopathy to the empirical level of the dominant school.

*Seventh*.—On the medical, dietetic and hygienic care of the convalescent.

These questions are of vital importance to every homeopathic practitioner and involve not only the basic principles but the life and perpetuity of scientific therapeutics. If some such questions are discussed at Atlantic City there will in all probability be "a hot time in the old town" that night.

\* \* \*

**The Banquet** in celebration of the 150th anniversary of the birth of Hahnemann and the 50th anniversary of the founding of the Illinois State Society, was a great success. Dr. Walton, of Cincinnati officiated as toast master and the principle speakers were Dr. J. P. Sutherland, of Boston; Dr. R. S. Copeland, of Ann Arbor and Mr. John B. Young, one of Hahnemann's patients.

Nearly one thousand were entertained and had Oliver Wendell Holmes been permitted to occupy a seat on the platform he would have had a practical illustration of the

decadence? of homeopathy and the utter hopelessness of becoming a successful seer unless he understood the full meaning of natural law in scientific therapeutics, and the consequent faith in the curative efficacy of the remedies, found only in the Hahnemannian camp.

\* \* \*

The International Hahnemannian Association held its Twenty-sixth annual meeting at the Chicago Beach Hotel, June 22d, 23d and 24th. It was one of the largest attended and most enthusiastic meetings the association has held in many years. Good papers were abundant and the discussions were interesting and instructive. Forty new members were added to the list, the most for several years. The eastern members were chiefly conspicuous by their absence, which was greatly regretted by all present.

It was voted to publish the transactions within 60 days, and that no papers be published elsewhere until they appear in the transactions. In the opinion of some, this action by the association was unexpected and a marked departure from its previous customs. It looks a little as if the association was either ashamed of its work, or preferred to bury the transactions in the published volume, in other words, "putting its light under a bushel;" but perhaps it is for the best.

Dr. Stuart Close, of Brooklyn, was elected president, Dr. J. B. S. King, secretary; and the next meeting will be held in Cleveland, Ohio.

\* \* \*

**Surgery, Gynecology and Obstetrics**, an international magazine of surgical progress, makes its bow to the surgical world. It is under the editorial management of Dr. Franklin H. Martin, with Dr. Nicholas Senn as chief editor, assisted by fifty of the best known surgeons in Chicago, and twenty-five other surgeons of national reputation in the principal cities of the United States, thus assuring the publication of an abundance of up-to-date surgical material. By this publication Chicago takes its proper place in the surgical world. The journal is a large double column, well printed and well illustrated 112 page monthly, \$5.00 a year. The managing editor is at 103 State street.

## NEW PUBLICATIONS.

### NEW PUBLICATIONS.

**A Text-Book of Diseases Of the Chest.**—Pericardium, Heart, Aorta, Bronchi, Lungs, Mediastinum and Pleura. By Egbert Guernsey Rankin, A. M., M. D., Professor of Theory and Practice of Medicine, New York Homeopathic Medical College; Physician to the Metropolitan Hospital, Department of Public Charities and to the Flower Hospital, New York. With 63 Illustrations. 744 pages. Cloth \$5.50. Half Morocco, \$6.50. Postage, 35 cents. Philadelphia and Chicago. Boericke & Tafel. 1905.

This volume of Dr. Rankin is up to-date in the latest advance in Bacteriology, Modern Pathology and Diagnosis of Diseases of the Heart. Apparently all channels of medical research, including the X-ray, have been brought into requisition. With the advantages of an extended service in the Metropolitan and Flower Hospitals, affording a rare opportunity for observation, the author has compared the results of other observers, thus giving perhaps one of the best works on the subject that has hitherto appeared. An especial feature of the book is the recognition given the X-ray as an adjunct of diagnosis of diseases of the heart and chest. Few volumes have come to our table presenting the ear marks of original research in diagnosis and pathology that are to be found here, and the best of it is that the sketches were nearly all collected at the Metropolitan and Flower Hospitals, under homeopathic control. We congratulate both author and publisher on this splendid work. It is one of the best printed works that has appeared from this well-known publishing house in many years. The paper is heavy, the type clear and distinct, the proof reading has been done with a great deal of care, and the illustrations especially could not have been done better.

But here, as in several other works of a similar character, we regret that the author still clings to the old delusion of furnishing remedies for the diseases, the lesions of the heart, instead of the health derangements of his patient. The remedies are largely selected for the pathological indications, hence not well adapted for the homeopathic treatment of the sick. In the department of Therapeutics alone

this volume is lamentably weak, and is our only source of regret.

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**Manual and Clinical Repertory of a Complete List of Tissue Remedies. (Biochemistry and Cellular Therapy.)** By Dr. Med. Eric Graf von der Goltz. 244 pages. Cloth, \$1.25. Postage 6 cents. Philadelphia and Chicago. Boericke & Tafel. 1905.

This work is a repertory for the student of Biochemistry, intended as a manual or reference book for the selection of the right remedy, potency, etc. It gives first the selection of the remedies, general symptoms, and the diseases for which the remedies are claimed to be adapted. The repertory department furnishes the remedy for the disease, irrespective of symptom totality, although some aggravations and ameliorations may be of value. To any one who is making a study of Schussler's Tissue Remedies, and who uses them constantly in practice, this little volume will be a valuable addition to his library.

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**"The Foundation of All Reform,"** A Guide to Health. By Otto Carque. Kosmos Publishing Co., 765 N. Clark Street, Chicago, Ill. 75 pages. Sent prepaid on receipt of price. Cloth 50 cents. Paper, 25 cents.

Is a most helpful, instructive, and highly interesting treatise on the *diet question*, elucidating many points hitherto neglected in dealing with this important problem. The book contains the following chapters:

1. Man's position in Nature.—2. Chemistry and Physiology of Nutrition.—3. The Raw Food Question.—4. The Superiority of the Fruitarian Diet.—5. Diet Reform the Ultimate Solution of the Social and Economic Problems.—6. The Ethics of Diet Reform. Analysis of over 40 different food products, Fruitarian Dietary for One Week, and many other new and valuable features.

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**The Country Callender**, 3 Astor Place, New York, is a new, popular, well illustrated magazine, devoted to a variety of subjects in which every reader, old or young, is more or less interested. Here are a few of the articles from the July number: "A Tree Garden to Last a Thousand Years," "Capturing the Leaping Tuna of Avalon," "Luther Burbank's Achievements," "Burbank's Value to Fruit-Growers," "In the Home of the Sea Birds," "The Largest Herd of Bison in the World," and then in addition to this we have the "Garden and Orchard Department," "Trees and Shrub Departments," "The Country House Department," "Stock and Poultry Department," "Stable and Kennel Department," "Automobile Department," Each number contains about fifty pages, large double column, the size of Collier's or the Ladies' Home Journal, profusely illustrated, and one of the best illustrated popular magazines in the country. Price 25 cents; \$3.00 a year. In addition to this as an inducement for new subscribers, it offers as a premium eight volumes of the library of short stories "Little Master-Pieces of Fiction," alone worth more than the magazine. Secure the premium, for you will be delighted with both it and th magazine.

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## KENT'S REPERTORY

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**T**HIS works represents many years of careful research throughout the whole field of homeopathic literature by one of our best teachers of materia medica. He has freely borrowed from other reliable repertories and has also added thousands of choice hints from other reliable sources, provings and clinicals. It seems to us he has been just a little too conservative rather than too liberal; but this only makes the book more precious. It is arranged in chapters, (mind, vertigo, head, eyes, vision, ears, etc.), with alphabetical sub-heads; thus making not only a valuable reference book, but an interesting *reading book* as well. The type is marvelously clear and well arranged on the page, so that the eye easily finds the list it wants and *can't help seeing the leading remedies* (as sample pages will prove).

It has its defects; and will sadly deceive a careless, hasty prescriber, who assumes that any of the lists are complete or that some one of the black faced medicines given will of course cure his case. But to the careful prescriber it will grow more and more precious every day.

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We are hoping some day to coax Dr. Kent into issuing a five-dollar abridgement for pocket use and *for allopaths* (and some others), who are scared by the size and costliness of this beautiful volume. *But this is the best for office use* and for all perplexing or unusual cases.

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# THE MEDICAL ADVANCE

AND

## JOURNAL OF HOMEOPATHICS.

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### HYGIENE IN HAHNEMANN'S WRITINGS.

BY THOS. G. MCCONKEY, M. D., San Francisco, Cal.

In the early days of Homeopathy the hygienic measures used by Hahnemann and his followers in their treatment of disease was in such contrast with the practice of their contemporaries that they were distinguished almost as much for their insistence on diet and regimen as their homeopathic medicines. The poet Goethe who was a contemporary of Hahnemann and knew something of his practice concluded that its whole merit lay in these hygienic measures. And the enemies of Homeopathy from that time to the present when obliged to admit the more favorable mortality and morbidity statistics, have been constantly in the habit of attributing this success to the diet and regimen enforced. "A strict homeopathic diet," says Hahnemann, "does not cure chronic patients as our opponents pretend in order to diminish the merits of Homeopathy but the main cause is the medical treatment."

The contrast today is not so great for two reasons: first, a certain laxity in the homeopathic school in carrying out the dietetics of the sick as laid down by the founder, and secondly, the dominant school with its therapeutic nihilism has come to depend more and more upon hygienic measures rather than drugs. Dr. Osler says "there probably never has been a time in the history of the profession when the value of diet in the prevention and cure of disease was more fully recognized." He frankly gives as the main contrib

uting factor in bringing about the present reliance on hygienic measures rather than drugs, "the valuable lesson of Homoeopathy" and the skepticism of Paris and Vienna physicians. But this skepticism had its origin doubtless from the valuable lesson of Homeopathy. Dr. Simon Baruch of New York in a lecture on pneumonia to an old-school medical class in California recently said: "Dietl of Vienna felt so mortified by the results of the spoliative methods in vogue in his day (1835) that he visited the St. Elizabeth Hospital (in which homeopathic treatment was applied) for the purpose of learning the reasons for the success which the Homeopath obtained in pneumonia. He verified the reports, and learned that the treatment was distinctly homeopathic so far as medication was concerned, and that they sustained their patients by fluid diet of substantial nutritive quality instead of the weak gruels on which his own patients were starved as an antiphlogistic measure. Concluding that their infinitesimal doses were not only nugatory but absolutely innocuous, he regarded their success as the result of the healing powers of the human organism—*vis medicatrix nature*. Thus was evolved the expectant method."

Diet and regimen in the treatment of disease is not a mere accidental addition to the homeopathic method. It is the logical sequence of the Hahnemannian conception of disease and its method of cure by medicines. In contrast with his contemporaries who regarded disease as an entity, distinct from the body to be expelled from it by drugs, Hahnemann saw disease as an altered dynamical condition, or state of being. Pagel, a German writer on the history of medicine in the nineteenth century, says: "Virchow was the first, and this we may state right here to be one of the most valuable achievements of the century, who (the last time at the Congress in Moscow, 1897) clearly and concisely expressed the thought that pathology is nothing but a branch of biology, i. e. that disease means life under altered conditions."

Virchow's part in this great achievement was to estab-

lish the truth on a scientific basis as the mature fruit of his investigations in cellular pathology. Hahnemann in language explicit and unequivocal throughout his writings has expressed the same thought for it is one of the fundamental principles of Homeopathy. The corollary to the conception that disease is a dynamic state or condition rather than some material entity, is, of course, the dynamic action of medicine when it acts as a curative agent and not by some direct *material* action on the blood or tissues at large. It is their effects on the instinctive vital force. "It is the organic vital force of our body which cures natural diseases of every kind directly and without any sacrifices, as soon as it is enabled by means of the correct (homeopathic) remedies to win the victory," says Hahnemann.

Again: "We gradually cause and compel this instinctive vital force to increase its energies by degrees and to increase them more and more, and at last to such a degree that it becomes far more powerful than the original disease." Also "The fundamental essence of this spiritual vital principle imparted to us men by the infinitely merciful creator is incredibly great if we physicians understand how to maintain its integrity in days of health, by directing men to a healthy mode of living, and how to invoke and augment it in diseases by purely homeopathic treatment." If our recent studies in protection and immunity have established anything it is the truth of the maxim attributed to Hippocrates "Nature is the physician of diseases." Dr. Wm. H. Welch of Johns Hopkins at the close of a lecture on immunity says: "we are returning to the beautiful doctrine of the father of medicine that the physician is but the minister of nature."

But equally important with this object of maintaining the integrity of this "instinctive vital force" which today is called "vital resistance," "vital forces" "healing powers of nature," etc., but with less accuracy than Hahnemann's phrase, is the other cardinal homeopathic precept, that it is very susceptible to medicinal agencies. Manifestly if our hope of curing disease depends upon invoking this vital force

through the properly selected medicinal agent in minute dosage, how important that all other possible medicinal agencies be scrupulously prohibited not only from being taken purposely as medicines but as articles of diet. I cannot condense into a brief article all that Hahnemann says on diet and regimen and public hygiene but I shall seek by suitable quotations to give a fair presentation of the matter. The preparation of this paper has served to rid me of an impression that Hahnemann was very dogmatic if not somewhat pedantic in some of his dietetic interdictions. This is certainly true of certain of his followers who have made some of his conditional prohibitions absolute. In this no less than in his other writings do we see the practical physician with his uncommon common sense.

Hahnemann's recommendations as to diet and regimen for the healthy are contained principally in "The Friend of Health" published in 1792, and are characterized by common sense and moderation. He ridicules the would be scientific dietists with their pedantic rules, and "standard" diets. He says "a universal diet, like a universal medicine is an idle dream:" "Moderation and attention to what best suits your constitution in every condition" he considers "the natural religion of the stomach and the only infallible rule for every one." The masterly essay "On the Effects of Coffee, from Original Observations" published in 1803, is a most interesting and convincing presentation of the case against that beverage. Thirty years later in his great work "Chronic Disease" he says: "That the drinking of warm coffee and Chinese tea which has so generally spread in the last two centuries, and which has so largely increased the irritability of the muscular fibre as well as the excitability of the nerves, has further augmented the tendency of this period to a multitude of chronic diseases, and has thus aided the psora, I least of all can doubt as I have made prominent, perhaps too prominent the part which coffee takes with respect to the bodily and mental sufferings of humanity, in my little work "On the Effects of Coffee."

His general directions regarding the diet and regimen

of patients are crystallized into five sections of the Organon (259—263 inclusive) and are as follows:

"The minuteness of the dose required in homeopathic practice, makes it necessary that every other kind of medicinal influence that might cause a disturbance should be avoided in the diet and regimen of patients, in order that the highly rarefied dose may not be counteracted, overpowered, or disturbed by extraneous medicinal influences. In chronic cases, therefore, it is especially necessary to search carefully for such impediments to the cure, because these diseases are frequently aggravated by obscure noxious influences of that kind, as well as by errors in regimen which being frequently overlooked, exercise a deleterious effect."

(In an extended note on this section he enumerates many of these obscure noxious influences but the limits of this paper forbid my quoting them though they are worthy our careful study. The concluding sentence, however, I must quote as showing his attitude toward dogmatism or officiousness in these matters: "Some of my disciples appear to impose unnecessary restrictions on their patients, by prohibiting a still greater number of quite indifferent things, a course which is not to be sanctioned)."

"The proper regimen to be enjoined during the use of medicines in chronic diseases, consists in the removal of all obstacles in the way of recovery, and in the substitution of a wholesome mode of life, such as innocent recreation of the mind, active exercise in the open air in all kinds of weather (daily walks, light manual labor), proper nutritious food and drink unadulterated with medicinal substances."

"In acute diseases, on the contrary (insanity excepted) the fine, unerring inner sense of the active instinct of self-preservation will decide the course to be pursued so clearly, that the physician will only have to advise the friends and attendants to obey this voice of nature by gratifying the patient's ardent desires, without offering and urging him to accept hurtful things."

"The food and drink most commonly craved by patients suffering from acute diseases, is generally of a palliative and soothing kind, and not properly of a medicinal nature, but merely adapted to the gratification of a certain longing. Slight obstacles which moderate gratification might place in the way of recovery, are more than counterbalanced by the power of a homeopathic medicine, by the vital force liberated by the medicine, and by the refreshing effect of a gratified desire. In acute diseases the temperature of the chamber, and the quantity of covering should be regulated entirely according to the wishes of the patient; while every kind of mental exertion, and emotional disturbance is to be carefully avoided."

(In a note on the statement that: "Slight obstacles which moderate gratification might place in the way of recovery are more than counterbalanced etc." he says: "This however is rare. In purely inflammatory diseases, for instance, where Aconite, a medicine easily counteracted in the organism by the use of vegetable acid, is indispensable, the patient generally experiences a desire for pure cold water)."

In spite of the fact that these general directions are stated in the form of aphorisms in accord with the plan of the Organon and from which circumstance that great work necessarily is more or less dogmatic yet so much in harmony are they with our present theories and practices that they strike us as mere statements of matter of course principles and practices. But no doubt they seemed dangerous and visionary to many of his medical contemporaries. In 1801 in a little pamphlet announcing the prophylactic value of Belladonna in scarlet fever and which is in consonance with our twentieth century views of the close relationship between the processes of immunity and cure, entitled "Cure and Prevention of Scarlet Fever" I find the following: "As regards moral and physical accessory dietetic means in the treatment of a fully developed case of scarlet fever, I would advise that we should try to dispel all fear by means of kind and cheering words, by nice little presents, by holding out hopes of a speedy recovery—and on the other hand, we should allow the patient a free choice of all kinds of drinks, and warmer or cooler coverings to suit his feelings. The patients's own feeling are a much surer guide than all the maxims of the schools." Dr. Dudgeon in 1851, just fifty years later and therefore much nearer the time than we, commented on this passage thus: "It should be remembered that at the time Hahneman enunciated these sensible opinions, the general method of treating scarlatina and other exanthematous febrile diseases was to half-smother the patients with blankets and a rigid exclusion of air, and to refuse to allow him to drink according to thirst. We have all become wiser since then, but Hahnemann was one of the

first who attempted to overthrow the ancient superstition."

Hahnemann's directions on diet and mode of living in the treatment of chronic diseases are very specific and explicit and will bear critical examination. He says he can not lay down any rules that will be adapted to every case but the practitioner must be guided by the peculiar circumstances of each case. Where there is strength sufficient the patient should pursue his ordinary occupation, provided it is not one that would interfere with the health of healthy persons. Those leading sedentary lives should exercise in the open air. The rich should walk more than they commonly do. Moderate dancing and the company of friends are permissible. The flirtations and empty excitations of sensuality between the sexes, the reading of indelicate novels are interdicted. As regards coffee young people can give it up at once but with persons over 30 or 40 it can only be gradually abandoned. He says that rich and poor are in many countries using willingly a substitute made of roasted rye or wheat. There are about twelve pages (107 to 118) of the "Chronic Diseases" taken up with just such practical directions as these I have quoted and they are just as helpful and necessary in the successful homeopathic treatment of chronic diseases today as Hahnemann thought them to be in his day.

This paper would not be complete without speaking of Hahnemann as a public hygienist. His letter to the Minister of Police, "Plans for Eradicating a Malignant Fever" shows such a knowledge (intuitive it would seem) of the living nature of the contagium of infectious fevers that his plan might have been written at the beginning of the twentieth century instead of the end of the eighteenth. In 1831, when Asiatic Cholera was ravaging Europe the question of its mode of propagation was a matter literally of vital importance and therefore vigorously discussed. Hufeland and his party were arrayed on one side, Hahnemann on the other. The latter wrote an "Appeal to Thinking Philanthropists Respecting The Mode of Propagation of the Asiatic Cholera," from which we learn that Hufeland and his

party considered "the pestilence as only epidemic, of atmospheric-telluric nature, just as though it were merely spread through the air, from which in that case there would be no protection." Hahnemann denied this and held "it to be communicable by contagion only, and propagated from one person to another." Hahnemann was fully alive to the importance of the question for he says: "Of these two opinions one only can be the right one, and that which is found to be the correct one, like all truths, will exercise a great influence on the welfare of mankind." He defends his opinion with an earnestness born of this conviction of its importance to the welfare of mankind. And wonderful to tell, in the course of his argument he explicitly and unequivocally states his belief that the contagious matter of cholera consists of "excessively minute living creatures." His exact words are: "On board ships—in those confined spaces, filled with mouldy watery vapors, the cholera miasm finds a favorable element for its multiplication, and grows into an enormously increased brood of those excessively minute, invisible, living creatures, so inimical to human life, of which the contagious matter of the cholera most probably consists, etc." To his scientific(?) contemporaries these absurdities of the visionary Hahnemann seemed to be such hopelessly foolish vaporings that it does not appear that they excited any controversy. It was not until Devaine made the same announcement regarding the cause of anthrax in the next generation (1863) and thereby caused a very furor of controversy which was not quieted until 1877 when Pastuer came forward with a wealth of experiment that settled the question for all time. It remained for Hahnemann's countryman Koch to confirm in 1884 what he had said more than fifty years before that the contagious matter of cholera consists of minute living creatures. Preventive medicine, says Osler, was a blundering, incomplete science until bacteriology opened unheard of possibilities for the prevention of disease. Hahnemann with his amazing prevision seemed able to rise superior to the want of scientific knowledge of his age and to have anticipated some



of the most important achievements evolved by the technico-physical nineteenth century. So when I find something in his writings that strikes me as visionary, I am more and more inclined to feel that perhaps the fault is with me in not being able to comprehend him. If this paper should encourage any one to study Hahnemann's hygienic measures in the treatment and prevention of disease for their own sake and more particularly his general writings at first hand it will not have been written in vain. One's respect for Hahnemann as a medical teacher is sure to be in direct proportion to one's familiarity with his works.

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### CHRONIC DIARRHEA CURED BY A SINGLE DOSE OF A HIGH POTENCY: CALCAREA

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BY CARROLL DUNHAM, M. D., Newburgh, N., Y.

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EDITOR MEDICAL ADVANCE:—There was at our last meeting of the I. H. A. at Chicago, a great deal said of "Generals and Particulars," when giving the symptoms of a case, but nothing was mentioned whereby one who is not familiar with what is peculiar to the patient and peculiar to the remedy, might be enlightened. I endeavored at that time to recall some case, illustrating this point, but could not do so. With the thought still in mind, I chanced to pick up an old *American Homeopathic Review*, of the year 1860. There I found a case reported by Doctor Carroll Dunham and I enclose the case as my contribution to the MEDICAL ADVANCE. It is worth reading and digesting.

Fraternally Yours,

P. E. KRICHBAUM.

Charles C—, aged 10 years, has had diarrhea ever since he was 4 years old—has been subjected to various modes of treatment, including the homeopathic, but without any material benefit. He is of good height for his age, but is emaciated to an extraordinary degree, not only are his tissues utterly devoid of fat, but the muscles are wonderfully attenuated; my thumb and finger meet with ease

around the middle of his arm. Nevertheless he is active and full of fun. His appetite is prodigious—thirst very great—he complains of distress in the epigastric region, which is much greater just before a stool, compelling him to press his hand upon that region and bend forward; this is relieved to some extent by a movement of the bowels. The epigastrium is sensitive when touched. The abdomen is greatly distended; this is habitual; it is hard, and tympanitic; by forcible manipulation, one can detect hard ovoid bodies, deep in the abdomen, as large as a pigeon's egg. The number of stools in twenty four hours varies from five to twenty. They are copious, pappy, of a dark greenish brown color, quite offensive. They occur chiefly during a period from 4 A. M. to noon—seldom after noon or before midnight. Though so copious they do not produce faintness or a sense of weakness, nor does the boy complain of debility although aware that he is not so strong as other boys of his age. On the contrary he is lively, and full of mischief; his chief complaint being of very frequent pain in the upper part of the abdomen, which he describes as a "grumbling pain," and sometimes "very sharp squeeze."

Of the particulars of his previous treatment, I could learn but little. During the summer preceding my first visit to him he had been under homeopathic treatment, (not in this village) and I was told he had taken a good deal of Arsenicum which, however, to the great surprise of his physician had done him no good.

And, indeed, on a hasty review of the symptoms, it might seem extraordinary that Arsenicum should have failed to cure the case. The dark, pappy offensive stools, preceded by tolerably acute pains in the the abdomen, with great and excessive emaciation, comprehend, to speak with the pathologists of our school, the essential features of his present disease of the alimentary canal and moreover represent a fair simile to the Arsenicum disease. A careful examination, however, will show that some even of these are symptoms of Arsenicum, while other symptoms which betray the diathesis of the patient are quite at variance with those of Arsenicum.

For example, in the first place the thirst although very great, is not satisfied by a small quantity of water, as in the Arsenicum disease; the stool although similar in color, consistency, and odor to that of Arsenicum is copious, that of Arsenicum being, like all the secretions under that drug, scanty. It is not attended by as great a sense of exhaustion as one would expect to find. Indeed the debility and muscular weakness are much less than one would suppose must result from a diarrhea so copious and of so long duration, whereas in the Arsenicum disease, the general prostration is much greater than can be accounted for by the actual drain upon the system.

In the second place, the aggravations occur in the mornings, while in the Arsenicum disease they occur almost exclusively in the evenings. The abdomen is distended and hard, making the child quite pot bellied; whereas Arsenicum produces retraction of the abdominal walls and concavity of the abdomen. The appetite is very great, a symptom which is not characteristic of Arsenicum.

Then it appears, although the symptom to which my attention was first called, as being the symptom of chief importance seemed to point to Arsenicum as its remedy, yet the conditions and concomitants of that symptom and the general symptoms of the patient did not at all demand but decidedly contra indicated that remedy. But with what propriety can the diarrhea, the frequent liquid stool, be regarded as the symptom of chief importance, the primary symptom, so to speak? It is that symptom which would first strike the observation of the patient's friends because so decidedly objective in its character; but it is obviously a secondary phenomenon, depending on the glands; and this diseased state depended unquestionably upon a general depressed state of the vascular and nervous systems or upon a modified vital action, which is manifested in those general symptoms, upon which we predicate distinctions of dyscrasia and diathesis.

Taking this view of the case, it is evident to assign the chief place in our scheme of symptoms to the diarrhœa,

would be to prescribe for symptoms (and secondary ones at that) rather than for the whole morbid state of the patient. But if in accordance with the view I have indicated we give but a secondary place to the diarrhea, it becomes easy to find a remedy for our case. The distended, prominent abdomen, the indurated and enlarged glands, the excessive appetite, the great thirst demanding large draughts of water, the pain in the upper part of the abdomen just before the stool, the tender epigastrium, the copious and long continued diarrhea without corresponding exhaustion, all these symptoms combine to exhibit a condition which finds its exact simile in Calcarea.

Moreover, although Calcarea does not produce stools of the color met with in this case, yet the conditions of stools produced by Calcarea correspond to those of the case in hand. The aggravations of Calcarea are frequently in the morning, and the pain in the abdomen is relieved by warmth as in this case. Calcarea therefore was selected as the appropriate remedy, and the propriety of giving it being so obvious that I could not suppose it had been overlooked by the physicians who had previously attended the lad, and there being every probability that if they gave it at all, they gave it in low potencies; I concluded to give the 200. Two globules were accordingly dissolved in four ounces of water, and a teaspoonful of the solution ordered to be given every four hours. For the week preceding this prescription the boy had had twenty stools daily, and very, very great pain.

On the third day after the remedy was administered, I called again. The lad had had but one stool daily, since the day after my visit, and during the ten months which have since elapsed his bowels have moved regularly, but once daily, the stool being in all respects normal. In the space of one month, the lad became so ruddy and plump, having gained twenty-two pounds in weight, that I should not have known him. As he gained flesh and strength, the rotundity of the abdomen disappeared and at the end of the third month, the indurated abdominal glands were no longer

to be felt. He received no medicine besides the single dose of *Calcarea 200*, above mentioned.

It may seem incredible, and I confess I cannot explain it, that a drain so long established and so copious could be instantaneously checked without producing at least temporary disturbance of some other character. The fact, however, does not admit of dispute.

In a review of this case, two points seem worthy of notice:

1. The prompt and enduring action of the high potency. I would not venture to say that a low potency would not have acted as promptly, certainly however, nothing better could be imagined or desired.

- 2 The great importance of paying careful regard in the selection of a remedy to the general symptoms of the patient, as denoting the dyscrasia, and to the conditions (time and character of aggravation, etc ) of every symptom.

- 3 This case is an illustration of the utter futility of selecting a remedy for the disease, the diarrhea, and overlooking the constitutional, the individual symptoms of the patient.

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**Stramonium:**—A woman, age 50, became weak minded, childish, and laughed without cause. She had two paralytic attacks, each at 8 o'clock in the morning. She lay quietly on her back with closed eyes. Delirious talk always worse in the evening. Wants to get away; throws things out of the window; laughs much. At 3 A. M. violent spasms. which return every half hour. Wants to scream but cannot; gurgling sound in the throat; foams at the mouth; opisthotonos; strikes with one arm, with the other she only grasps; pale face, unconsciousness.—*Hartlaub*.

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**NITRIC ACID.**

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BY JAMES T. KENT, A. M., M. D., Chicago, Ill.

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One of the most important things in studying a remedy is to cause it to appear before the mind so that it can be recalled, to get an image or picture of the remedy so that it can be stamped on the memory. A remedy cannot be understood till studied and used. An old physician will be able to recall to memory past patients in whom he can see pictures of the drug he is studying. After some experience, when a patient walks into your office you will be able to classify him by his face and appearance and think of his face as that of a Sulphur patient, etc. If he has red spots on a pale face, is stoop-shouldered, a little past middle age, you will wonder whether that patient does not need Sulphur, as he narrates his symptoms you will find them to be those of Sulphur. Or if you are drinking wine with a few friends and you notice one gets a flush of his face mounting up to his forehead after the first glass, you would wonder if he did not need *Carbo vegetabilis*.

Nitric acid has a sickly face, yellow, sallow, lean, doughy, with sore eyes, and fissures in the corners of the eyes and mouth. It looks as if there were a copious flow of saliva, and this actually takes place during his sleep and causes a red streak where it flows. The saliva is acid, excoriating, producing red spots. The tears and other fluids from the eyes are excoriating and are attended with smarting and burning. Sickly, anxious face, emaciation of the body, a cachectic aspect; bloated eyes and face; such things cause us to look at the hands and fingers to see if they are not bloated also. His is the countenance of deep seated troubles.

There is a fissure down the whole length of the tongue, not sore or raw, but as if partially divided. The gums settle away from the teeth and the teeth become loose. The gums bleed on pressure. Sore mouth: canker patches in mouth; aphthous condition; yellow splotches on the mucous membrane. The throat is tumid and purple and there is an

exudate not unlike the exudate of diphtheria, and around this the tissues are purple colored, tender to touch and bleed easily.

He is sad and broken hearted. He says the world is against him and that he has no friends left. There is a struggle going on between a desire to die and a fear of death. He feels estranged among his friends. He is disgusted with life; is sad, anxious, sleepless, and has frightful dreams. Everything disappoints him and he is irritable.

He is *worse in a cold climate* and from cold raw winds and also from *hot weather*, and feels better in medium weather and a moderate climate. He must dress very warmly, for cold weather freezes him; the cold brings on his neuralgic pains, headache, backache and pains in the extremities. He wants warm applications and applied heat in many localities, but he is worse from hot weather.

Every cold snap aggravates his catarrh. The nose feels full of *splinters*: sticking and jagging pains along the sides of the nose, septum and far up in the nose. Crusts form in the nose and he can't help picking at the nose to get rid of them, and then the nose bleeds. He blows bloody water from the nose. The watery discharge floats out the crusts and continues to flow. Every cold causes catarrh and stops up the nose. Sneezing, burning, smarting and sticking in the nose. Sensation of sticks in the posterior nares and throat. Ulceration everywhere in the throat and every little ulcer has a stick in it, with tearing and burning. Deep ulcers in the throat, which bleed, and a stick is felt in every ulcer on swallowing and touch.

The *sensation of sticks* in parts, is general. It is present in gonorrhoea with bloody, watery discharge and sore spots along the urethra, which are small ulcers, and in these the same sticking splinter like pains are felt. In the throat there is the sensation described as a fish bone like Hepar. In the female there is a bloody, watery, *brownish* leucorrhoea, causing brown stains on the linen, with ulceration of the cervix, which bleeds when touched. All ulcers tend to bleed, and when touched they have a sticking pain as if from a

splinter. Little boils have the same splinter-like pains, and eruptions have sticking, pricking sensations. Ulcers on the lower extremities, over the tibia and ankles; thin, bloody, watery discharge with burning, sticking pains at night; pricking as from sticks in the ulcer.

There is much urinary trouble in this remedy. The urine is albuminous, bloody, offensive, and *smells as strong as that of a horse*.

The Nitric acid patient is *exhausted, weak*, and tires easily and has palpitation on exertion. He must be in bed most of the time. He is lean, hungry, tired and weak and has been losing flesh for some time. Again it is useful when there is an accumulation of fat; the patient is soft and flabby like Calcarea, which is closely related to Nitric acid, complementary to it and alternates with it. He has no endurance; his heart palpitates on the slightest exertion but he is *ameliorated from passive gliding motion*. He cannot exert himself, but will ride on a smooth country road ten or twelve miles perfectly well. His complaints, palpitation, nervous symptoms, anxiety and sufferings pass away entirely when riding in a carriage or street car if the weather is not too cold or too warm. He is both aggravated and ameliorated from riding in a carriage. In a carriage that jars over a rough street and makes much noise he is aggravated, but in a gliding carriage on a smooth road he is ameliorated. He is ameliorated from riding in a street car because of the smooth track.

He is *sensitive to noise* in his pains and headaches; the noise of a carriage is very painful. Lippe said every time he noticed tan bark covering a street he suspected a Nitric acid patient within. He drives everybody into quietude; so sensitive is he that the doors must be closed with gentleness and he can bear no one to walk across the floor. Coffea and Nux are just as sensitive, and I think of these as well as Nitric acid when I see tan bark in front of a house.

*Great prostration. Acrid discharges. Tendency to ulceration.* Very serious head troubles. With the headache the scalp is so sensitive that the hair cannot be combed. Cannot wear



a hat, *sensitive to weight of the hat*. School girls come home from school carrying the hat in their hand, because of the headache got in school, like *Calcarea phos*. School girls with; "Head very sensitive even to pressure of hat; worse in the evening and on part laid on; sensitive as if confused, either all over or in certain spots; whole right side of the skull painful."

*Scald head* in children; tendency to ulcerations; fluids offensive; bleed easily. The discharge takes the hair off and causes excoriation and redness where it touches. Then there are *enlarged glands* in this broken-down constitution. enlarged glands in the groins, buboes, syphilitic bubo, enlarged axillary and salivary glands. The parotid is enormously swollen, hard and painful, and has the sensation of sticks in it, and there is a tendency to suppuration. Sub-maxillary glands and glands of neck affected.

It is no wonder Nitric acid is of use in syphilis, for it has all the blood changes, the aspect of the face, the ulceration, falling hair, throat symptoms, bone affections, and exostoses. It antidotes Mercury and is closely related to Hepar. It is anti syphilitic and anti-sycotic. It has fig warts about the genitals and anus, which bleed easily, are soft and pulpy. Seed warts about the hands. As a warty medicine it is closely related to *Calcarea*. Warts anywhere that are pulpy and bleed easily. It is very closely related to *Calcarea* in many ways. I have seen patients act this way. A psoric patient, big, fat, flabby, easily tired out, with *Calcarea* symptoms, will be relieved by *Calcarea* for months, building him up; but all at once he takes a turn and a bronchitis comes on, difficult breathing ulceration of the throat, soft, flabby, feeble muscles, waxy countenance, and suddenly about the anus and genitals a crop of warts breaks out. I at once ask: "Had you ever gonorrhoea?" "O, yes," he says, "when I was a boy, I sinned." He needs Nitric acid. It will built him up. Here two miasms have been working in the system at one time; one has been suppressed and the other is uppermost. Nitric acid will benefit him for a time, and again he may need *Calcarea*. Nitric acid and *Calcarea*

antidote each other, but it is a mistake to say that they do not follow each other well. Sulphur and Mercury alternate with each other in this way. Sulphur for a year or two and Mercury to meet the syphilitic condition that crops up when these two miasmas are in the system at the same time and alternate.

*Whooping cough.* The cough is violent causing gagging; bloody expectoration; the face becomes red and blue when she coughs, pale when not coughing; rawness of lips, bleeding of the nose and gums, cracks in the corners of the mouth. It corresponds to a violent case, and after it is over Calcareo will likely be needed to meet the psoric condition.

Eruptions on face; ulcers spread; itching and ulceration among the whiskers; whiskers fall out. Disturbances from shaving. In girls and boys acne and ulcerating, pustular eruptions on face. Nitric acid stands high in this condition. Unhealthy skin everywhere, small wounds and bruises suppurate, and there is lack of healing. Waxy face; yellow, sallow skin, and sickly cachectic state such as those have who are going in consumption or cancer. It has the puffy, waxy, transparent face of albuminuria. It has cured diabetes.

This drug will keep the oculist away many times. Our oculists are a poor set, as a rule; they rarely attempt to apply the remedies to a condition of the eyes. Ulceration of the eyes, of the cornea, inflammation with ulcerous patches. White patches as a result of bad healing. There is never any excuse for making a local application to the eyes. You do not need atropine to dilate the pupil in iritis. The iritis is a symptom, and being the last to come will be the first to go under the proper remedy. There will be no adhesions; that is, there will be no results of the inflammation. It is an acute condition and must be treated as such.

Whenever you say that Atropine is necessary, it is an acknowledgement that you do not know your *Materia Medica*. I remember a case where an oculist was called in to satisfy the family. He pretended to be a homeopath, but he said to the physician attending the case: "This is a case of

syphilitic iritis. You must use Atropine or you will be responsible," and there was talk of paying all around. The physician would not use the Atropine. He came to me, and on a study of the symptoms he saw that Staphisagria was the remedy and Staphisagria removed the symptoms at once. All sorts of ulceration of the eyelids, of the corner, of the eyes, and on the surface of the eyes with sticking, jagging pains. "Ophthalmia neonatorum; scrofulous, gonorrhoeal, syphilitic." The worst forms are easily cured if the symptoms agree.

*Fistulous pipes* anywhere that will not heal; fistula in ano; abscesses that have formed do not heal and flow from fistulous openings. Diseased bone with fistulous openings. It so improves the integrity of the bone that the opening is no longer necessary. A patient, by operation, had a part of the femur removed, but the fistula would not heal, although it was known that there was no bone there. The patient had not had any remedy. Nitric acid cured him. The tissues will not heal, there is no repair going on.

Full of *rheumatic pains* and aches. The pains cease suddenly and other complaints come on. Pains again come on suddenly and extend all over the body, from change of weather, taking cold, a cold bath, or getting wet. Pale and sickly people with gouty attacks; in old Calcarea subjects. Pains with swellings, swollen joints, sticky, tearing, tingling pains in joints at night, especially in old syphilitic and sycotic rheumatism. Ulceration at the root of the nails, felons, inflammations at the root of the nails; ulcers.

The Nitric acid patient is *fetid, offensive*, full of odors; the discharges smell strong, the urine smells like that of a horse; there is offensive leucorrhoea, offensive nasal discharge, offensive breath; fetid footsweat, sour at times, but more often of a strong pungent odor. Colored people who take Nitric acid, if their other symptoms agree, lose their offensive odor.

"Great weakness, trembling; shocks on going to sleep, depressed in spirits." Hemorrhages bright, profuse; bleeding of all mucous membrane. Post scarlatinal complaints; dropsies.

I have given you the *generals*. When the little symptoms you find in the text are present without the generals Nitric acid will not cure. These common symptoms may be found in any remedy.

## HOW DYNAMICS INFLUENCE NERVE TISSUES.

BY DR. E. N. CHANEY, Pasadena, Cal.

The Creator in forming the creation prepared a combination of the seven creative principles, i. e. Force, Discrimination, Order, Cohesion, Fermentation, Transmutation and Sensation. These collectively we understand to be life force, or molecular energy.

Creative thought induces molecular force to take on physiological action and express the thought in the physical; producing thereby physio electrical energy, which assumes such a latent state at times that it is hard to draw the line where thought force exists and molecular force ceases.

We believe that the Creator has imagined the individuality and molecular force of every mineral, plant, animal and person that has or ever will exist. That all ordinary detail of thought and molecular force in our solar system is sent out through the planets, each containing a molecular force derived from thoughts expressing function and character, similar to the cardinal divisions of mankind, vis. Head, Neck, Shoulders, Breasts, Heart, Stomach and Generative Organs.

And as the nerves supply a system of molecular and thought communication within our members, so does the sun transmit the intelligence and molecular energy of the solar system from one planet to the other.

Although creative thought seems lost in molecular force in the minerals, plants and animal tissues, yet as we note the intelligence displayed in the animal's instinct and influence of humanity, we think that we detect molecular force again assuming the character of thought force.

Mankind being the most complete expression of molecular force requires some portion of all of the physical elements to carry out his functions. His intelligence contains so little of the Creator's positive thought that the creative powers of man are limited. He can destroy, that is, he can

bring about conditions that will liberate the molecular force that binds the component parts of an object together, and change its energy to electricity, gases, or some other state of usefulness; as is illustrated in explosives, the static and galvanic batteries and dynamos.

The molecular energy liberated from the food we eat enables us to execute mental and physical labor, providing the molecular force of the tissues are unimpaired; if they are, it is the result of a portion of their molecular force having been liberated and wasted through devitalizing or excessive excretions and lost in a consuming heat or fever from inflammations, or in gas from effervescence going on among the digestive elements, or in pus from the excessive fermentation of tissue change.

Potentization is the process of separating the molecules in one drop of a drug into a certain number of parts (usually a hundred), and retaining the energy, which is the electrical or molecular force that has combined the same in the vial of water or alcohol in which it is percussed. Repeating this separating process thousands of times releases the most potent energy of the drug. The character of molecular force varies in different forms of a drug; therefore, their influence on the vital forces of mankind when administered in water or on pellets, produce symptoms variable in quality and intensity.

Thought force cannot be measured by time or space; yet it is ever present with the molecular force representing t.

The acorn has emerging from it thought and molecular dynamises (forces).

The molecular activity which is not always perfect on account of its environments, materializes from a *perfect* thought dynamis.

In the growth of the oak we notice, first the stem and roots, then the bark and leaves. The tree is then ready to manifest the next thought dynamis in order, that of the buds; then the blossoms, fruit and seed. Before this manifestation takes place, however, the molecular force repre-

senting the buds, blossoms, etc., is not found in the juice of the tree. We determine this by proving the potencies, taken from a plant after blossoming, and notice that the symptoms produced, cannot all be presented in the provings by potencies taken from the same specie of plant before blossoming.

The molecular force must pave its way by capillary attraction, as directed by its thoughts before the tree can reach the matured condition of blossoming, yielding fruit and seed. This truth exists also in each individual. The thought dynamis to form the man is *perfect* from its first manifestation of molecular force in the white blood corpuscles that enter the seed of the parents until parted from the mortal at the grave.

During this time the molecular force organizing the child may have lost through experiences and injuries, even during gestation, that property which might have prevented the formation of undeveloped tissues and membranous adhesions and a predisposition to basic and constitutional diseases.

A disease manifestation always liberates from the tissues a molecular force common to some drug, without the patient ever having touched the drug. Undeveloped membranes and their adhesions, and other mechanical injuries are not forms of functional disease; for their presence does not deprive the tissues of any particular molecular force and a person may exist until old age without a day's sickness and continue to possess scars.

At the same time they too frequently interfere with the blood circulation through sympathetic nerve impingement and subjects the economy to irritations which occasionally prepares a lowered vitality and through this condition produces a perverted molecular force, which in turn *attracts* a thought dynamis of a foreign nature though with a similar molecular force, into the system; and as the disease dynamis finds a good supply of molecular energy of its own nature in the predisposing cause or injury, it continues its manifestations in the order provided by its own thought and

molecular dynamis and naturally opens up new fields in the economy for disease manifestations.

Every drug is especially adapted to one or more tissues in the body on which to liberate its molecular force. For this reason the disease dynamis may be admitted into the system in one portion of the body and soon be manifested in various locations.

Infectious diseases and toxic drugs have a peculiarly sensitive or potent molecular energy, which enables them, without being potentized, to influence one's vital forces, by inoculating his organism with their disease products, such as pus or bacteria, as found in tuberculosis, syphilis, typhoid fever, zymotic diseases, etc., and in drugs or tinctures of arsenic, belladonna, poison ivy, sulphur, quinine and many others.

Inert diseases as catarrhal and traumatic fevers, and inert drugs as salt, clay, lycopodium, etc., have their energy displayed in their physical appearance and they cannot disseminate an influence until some one subject them to a process that separates their molecular force and liberates the confined energy.

Lycopodium, clay in the form of silicea or alumina, and a few others in their crude form cannot act on the vital forces of man. But as soon as they are potentized, their influence possesses the power to cure some of the most direful chronic ailments flesh is heir to.

A gram of musk confined within a corked vial may be attractive, but that state of expression has a limit; open the vial and allow the atmosphere to liberate its molecular force and its energy in time will influence whole cities with its odor.

A grain of powder with sufficient energy to lift a ton one inch in a second of time. remains in the little black nugget until released by the spark. The powder in itself is inert; but when its molecular force is released its influence is great.

Some people are mentally inert. Their thought which is a manifestation of energy is excessively displayed on

their own desires and appearance, in order to create for themselves a personality. This confines and immobilizes their power of expression and limits their influence.

The tissues of the body become inert when they cease to send out influences to other tissues; for then it is that communications and the circulation is shut off, and the tissues' molecular force is confined in decomposing pus, only to be slowly liberated in gases, or first in bacteria and then in gases, until nothing is left of the tissues. But as long as pus remains intact, we have existing in it a portion of the tissues' base molecular force in an inert state. If the pus is a product of an infectious disease, we have its molecular force in an irritating or a semi-inert state. By potentizing and administering it to a patient exhibiting the symptoms belonging to the disease, the potency will restore the molecular force, common to the disease only, within the patient.

The question arises, how does a drug cure? The answer is simply it supplies the molecular force, liberated by the disease.

The molecular force of a few drugs can easily influence the tissues of the body in their crude state. Other drugs are inert and must first be potentized or placed in a condition that releases their molecular force before they can act on the tissues.

When a potent drug is administered, the molecular force of it will add to a similar molecular force already existing in the individual, thereby overbalancing and unfitting his molecular forces for exercising normally their physiological functions. The result is an irritation which causes an excessive assimilation or dissipation of energy called symptoms. The experience is a proving of the drug.

A healthy person in time, may prove hundreds of remedies in a high or even in a low potency without igniting and liberating to an appreciable extent his molecular forces, providing the drug potency is not low enough or continued to a degree that produces a chemical or physiological action. The potency should be taken a grain or drop at a time from three to twelve hours apart until symptoms occur; then stop



the medicine and write down the symptoms for future reference. Sometimes with a good potency and a sensitive prover, one dose will give a fair proving of the drug. At times the prover will have to repeat it for several days before experiencing symptoms.

When a patient presents symptoms from a lost molecular force through disease, the peculiar or guiding symptoms will indicate a drug, whose molecular force when liberated will supply the lost molecular force. The vital force of the patient will accept the assistance rendered by the replaced molecular energy and respond by rebuilding the disorganized tissues.

Molecular force unlike thought force, is measured by time and space; for it requires time for a molecular force (disease dynamis) to become matured (chronic) in one's system. Likewise, it requires time for a high potency to give relief, especially during the onset of a new disease when in reality the lost molecular force represents a low potency. If the disease appears violent on the start and the remedy in a low potency has not been administered, it may prove fatal before its molecular force has matured to a similar molecular force as that of the remedy in the high potency given: Especially is this true if given during an hour of aggravation common to the indicated remedy.

If the disease is well matured through successive attacks, at intervals of months or years, the high potency will supply the lost dynamis of the patient in a few days; while to begin with a low potency and gradually increase the potencies, together with the repetition of doses of each potency used, would take weeks or months to acquire the same molecular vibratory status of the lost vital force.

If the disease is matured (chronic) a low potency will only cover the symptoms to a certain stage of the disease and then cease action, otherwise would be followed by an aggravation in a proving.

The high and low potencies should each have a separate proving to find out what symptoms found in the high, did not exist in the low potency. Until these differences

are determined by the physician, use the low potencies first, and ascend to the higher as fast as possible, giving each degree of potency time to finish its action, before repeating the dose or changing the potency.

An aggravation from a potency simply means a proving of it; either because it is too low or too high in potency to simulate the liberated molecular force creating the disease, else it is not the indicated remedy.

If it is only a matter of being a different potency and the patient is not dangerously ill, the lost vital force will be supplied, at the same time other degrees of his dynamis are agitated with the proving of the administered remedy. When the proving symptoms abate, which is usually in a few minutes to a few hours, the disease symptoms are also greatly relieved and the two ameliorations at the same time, is the cause of the marked change for the better in, which were considered at the onset, unpromising cases, as frequently follows the administering of too high a potency. If the patient's life is threatened with an immatured (acute) disease the nagging, irritating influence of the proving may worry and completely exhaust the patient prematurely.

We are greatly indebted to the valuable research of Dr. E. L. Colburn, Los Angeles, for the assistance he has kindly tendered in dealing with our studies of molecular forces and practically applying them to nosodes and other remedies, diseases and planetary influences.

I will present a diagram of the human vital forces as taking the form of a tree.

The stump represents the base and mechanical tissues of the body in health, and in disease it represents mechanical injuries and forms of tissue decay resulting in pus or mucus.

The body of the tree with the large limbs will represent the general constitution in health and also in disease. A partial list of remedies for the same is presented in the diagram. The branches, blossoms and fruit will represent the more delicate expressions of functions in health. In

disease they represent the various forms of acute pathology, of which a partial list is presented.

TREE DIAGRAM OF VITAL FORCES, DISEASES AND REMEDIES.

PARTS OF THE TREE.	Bark	Skin.	P rogen	CONSTITUTIONAL REMEDIES.	ACUTE REMEDIES		
	Quarter.	Mucous membrane cellular tissue, glands	Vaccine Medorrhinum S phillinum			Aurum met. Nux mos Quinine Cholesterine Urea Carbo veg. Kali carb Kali iodide Silicea Graphites Phos horus Cal. phos. Cal. carb.	Tarantula Eup. purp. Ec. inacea Cistus can. Hep. sul. Eup. perf. Chelidonium Anthracinum Phytolacca Ammonium carb Gelsemium Kali mur. Belladonna Apis mel. Nux vomica Aconite Pulsatilla Bryonia Asenicum Rhus tox. Merc. sol. Bufo Lachesis
	Heart	Muscle Bones Vital fluid	Psorinum Tuberculinum Re airing			Iodine Sul hur Lycopodium Thuja Freeing enhanced nerves	
	Core	Nerves and Mechanism	Mechanism and removing irritations				
OF THE TREE.	Heart	Chemical and Traumatic injuries.	Nerve irritation and prostration. Tuberculosis	CONSTITUTIONAL DISEASES	ACUTE DISEASES		
	Quarter	Sepsis Glandular Diseases Diseases of the cellular tissues, mucous membranes & skin	Psora Syphilis Gonorrhoea Vaccination			Neurosis Paralysis Consumption Veg. & animal toxins Auto toxins Urea, cholesteroline Leprosy Scrofula Drug suppressants - Iodide, Quinine. etc. Cystic fibroid and glandular tumors. etc. Malaria Catarrh Septicemia Eczema S cosis Branches	Piles Fistula Appendicitis Insanity Epilepsy Neuralgia Rheumatism Cancer Angina pectoris Pneumonia Hydrocephalus Apoplexy Asthma Spinal irritation Intermittent fev Bright's disease Diphtheria Scarlet fever Bubonic plague Yellow fever La Grippe Tonsillitis Peritonitis Measles Chicken pox Rubiola Shingles Abscesses Erysipelas
	Bark		Trunk.				

The bark represents the skin and its diseases. The quarters represent the glandular system in health and also in disease. The heart represents the vital fluids in health and also in disease. The core represents the mechanical tissues in health and also in disease, as in nerve irritation and prostration through impingements or chemical action.

Base or predisposing conditions of disease, represents

disorganization of tissue and not perverted function, although it usually results in disease.

Shallow breathing induces a constriction of all the sphincter muscles in the body and causes them to pinch vasa motor nerve terminals. This condition also originates in undeveloped tissues at birth, (especially the mucous membranes of the colon and orifices) or by external and internal injuries through life. It also shuts off the blood circulation and inhibits the action of sympathetic nerves, their centers, and later the cerebro spinal nerves. The result is mental and functional diseases. A diminished lung area lessens its capacity for eliminating carbonized and destructive gases from the system, which tend to burn out nerve connections between the heart, lungs, kidneys and abdominal brain. All of the above conditions presents the original causes of disease.

The circulation being partially cut off from the mucous membrane; supplies a case of catarrh. The catarrhal secretions infect the chemical products of the digestive tract and produce a mild form of psora, called malaria. This form of sepsis, ulcerating other tissues which contain more energy, and combined with other glandular and infective products, will present a more active state of psora called scrofula, and so on from bad to worse.

*Tuberculosis* represents a loss of molecular force which combines the structures in bony, muscular and cellular tissues. The limited circulation of the patient depletes the nutrition, obstructs the waste channels and the effete matter accumulates in various tissues to form tubercles. These irritate the tissues as a foreign body and create an inflammation that breaks down in pus on which the bacilli exist as scavengers. They are formed as little rods and are named from the character of their existence. In the most simple form of tissue sepsis they are called bacilli tubercle. With sepsis from more potent tissues or animal toxines, they are bacilli tetani in tetanus; bacilli erysipelatus in erysipelus; bacilli leporis is leprosy and so on to thousands of varieties.

The limited circulation and obstructed waste channels in various locations of the body is caused by orificial nerve impingements, and by suppressing the vital forces of portions of the economy by administering the drugs of iodine, quinine, opiates, borax, formaline, alcoholic stimulants, narcotics and the likes, internally or externally. They act as a resistant to the molecular forces when locally applied as an agent to relieve eczema, congestions and other disease manifestations. Therefore, in order to cure many cases of tuberculosis, tumors, cancers, etc., the stoic, resistant vital forces of the tissues upon which diseases, latent or remittent, exist, must first be restored to carry off the offending matter; this is done by liberating the molecular force of the resisting or suppressing properties of the drug by a potency of the same.

*Psora* represents a loss of molecular force which enters into all the structures of the body. The cause originates from the base of tuberculosis combined with sepsis resulting from mechanical injuries infected with animal, vegetable or mineral poisons.

*Syphilis* represents a loss of molecular force which combines the various structures of the economy. The cause originates in a decomposing state of the most vital tissues, and fluids, contaminated by a gonorrhoeal sepsis, which by infecting the lymphatics, liberates a portion of the molecular force of any or all the tissues in the anatomy. Its degree of severity depends upon the different characters of tissue involved, and the length in time of its activity as manifested in primary, secondary or tertiary syphilis.

*Gonorrhoea* represents a loss of molecular force existing in the sexual fluids, their membranes and adjoining cellular tissues. The cause originates in the generative lymph flowing into the orifices and being exposed to the atmosphere and heat until bacteria, the gonococcus, finds in it sufficient environment on which to subsist. This is the most septic or infectious product humanity can possess, because it represents a decomposition or releasing of the highest degree of energy that can exist in animal tissues. Upon

it, when combined with a tubercular and psoric base, depends the cause of the most loathsome disease, leprosy.

*Vaccination* represents a loss of molecular force which combines all the tissues, especially the nerve trunks, glands, mucous membranes and skin and originates from subjecting one's system to a well developed and specific type of bovine sepsis (cowpox), which is composed of tuberculosis and psora from animal poisons, usually an infection from horse grease inoculating the cow by the hands of the milker. The cattle selected for the development of vaccine by inoculations of cowpox, may have perfect health; but the graft of cowpox could never exist in the first place if it were not for the tuberculous base, that liberates the molecular force which allows the specific germ of vaccine to find existence.

*Pyrogen* represents a loss of molecular force that combines and organizes the mucosa, skin and glandular structures. It originates in a nerve prostration (vasa motors), and a suppressed blood and lymph circulation. The accumulated waste excites a fever, which results in a breaking down of the mucosa and integumental tissues in a state of pus. As tuberculosis is acquired from this condition of affairs on the deeper structures, so Pyrogen is formed within the superficial tissues. The molecular force of humanity is a physical, vital or dynamic force. The tree diagram of the same, is an outline study of the origin and progress of diseases, with a partial list of their remedies.

Diseases are similar to the tree, in that they grow from within, out. In the branches and in line with the core, we notice piles, appendicitis, fistula, insanity, epilepsy, neuralgia and rheumatism, all of which can exist, but seldom do from simply nerve prostration, irritation or obliteration and a tuberculous base, without the assistance of other base or constitutional diseases.

[In Chronic Diseases, Hahnemann lays it down as a rule of practice verified by much observation, that chronic diseases progress or grow from without to within, and are cured in inverse order of their onset. Ed.]

*Nerve irritation*, or prostration, originates not only in mucosa impingments, but also in tubercular, psoric or syphilitic products formed by chemical and drug suppressants.

*Cancer*, *angina pectoris*, *pneumonia*, *meningitis* and *apoplexy*, frequently originate in nerve prostration associated with a tuberculous base.

*Bright's disease*, *asthma*, *shingles*, *spinal irritations*, etc., are the results of nerve irritations in the pelvic cavity, plus a psoric base.

*Diphtheria*, *scarlet fever*, *bubonic plague*, etc., originate from a tubercular base (which depends much on sympathetic nerve prostration for an existence), with a syphilitic or gonorrhoeal base. The diphtheria, scarlet fever, etc., bacilli can only inoculate people having the vital forces depressed by an accumulation of malaria in their system.

*Malaria*, is a psora developed from a carbonized atmosphere in over crowded auditoriums or marshy districts, also from decomposing vegetable and animal matter, existing in one's sluggish alimentary canal.

*Tonsillitis*, *peritonitis*, *enteritis* and other organic inflammations have their origin in exposures to cold, with a predisposing cause of nerve irritation and a psoric and tubercular base

*Measles*, *mumps*, *chicken pox*, *rubeola*, *yellow fever*, etc. originate in specific malarial poisons. When their psoric product releases the molecular force of the vital organs or their secretions, the result becomes pernicious

*Smallpox* contains a psoric and a tubercular base, and can release the molecular force of subjects, only at a time when they are oppressed with a malarial dyscrasia.

*La Grippe* may attack those who possess an excess of malarial products when their molecular force is lowered by a psoric and tubercular base disease, which commonly gains access to the subjects, through their vaccination, or that of their parents.

*Ulcers*, *abscesses*, *fissures*, and *fistule* originate from any or all bases.

*Sycosis*, finds an expression in warts, moles, acne pimples, etc. and usually is of a simple tubercular base. At times, however, the perverted cell growth that forms them. may be caused by a syphilitic or psoric base.

In treating cases of Barbers' itch, erysipelas, and other forms of eczema, a single powder of a high potency constitutional remedy may be all that is required to relieve the patient. Generally speaking these cases need an acute remedy such as Aconite, Rhus, Croton tiglium, etc., in a low potency and repeated every hour or two until the burning, itching or pain is relieved.

If a remedy seems indicated but fails to act, give it in a higher potency., at the same time question thoroughly the history of the patient and determine if possible upon a constitutional remedy like Iodine, Quinine, Sulphur, etc., to liberate any existing suppressed disease, and give the drug in a high potency, one, one grain powder at a time, every three days or longer; only repeat when improvement ceases.

If the constitutional remedy is also indicated in the acute expressions of the disease, use the remedy high, but place a powder in a half glass of water and give one teaspoonful every hour or two until relieved. Prepare a fresh powder every morning. Three days before full moon begin with a base remedy, giving a powder every other day or every third morning; first a powder of a low potency and followed with one of a higher, one grain each, until three are used. The 6x, 200, c.m. are popular potencies.

The first month use a nosode indicated by symptoms presenting on the skin or mucous membranes of the patients. If they have a history of vaccination, a round of the three potencies of Thuja would be in order, as its provings leave a tissue change similar to that of vaccine. The next month the graduating potencies of vaccine; the following month, Medorrhinum; the successive months Syphilinum, then Psorinum and lastly Tuberculinum.

If there is lacking in the history of the patient, symptoms for any of the base remedies, they may be omitted in the full moon treatment.



The above directions for treating with base remedies may also be practically applied to patients who have had contagious or zymotic diseases; be they measles, typhoid fever, small pox, etc. When the base, constitutional, and acute remedies are administered in order during the diseases, they will be cut short in their presenting stage of action.

The same is true in epilepsy, insanity, cancer, asthma, la grippe, diphtheria, etc. In all serious troubles, give the indicated base nosodes, the constitutional remedies, also nosodes of urea, cholesterine and other auto infections when needed, as above described, at the same time keep down superficial transient symptoms with the acute homeopathic or dynamopathic remedies,

Pyrogen being a superficial base remedy, can be given for abscesses of the skin or mucous membranes at any time of the month with good results.

Pyrogen is not always used to cure abscesses in patients who indicate Hepar, Silicea, Sulphur, and the like. but to supply the molecular force concentrated in pus and leaving the body through bacteria or gas, when sepsis threatens the life in any disease and requiring any other remedy.

The molecular force of a few remedies as *Cistus canadensis*, *Echinacea*, *Kalimuriaticum*, etc., is capable of supplying energy to the tissues eroded by contact by septic matter as it escapes from the economy through the waste channels and tend to *prevent infection*.

These remedies may be used in potencies from the tincture up. *Cistus* is very efficient in the high potencies. They may be repeated every hour or two as severity of the case demands.

The molecular force supplied by the base remedies, those except *Pyrogen* and *Medorrhinum* should be administered during full moon when the molecular forces of one are the least active; this gives the remedial molecular force a gentle reception into the organism, and the repair of tissues takes place favorably for a weak organism. If large accumulations of syphilitic, psoric or tubercular dyscrasias are started through the waste channels at once, by supply-

ing the lost functions for the same with the base remedy, especially during new moon, when one's molecular forces are active, the debris from the restoring process might completely overcome the patient.

We cannot always tell by appearances how much suppressed disease a patient may be entertaining. Therefore, to be on the safe side, give deep base remedies during full moon, rather two days before till four days after, as the molecular force travels from the moon two days quicker to reach us than does its light.

The office of a base remedy is very similar to that of releasing sympathetic nerve impingements as its function is that of supplying molecular force to rebuild the lost tissues, on which the vital forces may find action to rid the system of effete matter. As tuberculosis obliterates a portion of tissue and obstructs the glandular system, we find by giving its nosode, the molecular force is reinstated and the mesenteric glands resume their functions and turn the effete accumulations into the blood circulation so rapidly that before it reaches the waste channels the inferior hemorrhoidal vessels in some cases may congest and present piles. If local attention of dilatation, cleansing and lubricating, and giving the constitutional and acute remedies are not resorted to, abscesses and fistule may develop. While the effete matter leaving the upper portion of the body will tend to produce pimples and cold sores after taking the base nosode.

Syphilinum base is indicated by tendencies to caries, notched teeth, intestinal adhesions, hair lip, cleft palate, talipes, etc. Psorinum has aggravations of constitutional derangements at different times of the year. Many other forms of tissue characteristics which, when they can be singled out, will be of use in determining the base remedy required.

At the present, humanity contains a medley of the whole affair.

The majority of civilization may escape medorrhinum, syphilinum, and in some localities vaccine, but the

tubercular, psoric and pyrogenic bases are in nearly every one; in some extensively, in others less.

Little dependence can be placed on symptoms acquired from the proving of base remedies, for the peculiar aches and pains would only represent an excitation of symptoms that belongs to diseases common to other remedies; their action is replaced by restoring the vital forces in trying to prove the base remedy. If it is repeated too frequently or continued too long, the symptoms manifested may be continued and become serious to the patient.

The molecular forces of humanity are greatly influenced by the moon and planetary conditions. Each planet has a molecular force which gravitates toward its center and poles; the intensity of this force to hold each planet and its belongings together depends largely upon the size and distance of neighboring planets and satellites. As their molecular forces attract one from the other, each would have less cohesive properties for itself. For the closer they come together the less would be their molecular force.

The earth has its greatest degree of molecular force, June 22, and Dec. 22, on account of its distance being greater from the sun at that time. Also the earth's molecular energy is greater during new moon when its distance from the earth is greatest.

The sun changes the zodiacal molecular force of the earth every two hours, as it revolves on its axis, and presents to animal life a change in its magnetic force. The rising zodiacs thus produced and quickly passed, has but a superficial influence on one's organism through life, but at time of birth it characterizes extensively the physical proportion of the body.

The moon's zodiacs remain in service two or three days each; and a little over four weeks is required to complete its circuit. This gives ample time for the moon's molecular force, when attracted by our own, to penetrate our deeper structures and influence the reproductive centers.

The tide of mankind's vital force, as well as the tide of the seas, are regulated by the moon.

Diseases, such as chorea, epilepsy and other nervous troubles, in hyperaesthetic or plethoric subjects who indicate Cal. carb., Nat. mur., etc. are aggravated during full moon and the sun's solstices; during the latter period the molecular force in everything on the earth is as its height of intensity. This condition increases the circulation of the patient, which in turn engorges the mucous membranes and causes a stretching of their adhesions, and an excessive pressure to bear on the impinged nerve terminals, which intensifies the nerve excitement or prostration.

The moon, by its property of depolarization, has a greater affinity for the generative functions than for the bodily tissues in general. On this account, during full moon the molecular forces are lowered in the abdominal brain, thereby causing an anaemic condition which produces erosions on the mucous membranes to take place in the pelvic cavity; the irritations therefrom are reflexed through the spinal cord to the cerebral centers.

During a malarial or catarrhal fever, the patients lose their plethoric constitution, which certainly lowers the pressure on their nerve terminals, and for an extended time after the attack they claim the best of health. But sooner or later their vigorous exercise and hearty appetite has again developed a plethoric habit, only to let them down in another hyperaesthetic or malarial attack.

Anaemic cases, those indicating Silicea, Causticum, etc., especially epileptics are worse during full moon or new moon, because of an unbalanced, hyperaesthetic state of the pelvic cavity caused by the affinity of the moon.

The molecular force of each individual is the sum of twelve lesser forms of molecular forces receiving their individuality of thought or character by the functions they perform.

They are the seven cardinal divisions of the body as mentioned above, with the addition of the knees, calves and feet, and the generative organs subdivided into the reins, privates and thighs.

Solluner influences on the growth and decay of tissue

enforced by the sun and moon are carried on by the affinity that their molecular forces have for the individuals.

The moon and earth like all other planets will present a character of thought and molecular force peculiar to the zodiac presenting toward the sun at the time of one's birth which will animate that person with the same thought and functional desires, belonging to that zodiac, all through life.

For illustration, persons born when the moon is in the zodiac of the heart, (Leo) their nature will be symbolized by the heart and blood circulation; restless, independent disposition, given to extremes, etc. Every month when the moon is in Leo, their molecular force will be attracted by that of the moon's which will to a considerable extent deplete their molecular force. (For thought and molecular force attracts like thought and like molecular force.)

At this time if puberty is established in the female, the mucous membranes of the reproductive organs are affected by first becoming lax, raw, and then bleed, which is recognized as the menses. When the moon passes into the next zodiac the molecular forces cease their attractions and the mucosa again becomes firm.

The same experience takes place on a smaller scale in the male. The mucosa of the prostate, of the bladder and rectum are the first tissues in the body to be influenced, as they are at the head of the sympathetic nervous system. When the zodiac of the moon appears each month as it was at the person's birth, the mucosa of the rectum becomes lax, raw and then, if constipated, or partially exhausted from over exertion, ulceration of the same follows, accompanied by depression, headache, backache, or mental irritability.

If at birth, the earth and one or more of the planets have sensitized some other one part of the body, for instance the knees, more than has the moon, which is in Leo, then the moon will be attracted by this predominating molecular force, and the menstrual functions and mucosa ulceration will be established during the moon's zodiac of Capricorn.

The molecular force in each of all the planets in our

solar system is subdivided into twelve zodiacs, as they are in mankind, according to function.

During the birth of an individual, one is characterized as follows: Physically by Mercury, Mentally by Uranus. Ambitiously by Jupiter, Socially by Saturn, Intensely by Mars, Attractively or affectionately by Venus, Independently by the Earth, Depolarized by the Moon, and modified by the functional character of the presented zodiac of each planet.

By these zodiacal polarizations or sensitizations, mankind is attracted one to the other. People having like zodiacal molecular forces are naturally drawn together with an affinity which generally is not understood, but which man calls love.

The desires prompted by the mind of the body, must be kept within bounds of the social laws, during this physical existence by the reasoning faculties.

The above theories and classifications have been acquired and verified in our clinics; they have been observed at different times by a portion of over thirty homeopathic, fifteen osteopathic, three allopathic and two eclectic physicians.

A few of the most interesting cases were:

CASE I. Lady, married, 35 years old, tuberculosis of right lung, last stage of the disease, began with pneumonia three years previously. Came under our attention Oct. 12, 1900. We treated and cured a rectal fissure. Gave the acute and constitutional indicated remedies until Nov. 30, 1900, when upon receiving Ign. M. her temperature went to 103. with symptoms of her old time pneumonia. The next day fever abated, and respirations again filled the right lung. May 6th, gave Tuberculinum 200, next week Tub. D. She then went home to the robust climate of New York, discharged her nurse and practically a well woman in one year's time from her first visit.

CASE II. Lady 45 years, tuberculosis of left lung, with hemorrhages every few weeks. They originated in pneumonia two years before. She had a goitre nearly all her life, which vanished a few weeks before the pneumonia ap-

peared. The goitre disappeared six months after painting it with iodine. March 5, 1902, she came to us for treatment. We found rectal ulcers, also a tumor as large as an orange one year old, over her left floating ribs. She complained of a trembling sensation, and received three powders of Sulphuric acid M. 12 hours apart, which relieved. March 7, gave Iodine cm., three powders 12 hours apart. Immediately after taking second powder, temperature arose to 103. and during night left lung opened up on respiration. Next day temperature abated. April 22nd, 1902, tumor nearly all disappeared. This case in the last stage of phthisis, was cured with the two remedies and minor orificial surgery in less than two months. About a month later she reported a sore throat with loss of voice, which troubled her much in childhood, but had not returned in thirty years until now; three powders of Argentum metallicum 200, 12 hours apart cured this in three days.

CASE III. Man, 56 years old, epilepsy for 35 years, several attacks per week for months, going without convulsions for three months at the longest. Began treating piles and fissures per rectum. Oct. 16, 1900, Nux moschata M. three powders in two weeks. Gave Valeriana m, Rhus cm., China M. and Psorinum cm., probably two or three weeks existed between each remedy. Nearly every month he received one powder of Nux mos. M when indicated by the dry tongue, no thirst, and pain about the transverse colon, etc. In one year he reported no convulsions since first visit.

CASE IV. Girl age 14, consulted us Jan. 10, 1904, for eczema of the face and ears. Graph. cm., three powders cured it in two weeks, excepting a slight roughness of the skin, which culminated after a sun burn in a scaly eruption, which was removed by two powders of Leprosy dmm. two weeks apart in three week's time. A slight roughness of skin remained for several months. The base remedies and Silicea cm. finished the cure March. 1905.

CASE V. A man 28 years old was relieved of a persist-

ent attack of eczema palmaris by Morbilinum dmm., (measles.)

CASE VI. Epileptic convulsions occurring every few weeks for three years in a man 38 years old, following a vaccination. One powder of Vaccine M. and minor orificial surgery cured the case from first visit.

Several cases of locomotor ataxia, asthma, appendicitis, etc., would be interesting to relate the steps taken that cured them. A few cases beyond our help have pressed us into more careful study for the indicated remedy, and provoked our inventive powers to increase the efficiency of the minor orificial instruments; for they, with the base remedies are more or less indicated by every invalid.

The base remedy Psorinum originates from the itch vesicle as a general thing, but also in the many specified dyscrasias, such as smallpox, measles, scarlet fever, mumps, diphtheria, typhoid fever, malaria, etc. Patients in which these diseases have spent their fury, a potency of the same nosode should be administered during full moon as if it were Psorinum.

When one of the psoras liberates the molecular force common to another psora, in a person, i. e. cowpox for smallpox and the like, the former utilizes a portion of the molecular force required by the latter for an expression and thus prevents the latter from finding an existence. But if the two psoras are identical in but a portion of their symptoms, they would act only as a prophylactic in a few cases. Each psora administered in high potency as a remedy or as a proving would temporarily liberate a similar molecular force in the economy that would prevent the septic product from chemically agitating its way into the white blood corpuscles and changing their molecular force to that of the psora; for only in this manner can a disease dynamis enter one's system.

The desiccated glandular products contain a molecular force whose functions are those of a tissue builder, and hemostatic, when its energy is released by the digestive secretions.

Its molecular action is in accord with the normal vital



forces of the individual and therefore cannot produce symptoms. It can, however, be administered in excessive quantities and thereby become a nerve irritant to the respiratory and heart centers of the sympathetic nerves.

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**HOMEOPATHY IN ITS RELATION TO SURGERY; A  
BRIEF CONTRIBUTION TOWARD THE CONSIDER-  
ATION OF SOME OF THE POINTS INVOLVED.**

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BY RUDOLPH F. RABE, M. D., Weehawken, N. J.

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During the early years of Homeopathy, when the pioneers were busy in building up our materia medica, enthusiasm for the new medical faith ran high. So many wonderful cures were made with the internal potentized remedy that the prescriber came to look upon any measures not strictly in harmony with the law of similia as not only unnecessary, but even entirely inadmissible. In those early days of strife and persecution, Homeopathy needed enthusiasts to carry the work to completion and as a result of their labors witness the large number of provings of our great antipsorics and polychrests.

This seems not to be the age of provers, and although many valuable contributions have been made within comparatively recent years, for example, the proving of Kali bichromicum by Dr. Drysdale, still they cannot compare with the work of the early masters. Therefore our forefathers in Homeopathy are not to be criticized for their apparent neglect of things surgical.

Consider for a moment the ever changing state of the science of medicine, or perhaps it is better to say, the lack of that science, in those days. Ideas of disease were constantly varying, pathology was often crude or even grotesque, and surgery, considered in its modern state, as yet unborn. Today the advances in pathology, in bacteriology and especially in surgery, must indeed call forth our open admiration. Pathology has explained many hitherto hidden things, and bacteriology, whether we accept it in all of

its phases or not, has enabled us to perform wonders in the field of disease prevention. With aseptic and antiseptic surgery, operations, formerly impossible of performance are now done with perfect security and ease. And thus it has come about that the field of surgery has been ever broadening while that of medicine is daily becoming more circumscribed. Does this limitation of medicine apply to Homeopathy, and if so where and under what conditions?

In the *Organon*, that unrivalled guide of the homeopathic prescriber, Hahnemann tells us in §186: "That in the case of local maladies which have been produced by external lesions, in injuries accruing to the body from without, if they be at all severe, the whole living organism sympathizes; there occur fever, etc. To treat such diseases surgically, is right only in so far as the affected parts require mechanical aid, whereby the external obstacles to the cure, which can only be expected to take place by the agency of the vital force, may be removed by mechanical means, e. g., by the reduction of dislocations, by bandages to bring together the lips of wounds, by the extraction of foreign bodies that have penetrated into the living parts, by making an opening into a cavity of the body in order to remove an irritating substance or to procure the evacuation of effusions or collections of fluids, by bringing into apposition the broken extremities of a fractured bone and retaining them in exact contact by an appropriate bandage, etc. But when in such injuries the whole living organism requires, as it always does, active dynamic aid to put it in a position to accomplish the work of healing, e. g., when the violent fever resulting from the extensive contusions, lacerated muscles, tendons and blood vessels, requires to be removed by medicine given internally, or when the external pain of scalded or burnt parts needs to be homeopathically subdued, then the services of the dynamic physician and his helpful Homeopathy come into requisition."

Surely this paragraph is a fitting rebuke to those of our traducers whose oft proclaimed cry has been that Homeopathy has no use for the surgeon. To the homeopathic pre-

scriber then, the treatment of any disease involves first of all the proper taking of the case. This important work accomplished, the selection of the remedial agent follows, and whether this be medicinal or mechanical (surgical) depends altogether upon the thoroughness with which the case has been investigated and recorded.

In the taking of the case, not only are the patients' subjective symptoms to be carefully noted and written down but any and all objective appearances must be given a prominent place in the anamnesis. This reminds us that physical diagnosis, that important art of the physician and of which our numerous critics have held us to be woefully ignorant, is most essential to the success of our work. It is true that pathognomonic and diagnostic symptoms are of little value in the determination of the similimum, but how can the latter be intelligently applied unless we have some idea of what we are applying it for. To give *Arum triphyllum* to the child with an acrid excoriating nasal discharge, either in the third decimal or the c.m. potency, when this discharge is caused by the irritation of an otherwise useful and harmless shoe button hidden in the folds of the nasal mucus membranes, is surely the height of the ridiculous, but scarcely the action of the careful and scientific physicians.

It may be laid down as a general rule that disease results or the end-products of a long train of morbid influences and forces, cannot be prescribed for per se. To bear this fact in mind is to save much unnecessary loss of time and waste of energy. A patient suffering from appendicitis for example, can be successfully prescribed for and frequently cured by internal remedies alone, but let that inflamed appendix eventuate in abscess formation and the dynamic physician must give way at once to his surgical brother.

There is hope for the sufferer with carcinoma, if taken early, where many symptoms of the patient himself, constitutional symptoms, are present. To prescribe for the patient in such a case and not merely for his tumor, is to work a cure perhaps; but let all constitutional symptoms be

conspicuous by their absence, remedies are useless in so far as cure is concerned. To prescribe for the later toxic symptoms or for the local symptoms of the tumor alone is simply to palliate the case, and such homeopathic palliation is both proper and humane.

To apply surgery where the patient has not been homeopathically and constitutionally cured, is like cutting off the leaves and tops of weeds and leaving behind the roots, in other words a recurrence of the growth is inevitable. But where surgery removes the tumor after the patient has been cured, is to take away the product of his disease and is far more promising of complete cure. Thus it will be observed that here at least medicine and surgery must supplement each other. Pleurisy has again and again been speedily cured by the suitable and highly potentized remedy; but where, through faulty selection, the inflammation has been followed by copious effusion, a paracentesis is demanded, and to expect an internal remedy, to dissipate this disease product is to admit a lack of the comprehension of the scope of the law of similars, indeed in all these conditions, to the observant prescriber, it becomes clearly manifest that he has nothing but pathognomonic symptoms upon which to base a prescription, a base, as has already been remarked, which is most unstable and unsuitable for the selection of a remedy.

It is a well-known fact that in cases of illness, where perhaps the causes are obscure, or where the pathology cannot be determined exactly, and the remedy given has been well chosen but has not acted, some mechanical hindrance is frequently present, though unseen or undetected. Thus, in a recent case of apparent gastralgia, where the attacks were becoming more frequent, and where *Nux vomica* appeared to be a close similitum but did little, if any good, a careful and searching physical examination revealed a very actively floating right kidney. Here then was the cause of all the disturbance, mechanical in nature and demanding mechanical treatment for its relief and cure.

On the other hand, to class erysipelas as a surgical disease, as is now done, is to deny the wonderful efficacy of the

many internal remedies in this disease. It is so, also, in old ulcers, of constitutional origin. They may, to be sure, be healed by external surgical means, but certainly not cured, for are they not, as Hahnemann tells us, the external manifestation of internal disorder, and therefore to be properly cured by turning the state of internal disorder into one of order and harmony, i. e., health.

Enough has been said to show that for us as scientific physicians, working under the only scientific law of cure in existence, it is incumbent to survey the entire field of medicine and surgery with calm judgment and unprejudiced mind, making proper use of all the instruments and accomplishments of modern science and research, yet ever remembering that in Homeopathy alone have we the means for true and rational healing of suffering mankind.

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### A POTENT REMEDY.

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In the regions of vertical sunlight and tropical vegetation, where the prolific ooze of the soil engenders such a riot of living forms that myriads of individuals are suffocated in the struggle for life, there exists a mysterious gliding form of considerable interest to scientists and especially to homeopathic physicians. It has two qualities that give it a fearful interest—beauty and the power of inflicting sudden death; beauty of form, beauty of color and the grace of gliding motion and then death, terrible and sudden. are the two antitheses that go to make up this strange form.

In the jaw are two hypodermic needles—hollow teeth—firmly socketed into a bone that swings on a hinged joint. When the mouth is closed, they lie in a sheath but the same muscular action that opens the mouth turns the bone with its formidable needle-pointed tooth in a half circle, withdrawing and erecting the tooth like a dagger from its sheath.

The succession of motions that lead to an attack are uniform, unerring, calculated with malign ingenuity to succeed. First the coiled form and the steady aim, then the lightning-like spring; the face and head in repose are expressive of sullen ferocity with something that resemble a smirk of conceit in the up-turned lip but now torpor and sullenness have vanished, the jaws are wide open, the teeth erected, a loathsome moisture drips from the tongue; for a second this vision of terror may be in the eyes of the victim—and then the blow falls,—deep into the unwilling flesh. The same muscles that shut the jaws compress two pouches of venom between the muscle and the flat bone of the skull squeezing it through ducts into the hollow teeth, which safely convey it to the very bottom of the wound; now for a brief instant there is a dragging of the weight of the body with a wriggling motion that enlarges and makes more jagged the wound and ensures the entrance of the venom; relaxing its hold the viper drops away into the jungle. As for him who has received this morbidic squirt into his veins he may as well take leave of his friends, settle up his affairs and otherwise prepare for a long journey, for he is already in the antechambers of death.

The hateful succession of malign movements that precede and accompany the lethal bite take place with undeviating regularity; first the quiet coil with its steady aim, then the sudden spring, the erection of the hollow teeth, penetration and the vicious enlargement of the wound. It is concrete and incarnate hate in action; the very ecstasy and orgasm of murder.

Clothing and ultimating such passion, it is no wonder the venom obtained from those glands, is both a subtle poison and a powerful remedy for disease. Powerful in destroying life, and most potent in saving life by homeopathic methods, and yet there is nothing about its physical properties that would indicate such power. It is not bitter, nor caustic, nor acid, nor alkaline, as are so many drugs. A clear, limpid, neutral inodorous liquid, resembling as near as possible a few drops of egg albumin mixed with a

water, mild to the touch, and mild to the taste. This liquid received from the glands of a stunned viper, upon sugar is the original source of our remedy Lachesis, proved by thousands of cases during the last eighty years to be beneficent life giving, and health restoring, when skillfully used. Here is one case from many.

Mrs. H. — 35 years old. During first pregnancy, feet began to swell, and eye-sight to be affected. Albuminuria present. After consultation it was concluded that the mother's risk was so great, that premature labor was advisable. It was brought on, with apparent recovery afterward.

During second pregnancy, same condition came on, and a premature labor was brought on with fair recovery. As soon as the third pregnancy was known the mother went to a hospital and put herself in the hands of a physician, but with no better result, and with wretched health ever since. This was the history, with which the patient came to me.

The symptoms were numerous, and peculiar, and were about equally divided between Lachesis and Lycopodium. The pains, for instance, were left sided and burning with the usual Lachesis aggravations while the digestive troubles and some of the general symptoms indicated Lycopodium. Three doses of Lachesis 50m were given with the most beneficial results. The three doses acted for thirty-five days, and strange to say, most of the Lycopodium symptoms were relieved. Under the action of these minute doses the complex state of pain and misery under which the woman had labored for years was rapidly changed to ease, comfort and health.

Nor was the change confined to the subjective sensations alone. The urine at the time of taking the case was 20 ounces in quantity 1015 sp: gr:  $\frac{4}{5}$  per cent of dry albumen present and abundant casts of two varieties, hyaline and epithelial. The total solids were much reduced for the size of the patient.

After the action of the Lachesis the abnormal elements lessened and finally disappeared, simultaneous with an increase in the amount of urine, without a lessening of the

specific gravity. It is not an absolute cure; the patient could not bear children nor can she eat heartily of nitrogenous food without albumen and tube casts reappearing, but it is better than any other treatment or remedy under heaven could have done and the patient tells me that judging from her own sensations alone, she cannot distinguish her condition from absolute health.

Some sixty days after the three doses of Lachesis, the Lycopodium symptoms became prominent enough to warrant the giving of that remedy which was done—three doses of the 1m. A year has gone by and the condition of excellent health and contentment continues. During this year the diet has been carefully regulated so that a very small amount of nitrogenous food has been consumed.

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**Crotalus Horridus**—During the present epidemic of pertussis in Chicago and vicinity many cases have occurred showing a decided hemorrhagic diathesis. There has been hemorrhage more or less marked from the eyes, nose and often from the throat and lungs, in which this remedy has demonstrated its efficacy when the following symptoms are present:

“With great debility, much cardiac weakness, blueness or pallor of countenance after an attack and tardy return to natural color; attacks followed by puffiness of face or hemorrhagic spots, purple lips, bloodshot eyes, epistaxis, or much frothy, stringy, sanguineous expectoration; when there is any threatening or pulmonary œdema or paralysis.”

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**Crotalus Horridus**.—“Pyæmia; hectic fever; attending suppuration, ulceration, burns, scalds; maturation stage of variola, compound fractures, lacerated wounds, cellulitis, erysipelas, malignant pustule, carbuncle, stings of insects, phagedæna, etc.; or that of secondary or tertiary syphilis; cholera.” Compare this picture with Pyrogen and Cchinacea.



**TANACETEM VULGARE. (From Clarke.)**

Like many remedies in the homeopathic materia medica Tanacetum entered by a breach presentation; it was used clinically before it had a proving, or the success attending its clinical use compelled a proving. Like Senecio one of its primary effects is on the generative organs of women and many of the early observations were from toxic effects on women who had taken it to produce abortion.

In Russia Tanacetum has a popular reputation as a remedy for hydrophobia, epilepsy and as a substitute for Pasteurian "vaccinations" in which M. Peyraud reports some success. Experiments on animals show that it produces the cardinal features of rabies: convulsions, frothy, bloody mucus in the air passages, hallucinations, convulsions without loss of consciousness, opisthotonos, spasms of pharynx, larynx and thorax, abundant salivation, sensual excitability, tendency to bite, hoarse cry, diminished sensibility and mobility, momentary paralysis, sub-pleural ecchymoses, infarctions of the liver—rabies tanacetica—for which Peyraud suggested the name of simili-rabies, and whether rabic or epileptic they are sufficiently similar to render the remedy suggestive and useful in either condition.

A writer in the *Homeopathic World* observed a woman who took two drachms of the oil to procure abortion. The attempt failed, but during her pregnancy she suffered from mixed tonic and clonic convulsions, frothing at the mouth, clinched hands, thumbs turned in, followed by exhaustion and coma. Since then he treated every case of epilepsy which came to him with drop doses of the fluid extract of Tanacetum four times daily and with marked success.

Tanacetum has cured amenorrhœa, dysmenorrhœa, menorrhagia, uterine cramps and metritis; and in one case produced a large abscess of the labia majora.

**MIND**—Compression, Exhilaration. Nervousness.

Mental fatigue after least exertion of the mind.

Indifference and incoherence.

Unable to fix attention on anything; it seemed next minute my reason would leave me.

Uttered a shriek and fell senseless to the floor; continued in comatose state over an hour, when she vomited again and recovered consciousness.

**HEAD**—Vertigo, weariness and weakness in head.

Strange fulness and pressure in head amounting to pain.

Dull frontal headache with cutting pain in temples.

Occipits-frontal headache with backache with pains extending to limbs.

**EYES**—Sclerotic congested, dark purple, glassy looking, swollen so that cornea appeared sunk.

Eyes open, very brilliant, pupils equal, widely dilated, immovable; sclerotics injected.

Pupils contracted.

Slight strabismus, inward, right eye.

Occasionally slow, lateral, rolling motion of eyeballs.

Lids agglutinated in morning.

Dull aching in eyeballs.

**EARS**—Stitches in internal ear.

Sensation as if something closed ears very suddenly.

Her own voice sounds strange in her ears.

Roaring, ringing in ears.

**NOSE**—Fluent coryza, profuse secretion of mucus.

Coryza, acrid, excoriating nares and upper lip.

Dryness of nostrils, hard crusts difficult to expel.

**FACE**—Fulness of head and face.

Face dusky; flushed, cheeks bright red.

Features seemed fixed, expressing deep solemnity.

Mouth and nose drawn a little to right.

**MOUTH**—Tongue, white coated, feels rough.

Mouth blood stained; frothy.

Flat insipid taste.

**THROAT**—Roughness of throat.

Feeling in the throat as if I would cough all the time, without being able to cough through the whole proving.

Unable to swallow.

**STOMACH**—Thirst.

Constant eructations tasting of the oil.

Eructations of sour air at night.

Nausea and vomiting.

Faint and sick at stomach.

In stomach, slight glow, burning; great heat (immediate), and in bowels; weight.

Drawing cutting pains in epigastrium many times.

ABDOMEN—Dull pains in r. hypochondrium; sharp in left.

Sharp sticking pains in whole umbilical region; especially 4 a. m.

Bowels feel as though full of fluid from taking a cathartic.

Frequent spells of sharp, cutting, colicky pains < night especially after midnight.

Left side pain extending from ribs to hip.

STOOL—Stools soft, papescent, preceded by colic; too loose, with feeling he would have more.

Constipation (secondary).

URINARY ORGANS—Urine caused slight scalding.

Constant desire.

Marked diuresis, must rise in night to urinate.

First suppression, then profuse flow.

Urine, very fetid, high colored, increased, smelling of the drug.

FEMALE SEXUAL ORGANS—Heat and fulness through hips, increasing as the drug is persisted in until a show appears.

Inflammation of vaginal walls, of internal and external labia, which resulted in an enormous abscess in one labium.

Dysmenorrhea, bearing down pains, tenderness, drawing in groins. Abortion in early months of pregnancy.

Brought back menses after suppression of several days not naturally but very profusely, with severe labor pains.

At full term a child was born not larger than a cat; the child lived three weeks.

RESPIRATORY ORGANS—Collection of much (frothy) mucus in larynx and fauces impeding respiration.

Tickling in larynx and fauces causing desire to cough but no coughing.

My voice had a strange sound in my ears.

Breathing laborious.

[Frothy, sanguineous mucus in trachea and bronchi as rabies; all other symptoms of rabies also (in poisoned animals.)]

**HEART**—Feeble heart action and all signs of impending dissolution.

Pulse: increased in force and frequency; feeble, frequent; extinct.

**BACK**—Severe attack of lumbago all in one evening.

Constant dull ache in loins.

**LIMBS**—Numbness and sensation as though arms and legs were suddenly swelling.

Cold numbness over limbs, going on to paralysis.

Prickling, coming and going, over limbs and along spine, with flashes of heat.

**UPPER LIMBS**—Left wrist very lame and sore in morning.

**LOWER LIMBS**—Great weakness of legs with general prostration of strength.

Unsteadiness of step with indescribable feeling far worse than pain.

**GENERALITIES**—Trembling. Convulsions. Clonic spasms.

Clonic spasms; not convulsive, coming instantaneously and lasting a minute; slight tremor of arms, they were thrown forward and at right angles, fingers straight, slightly bent on hands, points of fingers nearly in contact; respiratory muscles strongly affected; air forced from chest slowly but steadily, making a hissing noise at lips; in the intervals muscles relaxed, except the jaws.

Great irritability, makes extraordinary movements and curious gestures, stretches himself, draws up his legs, stands on his head; when remonstrated with says: "leave me alone, it does me good; I can't help doing it." When he draws up his legs and the muscles will not go farther he pulls them up with his hands and then suddenly stretches them out again; all the time has no pain; lasts half an hour and occurs with each repetition of the remedy (boy 12, took one and a half ounces of extract for worms.)

Bites tongue in convulsions.

Sensation like a throb through whole frame.

SLEEP—Drowsy.

FEVER—Surface cool and moist.

Feeling of warmth diffused over whole abdomen.

Cold, clammy sweat.

Suddenness is a characteristic of many of the symptoms.

Peculiar sensations are:

As if something closed the ears suddenly,

His own voice sounds strange in his ears.

As though arms and legs *suddenly* swollen.

Sensation like a thrill through the body.

Symptoms < at night, and at 4 A. M.

RELATIONS:—Compare: In uterine symptoms, Sab., Hed., Ruta, Ter., Xan., Vib. In convulsions. Stram., Cic., Cup., Art. Worm symptoms, convulsive, Cina, Sau. Abscess of labium. Psor. (of scrotum, Strych.).

**Terebinthina.**—Few months previous to birth of child, now one year old, had unusual pain in back, renal region and down uterus into bladder, urine very dark and of strong odor, depositing a black sediment; emaciation, anæmic appearance as of having lost much blood, weakness, exhaustion on walking a short distance; after going upstairs, palpitation, dyspnoea, throbbing in head; skin very pale and had an unhealthy feel; flushes of fever in afternoon followed by profuse sweats; constipation; tongue pale and flabby; urine dark, almost black when first emitted, depositing a sediment amounting to nearly one-twelfth of its quantity, and black as coal; urine not much below its normal amount, looked smoky. Chronic passive hemorrhage from kidneys.

**Theridion.**—Nerves. Every shrill sound and reverberation penetrates through her whole body, particularly through teeth, and increases vertigo, which causes nausea.

# THE MEDICAL ADVANCE

AND

## JOURNAL OF HOMEOPATHICS

A Monthly Journal of Hahnemannian Homeopathy

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AUGUST, 1905.

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## Editorial

### THE QUEST OF THE SIMILIMUM.

The similimum frequently reveals the cause of the disease. Sometimes the similimum itself is found to be the cause of the disease, as well as its curative; which somewhat cryptic expression is only another way of putting the homely old adage that (sometimes) "the hair of the dog will cure his bite." The homeopathic remedy as a factor in etiology is a subject which might be more frequently discussed with advantage, because knowledge of the cause of disease is often of the greatest value in homeopathic prescribing. It is frequently the deciding factor in the choice between remedies, as when a choice between *Nux vomica*

and *Pulsatilla* is determined by the discovery that the illness was caused by an outburst of anger.

In the quest for the simillimum we are always searching for the essential in both the case and the remedy, for that which is peculiar, uncommon, characteristic—for that which differentiates the particular from the general, the individual from the class. We patiently gather the particulars of a case in order that we may generalize. We generalize in order that we may draw out the larger, more significant, more characteristic features of a case, for to these must the remedy correspond.

The determination of what is essential in a case, of what symptoms are of most value and of the relative value and importance of the symptoms, is frequently the most difficult part of the work of prescribing. Certain rules have been formulated which aid the prescriber, as that generals take precedence of particulars, and that last appearing symptoms are of the highest importance, but these rules often have exceptions. Particulars sometime decide between generals, and the last appearing symptom may be only an earlier symptom appearing, of little or no importance.

The determination of essentials or characteristics is altogether a matter of determining relations. A symptom that is of the highest value at one stage of the case may be of very slight value at another stage, when the grouping has changed. No symptom is peculiar or characteristic in itself, but only as it is related to other symptoms. And so the physician must always be on the watch, alert and critical in his search for the simillimum. Some obscure symptom, revealed possibly by a casual expression of the patient often long forgotten and easily overcome, may bring to light the missing link and lead to the cure. It is this that makes the art of homeopathic prescribing a continual fascination and delight to the adept. The unexpected is always happening. The trifle may assume importance at any moment. It is a fact, confirmed by many observations, that a drug, taken at a period in life when the individual is peculiarly susceptible to its influence, and particularly in

childhood, while the organism is in a plastic state, may so impress its characteristic features upon the individual that they may not only be recognized symptomatically in after life, but may dominate and give form and individuality to such illnesses many years afterward as may fall within the scope of its sphere of therapeutic action.

For example, I recently had a case in which the symptoms were so puzzling in their order of development, grouping and persistency, that I was completely baffled until I discovered the key to the problem in something which had been done during childhood.

The case was that of a lady in her forty-second year, married and the mother of three children, who appeared to be entering somewhat prematurely upon the menopause. The present trouble had its beginning two years ago in a miscarriage at the third month, brought on apparently by a slight over exertion in running for a car. The miscarriage was attended with very serious hemorrhage, threatening the patient's life. She gradually recovered from this, although there was more or less hemorrhage every subsequent menstrual period for several months, requiring careful prescribing and rest in bed for several days each time. About a year after the miscarriage, another series of dangerous menstrual hemorrhages appeared, with severe labor-like pains, nausea, faintness, fear of death, and great prostration. These symptoms passed away under medication, but menstrual periods continued to be too copious. A surgical examination and consultation led to the decision to operate for the repair of an old bilateral laceration of the cervix, dating from the first confinement seventeen years before, as this was thought to be the cause of the trouble. The surgeon's theory was that the laceration was so extensive as to interfere with normal contraction of the cervix and uterus, and that the consequent relaxation of the uterine walls and blood vessels was responsible for the trouble. The operation was performed, and at the same time the uterus was moderately curetted with the blunt curette, removing considerable detritus of clots and degenerated uter-



ine mucosa. Surgical recovery was uneventful, and all were confident that the cause of the trouble had been removed. The operation was followed by one menstrual period which might fairly be called normal. The surgeon was elated. In fact, he became quite "cocky" and intimated airily that the operation ought to have been done long before. When the second menstrual period appeared, however, and the old order of things began again, to be resumed unabated at each succeeding period for several months, he was not so certain. Continued prescribing of such remedies as seemed indicated kept the case within reasonable bounds, but there was evidently some undiscovered factor in the case. The similitum had not been found. After a time new features were added. Attacks of copious and exhausting diarrhœa, mostly of a watery or serous character, alternated with uterine hemorrhage or equally exhausting serous uterine discharges, kept the patient constantly in an almost exsanguinated condition. Several different prescribers tried their hand at the case without making any real progress. As soon as one form of discharge was stopped another would appear. A number of apparently well indicated remedies failed. Arsenicum, Phosphorous, Pulsatilla, Nux vomica, Sulphur, Sabina, Ipecac, Lycopodium., and other remedies had little or no effect, beyond palliation.

The diarrhœa was accompanied by much soreness and lameness in the hepatic region, worse from lying on the painful side or moving or turning in bed. There was much gurgling and rumbling of flatus in the intestines, distension and tenderness of stomach and abdomen after meals, particularly in the afternoon after a midday dinner, when there was severe griping colic, with urging to stool.

Stools were copious, watery, sometimes frothy, yellowish, or green fecal pasty. During and after stool there was nausea, faintness, tenesmus, cold perspiration, vertigo and prostration. With the tenesmus, there were uterine cramps and increase of hemorrhage, which was bright red fluid with some clots. Occasionally small hard lumps or masses

of whitish, or grey fecal matter passed with a liquid stool, showing liver complication. There was much thirst for cold drinks after the diarrhea came on, but cold water increased the pains. Previously the patient was thirstless.

She was cold, and sensitive to cold air—wanted to be in a warm room and warmly wrapped up. A woolen bandage around the abdomen ameliorated the pains. She was hungry and wanted food frequently, but could take only a little because it increased her pain and diarrhea.

Perspiration had a peculiar bitter odor. She craved beer, "nice and cold" and wanted much salt on her food. Frequently there would be repugnance to all food. Sleep was light and broken most of the time, although about every fourth night it would be profound, from which she would awaken in the morning with great exhaustion, faintness, sinking deathlike sensation, and oppressive aching in the precordium. Such awakening was preceded by "nightmare" or dreams of falling, or of trying to get food to allay starvation. The patient though naturally of a cheerful, buoyant and energetic disposition, was greatly depressed and anxious about her condition, fearing death from exhaustion or hemorrhage, and at times fearing cancer of the uterus, and indeed the case, in the gravity and inveteracy of its symptoms, seemed to portend a fatal issue, unless the true curative could speedily be found. It was a case in which it was very difficult to decide what was really essential from a symptomatic standpoint. Success depended solely upon being able to discover what was really "peculiar, uncommon, and characteristic" in the case; and the outcome proved anew the old proposition that what is really essential in a case can only be discovered by a study of the totality of the symptoms. The totality in this case did not consist in any of the groups of symptoms which successively appeared during the more than two years of its progress and development. Remedies selected from a study of hemorrhagic symptoms, for example, or of the diarrheal condition, had little or no effect, other than a temporary palliation and yet this apparently, was all that could be

done at any stage of the case until the last, in which the curative was really found. And this is often true, that it is not possible to find the similimum in certain grave cases in their early stages, not even perhaps, until they have progressed so far and so long as to seem to be in an almost hopelessly late or far advanced stage. "Hope, long deferred, maketh the heart sick." Physician and patient must both face such cases fortified with patience, courage and tenacity of purpose. It is not necessary to sit idly by and do nothing but wait, however, as some extremists have advocated. While it is undoubtedly true, that the similimum sometimes cannot be found until the case has developed in its entirety, be the time short or long, and that a perfect cure cannot be made until the similimum is found and administered, it is also true that the ability of the similimum to effect a cure depends upon the possession by the patient of sufficient vital energy, to react safely to the curative. If this vital energy has been exhausted by long illness, unmodified in the course of its development by appropriate though only partially indicated remedies, the patient may die in spite of the similimum. The partially indicated remedies have their place and value as sustaining influences, leading up to the similimum or perfect curative, and make all the difference between final success or failure. The discovery of the similimum in such cases is the crowning achievement, the finishing touch to the therapeutic masterpiece. Without it the patient may die, or may tediously recover, leaving the work to be done over again in the future. With it a happy termination is secured, a perfected cure is accomplished. We should not therefore, hypercritically say or think that the partially curative remedies given during the earlier stages, while the case is developing its totality, are unnecessary or that the similimum ought to have been found earlier. The use of the partial remedies is sometimes a necessary preliminary, and their skilful use is a part of the good prescriber's work. No man, be he ever so able or skilful, can find the similimum until the totality of the case has been revealed by time. His wisdom,

discernment, and skill are shown by the recognition of the totality when it does finally appear. It is hardly necessary to remark that the totality will not be likely to be found unless the physician has not only observed the developing symptoms carefully, but has as carefully made written records of the symptoms as they appeared for reference and study.

During the last menstrual period in our illustrative case, Secale was administered with some benefit so far as controlling hemorrhage was concerned. It also appeared to govern to some extent the order of the symptoms, as earlier symptoms began to reappear in reverse order, although the patient seemed to be steadily going downward. After three weeks on Secale, the diarrhea still continued, pain was severe, little food could be taken and emaciation and weakness were increasing. Evidently Secale was not the similimum, although it led the way to it.

By one of those curious intuitions of the human mind, the patient named the similimum herself. "Doctor," she wailed one day, with tears in her eyes, "I want something bitter. Please, oh! please give me some tansy tea! I know it will cure me! I drank a bowlful of it once when I was a little girl and it cured my sick headache." Instantly it flashed upon me that here was the similimum. I recalled the reputation of tansy as an anthelmintic emmenagogue and abortifacient among the laity; its action through the sympathetic nervous system upon the portal system, intestinal tract and sexual sphere. It produces uterine pains and hemorrhage; pains in the bowels, relieved by stool; diarrhea and dysentery; desire for stool immediately after eating; nausea and faintness; hurried labored breathing, and stertorous breathing. (My patient had labored breathing, frequent sighing respiration, yawning) Above all here was the instinctive, definite craving of the patient, so powerful as to lead her to actually name the drug she had not taken and rarely ever thought of since childhood, for further inquiry revealed the fact that she had often taken it as a child, merely "for fun," or when her mother took it as a "family medicine."

Here were facts too significant to be lightly considered:

*First*, a patient at a time of life when there is frequently a recrudescence of the symptoms of childhood and adolescence, with a tendency to malignancy.

*Second*, an annual aggravation, showing that the symptoms had their origin in a deep-seated dyscrasia either inherited or dating back to childhood.

*Third*, the long duration of the disorder, which had resisted many carefully chosen remedies, the patient meantime steadily declining.

*Fourth*, the failure of surgery to cure, though performing a seemingly necessary reparative operation.

Certainly the outlook was grave enough. Should I trust the issues of the case to the action of a remedy I had never given during the whole of my professional life, a remedy only partially proved, and rarely used,—an “old woman’s remedy” of sinister reputation at best?

I did not hesitate. I felt perfectly confident. The demand for the remedy was strong and clear and definite. It was not to be denied. So I set about supplying the demand,—a thing not easy to do under the circumstances at that particular juncture. The patient was in the country at a summer boarding house when I was called last to visit her and I did not have Tanacetum in my medicine case.

The village druggist had a little package of dried tansy, however, which he was willing to part with for a nickel. He also had some alcohol, and I had an extra three drachm vial (containing sugar of milk) and plenty of good pure well water. From the dried tansy, I made a strong infusion with boiling water, black and fragrant. With well water and my vial, I ran my drug up to the twentieth approximately centesimal potency, giving each potency fifty strong shakes. By that time, the muscles of my right arm protested that the potency was quite high enough, and so I made the twenty-first with alcohol and let it go at that. The patient, who knew what I was about, was also protesting that I was “potentizing all the bitter out,” and threatened to get up and drink the whole teacupful of black infusion (which

I had left on her table while potentizing the two drops) if I did not make good my promise to remove the awful craving with the first dose in three hours time. The first dose was given,—two drops of the twenty-first potency in a powder of sugar of milk, dry on the tongue. In about two hours the patient rather quizzically informed me that she thought she wouldn't drink that cup of tea just yet. In about four hours she remarked that she wouldn't drink a glass of beer now if I gave it to her; also that she felt better in her stomach and abdomen. Twenty-four hours later she wanted to sit up, having in the meantime taken more nourishment than she had for several days before, with great relish and no pain or diarrhea. From that time her improvement was rapid and continuous. Almost from the beginning of the action of the remedy she particularly remarked that peculiar inward, grateful sense of healing and well being which is so characteristic of the truly indicated homeopathic remedy. She felt buoyant, exhilarated, emancipated, joyous. Nothing of the sort had followed any previous remedy. So I conclude that in this case, the similimum was both the cause and the cure of the disease, and that the physician who keeps his ear close to Nature's oracle, will sometimes hear things which are none the less true because they are strange.

STUART CLOSE.

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### COMMENT AND CRITICISM.

ROCHESTER, IND.

EDITOR MEDICAL ADVANCE:—Dr. G. F. Thornhill's case in the June number of the MEDICAL ADVANCE is an interesting one both from a diagnostic and therapeutic standpoint. While there is a dearth of diagnostic symptoms given, those that are presented seem to indicate gastric ulcer rather than cancer. Cancer has cachexia from the first; its symptoms begin lightly and gradually increase in severity; and so persistent is its advance that little relief is had, while it progresses to an almost surely fatal termination.

In this case the symptoms began suddenly and severely.

Coffee-grounds vomiting is characteristic of both ulcer and cancer, but in ulcer it is much more profuse and frequent and may come early in the disease; in cancer it is scanty, usually not frequent and comes late in the disease.

The cancer appetite only gradually fails, and may be fairly good long after the ability to digest food is much impaired.

The pains of cancer of the stomach never go through to the back; are continuous, dull, heavy pressure, more often than burning; > by pressure and usually < several hours after eating; and like other cancer conditions, are very persistent.

The pains of gastric ulcer are < after eating and from external pressure and entirely > when the stomach is empty; these pains are boring, burning ones and go through to the spine.

The hematemeses of cancer rarely occurs soon after eating, but some hours later when digestion is completed, and the stomach contents are ready to pass into the duodenum; this is because cancer rarely occurs at the cardiac, but mostly at or near the pyloric end of the stomach. Those rare cases of vomiting immediately after eating are due to the location of the cancer at cardiac portion.

Diseases of the stomach are apt to begin as a chronic catarrh, followed later by ulcers, and still later these may become cancerous. As these disease processes merge the one into the other, it is the more necessary to use great care in diagnosis. A lack of skill here is likely to land one in a prognostic corner which is a very awkward situation, to say the least.

When you have a case far enough along to be diagnosed cancer of the stomach, and the vomiting of the coffee grounds character has set in, I think you might as well have your patient sit on a fence and let a dog bark at him, as to expect to *cure* him with any known medical treatment.

W. S. CROSBY, M. D.

[COMMENTS:—If a mistake in diagnosis was made it appears to have been made by the "other fellows" not by Dr

Thornhill, for he states most distinctly, that he did not know. The breast was removed eight years ago for "cancer," and that too may have been a mistaken diagnosis. But Dr. Thornhill prescribed for the symptoms of the patient as he found them, not for the diagnosis of cancer, gastric ulcer or any other name. In such cases as this when a diagnosis is often impossible, similia is supreme. ED.]

#### THE SURGICAL TREATMENT OF TETANUS.

An editorial in the July issue of the *Cleveland Medical and Surgical Reporter* gives the following homeopathic treatment of tetanus. We say homeopathic(?) because it appears in a well known homeopathic magazine, the acknowledged organ of a homeopathic college and that college our beloved alma mater.

#### FOURTH OF JULY WOUNDS.

The frequency of tetanus following Fourth of July wounds is no doubt explained by the fact that tetanus spores are more widely scattered during the heated season than at other times of the year. The media in which the tetanus bacilli are most largely found are the earth and soil which during the hot summer months become dried and easily distributed.

The tetanus bacillus is a strictly anærobic organism, that is, it will not grow in the presence of free oxygen. The fourth of July wound offers ideal conditions for the growth of such an organism. The soft tissues are lacerated and easily become necrotic and the wound of entrance, if left to itself, will soon become sealed.

Recognizing these facts, the treatment of all such injuries should consist primarily in the conversion of the point of entrance into an open wound of the same size and even larger than the wound in the deeper tissues. The failure to insist upon this procedure, which in many cases involves an operation requiring considerable skill, is the most serious mistake in the treatment of such wounds. After the wound is enlarged to its very deepest point, it should be thoroughly cleansed with saline solution and in the majority of cases it will be best to wipe it out with gauze saturated with pure commercial carbolic acid, or tincture of iodine.

The dressing of the wound is very important. It should be tightly packed with iodiform gauze. Loose packing will allow the wound to close. The dressing should be moist and protected from drying by means of oil muslin or rubber dam. Such a primary dressing should not be changed for 48 hours.

Experience has shown that every case of Fourth of July wound should receive a prophylactic dose of anti-tetanic serum. In the light



of the experience of hospitals where this prophylaxis has been consistently followed, it can be said that the physician who fails to use it is guilty of a serious neglect in treatment. A prophylactic dose of 10-20 c. c. of tetanus antitoxin should be injected subcutaneously, preferably as near the wound as possible.

The results obtained from the use of tetanus antitoxin in the treatment of tetanus have been improving from year to year. It is of no avail if used subcutaneously but when it has been injected into the spinal canal and into the nerve trunks leading to the injured part, cures have resulted. The method to be followed in such cases is as follows:

A nerve trunk is isolated and from 2-4 c. c. of tetanus antitoxin is injected into the substance of the nerve without any reference to injury from over-distension. At the same time a lumbar puncture is made and as much cerebro-spinal fluid withdrawn as will flow out of the needle. From 5-10 c. c. of tetanus antitoxin is then injected into the spinal canal. These operations should be done under chloroform anaesthesia as the effect of the chloroform upon the convulsions is beneficial.

The use of tetanus antitoxin should be supplemented by the use of saline solution both in the rectum and subcutaneously. At least one quart should be given by the latter method every 24 hours.

If tetanus antitoxin is not available the Bacelli treatment should be given. This consists in injecting subcutaneously, from 2-5 gr. of carbolic acid in water, every three hours.

The results from this treatment when uncombined with the usual treatment of sedatives have been marvelously successful.

In etiology, pathology and treatment no more puerile and inexcusable exhibition of homeopathic surgery can be found in our literature. As a matter of fact would not the same injuries be as fatal in January as in July? If not, why not? Other germs—those of diphtheria and even the germs of tetanus neonatorum, flourish in mid winter. Why is July dust more potent than January? No! that is begging the question. If the wound be properly cleansed with sterile water and carbolic acid and other abominations prohibited, under the benign and healing influence of Arnica, Calendula, Hypericum or other similar remedy, a case of tetanus will rarely follow a wound, even of a Fourth of July. Why should the homeopath abandon his remedies that have saved many lives from sepsis—even Hering and Dunham—for the bungling fads of allopathy?

Is this a "specimen brick" of the homeopathy taught in our alma mater? Is such teaching the reason why some

members of the faculty resigned and entered the allopathic college for the degree of M. D.? Will such allopathic surgery prevent them from sending their sons to allopathic colleges? Can they be blamed when such teaching and practice are palmed off as homeopathic surgery? Or is this merely a preliminary step, an attempt to solve the problem of amalgamation?

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### NEW PUBLICATIONS.

**Homeopathy Explained.** By John Henry Clarke, M. D. London. Author of Dictionary of *Materia Medica*, Editor of *Homeopathic World*, Etc. The Homeopathic Publishing Company, 12 Warwick Lane, London, 1905.

For many years both in America and Great Britain, the profession has bemoaned the decadence of the former enthusiasm in the propogandism of the principles of Homeopathy among the people which marked the successes of the pioneers. Sharp's Tracts, The grounds of a Homeopath's Faith and the Homeopathic League Tracts had a marked effect on Medical investigation both lay and professional, but while many successes were achieved, many converts made, they have done their work and passed into history.

In America the missionary work has been accomplished more by personal effort. But even here we have been too busy with the duties of professional life to care for much missionary work. Of late sporadic efforts in this direction have been made on both sides of the Atlantic, but have met with indifferent success. The efforts of the British Homeopathic Association in England in the popular propogandism of Homeopathy and the recent prize essays of the *Medical Century* in this country have attracted wide attention in the Homeopathic World; but, like all such movements, the effect is evanescent and to be successful must be repeated. In these strenuous times a constant bombardment of the official entrenchments alone will ensure victory.

At this opportune and critical moment comes this work of Dr. Clark. It is a clear, condensed, yet straightforward sketch of the conversion of the author as well as of

Hahnemann, with his phenomenal and romantic professional career. Here is found an excellent exposition of what Homeopathy is and a definition of the law of similars with illustrations of its methods and corrolaries, an admirable popular summary of the essence, spirit and practice of science in the cure of the sick. It states in clear virile English facts which every enthusiastic layman ought to know and be able to explain to others.

Like some of Burnett's Works, it is as interesting as a novel; there is not a dull page in the book. The reader will never tire while perusing it, will know more of Homeopathy and learn some things he or she never even dreamed of. There may be points which Dr. Clarke may be able to improve in the next edition, but we do not think any other man can improve it. In our opinion it is just the book for popular propogandism that the British Homeopathic Association and the American Institute of Homeopathy in their official capacities, have been in search of. But whether or not it receives their official sanction, let every Homeopath in America, Great Britain and India put a few copies on their office tables, and thus sow the seeds for a harvest of health.

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**The Pharmacopeia of the United States of America, Eighth Decennial Revision.** By the authority of the U. S. Pharmacopeial Convention held at Washington, in 1900. Revised by the Committee of Revision and Published by the Board of Trustees. Official from Sept. 1st 1905. Printed by J. B. Lippincott Coy, Philadelphia. Pp. 692.

"In January 1817 Dr. Lyman Spalding of New York City, submitted to the Medical Society of the county of New York a project for the formation of a National Pharmacopeia," the first published in this country and this work is the eighth decennial revision.

The attention of the profession is called to the changes in strength of Tincture of Aconite, Veratrum and Strophanthus, which are as follows:

The strength of Tincture of Aconite has been reduced from 35 per cent to 10 per cent, and that of Tincture of Veratrum from 40 per cent to 10 per cent. The strength of Tincture of Strophanthus has been increased from 5 per cent to 10 per cent.

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# THE MEDICAL ADVANCE

## AND JOURNAL OF HOMEOPATHICS.

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### REMARKS ON PRESCRIBING.

BY W. H. FREEMAN, M. D., Brooklyn, N. Y.

When to change the remedy is often a puzzling question and one, at times, difficult to answer correctly. Though we have good rules for guidance, it requires rare good judgment in many cases to correctly apply them.

One good rule is to: *“Never change the remedy until it fails to further improve the case in the same or a higher potency, and never do so while the symptoms are changing.”*

If the first symptom group has been supplanted by a new group, not covered by the first remedy, then of course, it becomes necessary to change. It is well to be sure, however, that the first remedy is not still the one needed to complete the cure. When in doubt it is better to err by repeating the first remedy than to do so by changing the remedy when the first is still needed.

At times the symptoms change so, that by retaking the case, they seem to call for a change in the remedy, and yet the first remedy will continue to be the remedy indicated. It is in just such cases that the young and inexperienced homeopath scores negatively. Changing the remedy under such circumstances is detrimental, if not disastrous, as will be shown by the cessation of improvement or the addition of foreign complicating symptoms to those already existing. When in doubt it is well to make haste slowly. If it is absolutely necessary to prescribe a drug, then give the same

remedy in a higher or different potency. Often the patient has been getting too much remedy, which calls for placebo.

It is well to know that every remedy is capable of curing many symptoms not on record in its pathogenesis. No collection of symptoms is entirely complete, and the pathogeneses of many of our remedies are woefully incomplete and fragmentary. It necessarily follows therefore, that the selection of the similimum can not be arrived at in every case by a mechanical matching of disease and drug symptoms by the aid of the repertory. Too blind a reliance in the repertory will often result in failure for this reason. It is not a slot machine but a complicated and incomplete, though essential aid toward the selection of the correct remedy.

It is very important to realize fully the great harm that can result from a wrong remedy. No matter how similar it may be, if it is not the similimum, it will often change an orderly into a very disorderly and puzzling collection of symptoms and the oftener such improperly selected remedies are given the more confusing becomes the picture of the case. This fact is in itself a good argument in favor of the careful taking and recording of the symptoms in the beginning, as then in case of error we can hark back again to the original record and derive much help from a further study of same, provided all the symptoms had been accurately noted therein at the time.

It is also necessary to realize that a remedy may match all the symptoms collected at a given time without being the similimum; and conversely that the similimum does not necessarily have in its recorded pathogenesis all the symptoms complained of by the patient. The record of drug symptoms may be incomplete, or two or more symptom groups of different nature may coexist and each need its own similimum in proper procedure according to rank.

The rule is to: "*Always prescribe for the most urgent symptoms first.*" It would be foolish as well as harmful to give Calcareo when the patient also presented an active group

of recent Belladonna symptoms even though the latter were fairly well covered by Calcarea also.

Unless certain which remedy to give first, it is always best to prescribe the less-deeply-acting remedy of the two, as then, in case of error, bad results are less likely to ensue. To conduct a proving (especially of a deep, long-acting remedy) in a patient who comes for relief of already distressing symptoms, is decidedly unpleasant for both patient and physician.

Our object is to cure the patient and this can only be done by removing the symptoms in the reverse order of their appearance. This result can not be obtained by palliative measures nor by involuntary provings of improperly selected drugs that mix up the case and make the selection of the truly curative remedy impossible. Sick people on account of lowered resistance are especially susceptible to drug influences and consequently make comparatively easy provers.

In order to obtain the best results in the treatment, it becomes essential to know everything possible about the case. It is necessary to take plenty of time in examining the case so one can make an accurate diagnosis and prognosis, as well as an accurate prescription of drug and the necessary adjuvant treatment. The selection of the correct remedy is not the only essential by any means in many of our cases. It is only by such painstaking care that proper treatment can be initiated and carried out from the beginning and whereby the best results can be obtained from treatment.

I can say from experience that this method pleases most that class of patients who pay best.

*"No medicine is better than useless and improperly selected medicines."* Never be afraid to give placebo even in the most desperate cases. It will often accomplish wonders in conjunction with necessary adjuvant measures and optimistic suggestions thrown out consciously or unconsciously by the right sort of physician. While the placebo is working,

the physician is completing the examination of the patient and—*thinking*.

It often gives the physician time to go to another room or to his office for further study of the case when the remedy is not thought of readily. One of the most potent remedies for good in the armamentarium of every true physician is his calm, cheerful, impossible-to-ruffle and optimistic demeanor, while in the sick room. It alone saves thousands every year for a class of practitioners who possess but few other qualifications.

In the treatment of chronic cases a few days or a week on Sac. lac. can do no harm and will enable the physician to not only watch the effect of hygienic treatment but to further observe and study the patient when necessary.

It is of value to learn what we can of the curative power of the medicinally unaided vital force when given a decent opportunity and to be able to distinguish that which can be cured by nature *per se* from that which requires the aid of similia.

Failure to cure will result from failure to diagnose active sources of irritation from wrong living or mechanical causes, the removal of which will often cause a cessation of the symptoms without any medicine whatever.

The following cases have been selected to illustrate some of the foregoing remarks because I feel certain that in each instance the prescription was the similitimum when given and that to the remedy must be ascribed the benefit resulting in every instance.

Mr. B. Teamster. Brought home violently ill; temperature 104 4-5; violent headache and pains everywhere throughout body.

Vomiting: Sour, bilious.

Purging: Frequent, offensive, painful stools.

He is so very weak and so very irritable that it is difficult to question him.

However the whisky and the drugs he has been taking in an effort to keep at work, the excessive irritability, the sleepless nights and the objective symptoms point out Nux



vomica as the remedy needed to begin with. So at once (June 29, 1904) was given *Nux vomica* 30 solution, a dose every hour until relieved or until six doses are taken.

Next morning, June 30, the temperature was normal and he says he feels better than for weeks past, though he is still weak and has a slight headache. *Sac. lac.* and rest in bed.

July 1. Pains all over body; 11 o'clock chill; weeping, irritable and discouraged; bursting headache; belching and flatulence. *Natrum mur.* 1 m., one dose, to be taken after the paroxysm has ceased, and plenty of *Sac. lac.*

July 9. Chill 7 to 9 a. m. and very severe; terrible bone-breaking pains; thirst during chill; bilious vomit; fever long continued and no thirst during sweating stage of short duration. *Eupat. perf.* 30 solution, a dose every three hours for two days, beginning after the paroxysm.

July 18. A return of the 11 o'clock type of paroxysm. *Natrum mur.* 200 solution, one dose every three hours for two days beginning after the paroxysm.

He remained well between the dates mentioned above and afterward up to the latter part of September, 1904, when I lost track of him.

Previous to my first visit he had been a semi-invalid for years, always taking quinine or stimulants to enable him to keep up.

The case is interesting in that it shows three groups of symptoms, the drug and whiskey group and the two malarial groups, two different types of the disease coexisting.

Dec. 20, 1904. Miss —. Has been ailing for last three months. Thinks she caught some disease while nursing a woman patient last September (?). Slight macular eruption on chest.

A few brownish, scaly, annular patches on neck and face.

Slight falling of the hair.

Sore throat and canker sores in mouth. *Leucorrhœa*: copious, offensive, yellow, acrid.

At the fourchette a painless ulcer about the size of a bean but no swelling of glands.

Face flushed. Temperature and pulse above normal: night < general.

Tongue flabby and indented.

Mercurius. vivus. 50m, one dose, Dec. 29. Last medicine relieved, but for the last few days has been feeling badly again.

Chill every midnight—12 o'clock exactly, lasting about ten minutes, then fever and perspiration for about an hour. Chills > by warmth. Thirstless all stages.

Restless sleep, frightful dreams; < after sleep; tired, heavy, choked feeling on waking.

Menses, last period continued ten days; offensive, copious, bright; colicky pains right side preceding flow and > during flow and > by heat.

Leucorrhœa the same as before.

Urine  $\frac{1}{2}$  pint, only, every 24 hours; colorless, putrid odor: thick yellow sediment, (became profuse and of normal character within a few days after taking Thuja). Headaches for last three months, follow the using of eyes for sewing or reading or from riding in cars. Blurring of sight and constant play of colors when attempting to sew or read. Does not wear glasses (entirely relieved during medication).

Bone pains and restlessness < while resting < lying.

Nervous and very melancholy. Weeps easily and often.

The sound of music anywhere < entire mental state and causes weeping.

Loss of memory. Ambitionless.

Perspires during exertion and while sleeping—*hands and face mostly*.

In June previous had tertian-ague with chill at 12 o'clock noon for which quinine was given and which caused a cessation of attacks.

Thuja 30 in solution—a dose every three hours.

Jan. 3, 1905. Has been steadily improving so that now she considers herself almost well. No more chills. Sleeps well and is more cheerful.

Thuja 30 t. i. d. (a wrong prescription—Sac. lac. would have been best).

Jan. 9, 1905. Symptoms becoming bad again, sac. lac.

Jan. 11, 1905. Much better.

Jan. 15, 1905. Feeling badly again. Much the same symptoms as before but also cough, hard, dry, and painful; hot flushes in face; *nausea at sight or smell of food*, aversion for milk, which nauseates.

The totality of the symptoms are now matched perfectly by Sepia, and Sepia only, according to my record at this time and as Thuja has been given freely and been followed by Sac. lac. and the symptoms have returned so quickly, the weight of evidence certainly seems to be in favor of Sepia. Thuja still covers a majority of the symptoms however, even if it does not cover them all and perhaps it will relieve the Sepia symptoms also if given in a higher potency—therefore—Thuja 45m (Fincke) one dose. *This prescription was followed within a few days by an entire cessation of all the symptoms enumerated.*

Feby 7. Patient returns with a severe attack of quinsy sore throat.

Mucurius vivus 50m, one dose, which relieved almost immediately.

Feby. 13. Dry cough from irritation in bronchial tubes. Cough causes sore bruised pain in occiput. Burning dryness of throat without thirst. Thick yellow catarrh; obstruction of nose and mouth breathing. Shortness of breath. Thuja 45m, one dose > within a very short time.

Feby. 26, Return of many old symptoms.

Throbbing pain in liver region on rising after sleep.

Leucorrhœa badly again, horribly offensive, decayed.

Swelling of lower lids after sleep. Thuja cm (Fincke), one dose, March 1. Come in to get some more Sac. lac. and to tell me that the last medicine relieved all the symptoms in their entirety. I have seen her often since and she has remained well up to the present time.

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## NOTES FROM THE PROCEEDINGS OF THE BROOKLYN HAHNEMANNIAN UNION.

BY STUART CLOSE, M. D., Brooklyn, N. Y.

[NOTE: The Hahnemannians of Brooklyn, New York, were called together January 25, 1896, and organized as the Brooklyn Hahnemannian Union, at the residence of Dr. Stuart Close, where monthly meetings have since been held. A brief constitution was formulated and adopted and Mrs. Stuart Close was elected Secretary. The Union has no permanent officers except the secretary, no dues, and no requirements for membership except such interest in and love for the art and science of Homeopathy as shall prompt attendance at its meetings and participation in its proceedings. At each meeting a chairman is elected for the next meeting, who prepares a paper or subject for discussion and presides at the meeting. The meetings, which are held in Dr. Close's library, are as nearly informal as is compatible with the orderly conduct of business. There has been a large average attendance, interest has never flagged, and the members have been bound closely together in the ties of fraternal interest and fellowship. The social side has not been neglected. The members often gather for a half hour of music and social intercourse before or after the meetings, and an annual banquet is tendered by the host and hostess.

It is proposed in these notes to give brief extracts of the most interesting and valuable points brought out in the papers and discussions of the Union, in the hope that others may be inspired to organize similar societies to promote the principles of pure Homeopathy, and bind thus individual members of the School more closely together.

Membership of the B. H. U. is as follows:

B. Le B. Baylies,	Walter R. Iszard,
Frank E. Caldwell,	Sophie G. Klenk,
Alice Boole Campbell,	M. R. Levenson,
John B. Campbell,	F. H. Lutze,
J. L. Cardozo,	Catherine S. Martineau,

Stuart Close,  
B. Fincke,

Mary E. Richards,  
John H. Schall.  
William H. Freeman,]

In the first paper read before the Society, entitled "The Artistic Spirit in Medicine", Dr. Close brought out the following points:

The highest delight possible to man arises from the conscious exercise, in his legitimate spheres, of the powers and faculties with which he is endowed, for the purposes of his own highest development and the uplifting of his fellows.

There is no pleasure to be compared to that experienced by the true artist who has mastered the fundamental principles of his art, as he habitually makes practical application of those principles in the spirit of this high ideal, and witnesses the results.

What more legitimate or natural, therefore, than to recognize and cultivate the true artistic spirit in our work, the spirit which follows "art for art's sake," which finds its highest and keenest delight in exercising the skill already acquired in constantly striving, by ever-improving methods, to attain its highest ideal?

There is something admirable even in disease. Nature is orderly, even in her disorders. A symptom-picture of disease does not spring full-formed into existence. It is a thing of orderly growth and development. Nature wields a delicate brush and pencil. Like a great artist, she first sketches in outlines, lightly, suggestively, in lines meaningless to the vulgar, but eloquent of what is to be to the trained eye of the artist. Here she places a touch of color, there a stroke to indicate the perspective. Slowly or rapidly, according to circumstances, the creation grows until it stands complete, a harmonious whole, giving intelligible expression to an idea.

In this fact lies one source of satisfaction and enjoyment in the homeopathician's life. The pleasure derived from watching and studying the development of a symptom-picture, in the expectation of finding the curative, is closely

akin to the enjoyment of an artist watching the growth of a picture on the easel under the master's hand, or in studying the finished canvas as he analyzes its features or copies it.

The homeopathic artist sits before Nature's easel—the human organism—watching a symptom-picture grow little by little until it takes on form and coherency, and assumes characteristic features; or he is before the finished picture, an already developed case, perhaps a chronic case, and it becomes his duty to go back into the history of the case and analyze it, tracing its development step by step to the present. This he does by a process of examination which must be conducted according to the rules of evidence, and which requires, for its successful accomplishment, the exercise of profound knowledge of the laws of the human mind.

A true natural symptom-picture is a unity in which there is consistency, coherency, and character. The homeopathic artist is always guided by this fact in making his examinations. He searches until he finds this unity. If possible, he makes no prescription until he has not only found the complete image, but also its perfect correspondent in a remedy.

He cannot only afford to wait and watch in patience, knowing this to be the shortest road to success, but he can do so confidently in the conscious possession of power to heal when all the facts have appeared and he has found the corresponding remedy according to the law of similars. Patience is only possible where confidence exists. Confidence is the result of faithful work, intelligently continued until mastery of the principles involved has been attained.

No one but a Hahnemannian ever sees a true, natural symptom-picture, and he only in his old and trusted families, who have learned wisdom and do not resort to the domestic case for every trifle. Other cases are so confused and changed by the action of inappropriate remedies that they have lost largely their natural characteristics, and have become a composite picture, blurred and vague, into which

the natural and artificial symptoms enter in varying proportions.

It is in the examination of a patient by a Hahnemannian physician as of a witness by a lawyer, that the most important, the keenest, the subtlest, and finest work is done. It is this that requires the most skill, the most delicacy and tact, and the most patience. For this reason it is the most delightful. Upon this all the rest depends. With the results of a partial or unskillful examination a master of the art of prescribing can do but little better than a tyro. Of two equally fine prescribers, the better examiner will be most successful in practice. Failures are often attributed to mistaken prescribing which are really due to poor or unsuccessful examining; but an unsuccessful examination is not always due to a fault in the examiner. The fault may be in the patient. The influence of personality must not be overlooked. Something in the physician's personal relation to the patient, some delicate attention, some kindly suggestion, some subtle touch of sympathy may bring out from the patient's subconscious memory facts long forgotten, or not before consciously observed, which are essential to the totality of the case.

To make a homeopathic examination successfully requires a knowledge of the laws by which the human mind and memory operate. The examiner must be able to unlock the halls of the patient's memory, by question and suggestion, until there shall be brought up above the threshold of consciousness those facts and experiences of the past which have been recorded upon the tablets of the subconscious memory, but which have been overlooked or forgotten through inattention or lapse of time. The ability to do this, to draw out from a patient such facts and experiences, to bring out those peculiar symptoms—"trifles light as air," and as elusive—upon which a successful prescription so often depends, stamps a man as an artist even more emphatically than the ability to select the curative after this has been done. Such ability is in some measure a natural gift,

but even then it can best be perfected by a systematic study of psychology.

The physician must learn that no experience in life is ever lost; that no impression made upon the mind through the medium of any of the senses, is ever effaced. All is indelibly recorded upon the subconscious memory. The power of recollecting it at will may be lost, but some time unexpectedly, perhaps many years afterward, it comes back. During the delirium of fever, in dreams, while undergoing the experience of drowning, in the hypnotic condition, experiences long past the power of ordinary recollection to recall are once more firmly grasped.

Sound its keynote and the whole structure of the great Brooklyn bridge will vibrate in unison with it. Recall, by suggestion, to the patient's mind the keynote of fact or circumstance, and by the operation of the law of association of similar ideas you open up a train of symptoms or facts in his experience which will give you the basis for a prescription and the mastery of the case. Fail to do this, and you are left in the dark. The patient gets little help from you.

"The noblest study of man is man." Study of the laws of the human mind as far as known, investigation of psychic phenomena, observing and recording all facts bearing upon the question of how to be able, at will, to come into such *rapport* with patients in obscure cases, as to draw out these hidden symptoms is a practical as well as fascinating occupation. The field of psychology has just been fairly entered upon. Old ideas and theories which have cramped and limited the study of psychology are being rudely shaken and shattered by recent investigations. The new psychology, which is a spiritual, a dynamic psychology, as distinguished from the older materialistic system, is coming to the front.

This is fertile ground for the Hahnemannian, for it familiarizes him with the phenomena and laws of the human mind, and so enables him to make a better examination of his patients. As a field of study it is so interesting, so fascinating, that he may find relaxation and keenest pleasure while he is making solid scientific attainments. In it, of-



tener than in any other, is the old adage verified that "truth is stranger than fiction." It is the subject of the day and age and in working upon it he is brought into relation, personal or otherwise, with the brightest and most progressive minds of the day while he is qualifying himself for the highest duties of his own profession.

Dr. Alice B. Campbell spoke of the spiritual nature of both disease and remedy, and Dr. Fincke suggested that Hahnemann's term "spirit like" was preferable, because we do not know precisely what spirit is. We are observing the operations and manifestations of force in the living organism. It is a problem in dynamics.

Dr. Close referred to the influence of suggestion in the examination of patients and instanced the effect of placebo administered at the close of the formal examination. The patient, supposing the examination ended, felt more at ease, and often proceeded artlessly to state facts previously suppressed by the tension and excitement of the regular examination. Patients must be put at ease and led to talk freely and naturally.

Dr. Baylies was reminded that the similar remedy will often reveal long suppressed symptoms and lead to the similimum. He related a case of pneumonia in which Bryonia, Lachesis and Pulsatilla relieved but Pulsatilla brought out the peculiar symptom "soreness of the balls of the feet," which reminded the patient of a similar soreness of the heels that he had experienced years before. A review of the case in the light of this new-old symptom revealed Kali bichromicum as the similimum.

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### DIFFERENTIAL DIAGNOSIS—RHEUMATIC ENDOCARDITIS.

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BY F. W. WINTER, M. D., Blue Rapids, Kan.

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The selection of this topic was made from the fact that frequently too little attention is given by physicians to the subject of rheumatism in children, especially since it mani-

fest itself in different forms, and these different manifestations extend over such varying periods of time that we do not see the relation existing between them, ascribe them to temporary superficial causes and thus fail to recognize their true import, and ere we are aware of it, the integrity of the heart is involved and a permanent lesion of a greater or less degree has become established which undoubtedly is the source and cause of so many cases of sudden death from heart failure in later life.

Clinically authors give us three classes of rheumatism:

*First*:—Articular rheumatism;

*Second*:—Rheumatism of other organs, external and internal;

*Third*:—General or circumscribed rheumatism.

The second includes some of the skin affections, the vesicular apparatus, the respiratory and digestive tracts, and the muscular and nervous systems. These may all be recognized somewhat readily but in the general or non-circumscribed cases the symptoms are not so apparent, yet if fully investigated and rightly interpreted, cannot otherwise but be attributed to and classed as of rheumatic origin. As to the causes of rheumatism heredity of course stands at the head. Family history develops this fact, and doubly so where both parents have been afflicted. Next to this is placed exposure, sudden changes and extremes of temperature or to a prolonged chilling or wetting, especially when the body is in a heated or exhausted condition from overwork. And who lay themselves open to such conditions more than children with their naturally irrepressible roving and romping disposition? But just what the pathological changes thus brought about in the system are and their causes is still something of an open question and different theories are being advanced for their solution such as the neurotic, the infectious and the lactic and uric acid theories, some even ascribing them to miasmatic and parasitic origins. The preponderance of evidence and the commonly accepted theory now seems to be that the acute manifestations of rheumatic fever are the result of specific infection.

At least a striking and close relationship has been found to exist between rheumatism and endocarditis and the latter is now generally accepted as infectious in origin. This conclusion is arrived at from its occasional epidemic appearance, its occurrence as a house disease and from the post mortem examinations of cases of articular rheumatism.

As grounds for such belief the tonsils are cited as the point of entrance of the infection, since an inflammation of the tonsils is oftentimes the initial and may be the only symptom of an attack of rheumatic fever.

On the other hand attention has been called to the relation of scarlet fever to acute rheumatism as worthy of note. There is a similar painful swelling of the joints often following in the wake of the former, and there is also at times an accompanying or consequent endocarditis. Whether the scarlet poison induces the latter two, which can not be distinguished from those of acute rheumatism or simply excites to a rheumatic inflammation is open for debate though preference is given the former opinion. Aside from the hereditary tendency then we have three active influences which aid in the development of rheumatic fever, namely chill, excessive muscular exercise and scarlet fever. As a rule an attack of muscular rheumatism is gradual in onset, has a moderate fever with tenderness and slight swelling of one or several joints and with proper treatment and no in-setting complications runs its course in from two to three weeks. But absence of joint involvement is one of the peculiarities of rheumatism in children and the only indicator of an attack may be either an endo or pericarditis, an acute inflammation of the pharynx or of the respiratory tract. Attacks of this kind are extremely common in early life and because of the joints not being involved, their rheumatic nature is consequently overlooked. Attacks of some forms of urticaria and eczema, of pleurisy or occasional pneumonia, chorea, and the appearance of tendinous nodules are all manifestations of a rheumatic diathesis as also some forms of hemicrania and gastralgia. Many cases of intractable

eczema are based on a rheumatic diathesis and when treated from this standpoint become curable.

Rheumatism then shows a tendency to a more wide-spread range of attack upon the tissues of childhood and extends over a longer period of time than in adults. Its manifestations therefore are quite different from those in the adult and has developed the fact that in children arthritis is at its minimum whilst endocarditis is at its maximum, showing that in rheumatism of children involvement of the heart plays a most important part. From 50 to 80% according to Cheadle and others, of cases of endocarditis in children are traceable to rheumatism. It may and often does appear alone the sole expression of the attack and may be subacute, protracted or relapsing. The mitral valves are the parts most commonly affected, and when the only point of attack is usually followed by chorea, and if progressive is attended by the formation of tendinous nodules. These are found chiefly about the joints, particularly the elbows and knees and thence downward, and along the border of the spine and the shoulder blades. Let any of the above affections crop out, though over a period of months or even years, the presumption is especially when accompanied by cardiac trouble, rheumatism is at the bottom and the more of them appear together the more positive the presumption. An erythema or tonsillitis appearing alone, might require more evidence. There is also some doubt as to pneumonia appearing as a distinct form of rheumatism; it is undoubted as to pleurisy.

As to the symptoms of a rheumatic heart affection in children, dilatation is one of the earliest. Yet there is often very little distress manifested even in very grave cases. Oedema and a flushed face are rarely present. Sometimes only a little puffiness of the face or about one or the other joint. But an anemic condition of the system is quite common, and where markedly present and persistent, is the foreboding of evil.

In making a diagnosis of rheumatic fever in children, it should be distinguished from infantile paralysis and from

pyemia where the joints are acutely affected and there is a suppurative tendency, also from the tender swelling of limbs and ankles as found at times in rickets.

Rheumatic children are usually of a highly nervous disposition, easily excited, easily frightened, and do not have the power to rush and fly about, so characteristic of an ordinary healthy child. In fact their spirit is always stronger than their body.

How important then in all cases of diseases of children, where any of the above mentioned ailments appear, especially the ordinary colds, fevers, sore throats and growing pains, that they be fully investigated, their true nature and import learned and if found in rheumatic families be put on our guard at once, as the probabilities are of having to deal with a case of rheumatic fever and make frequent careful examinations of the heart.

Dr. F. J. Poynton, of London, in his last of a series of lectures on this subject, gives the following physical signs of a dilated heart as he believes it among one of the earliest symptoms developed:

First:—An increase in the frequency and a lowering of the tension of the pulse.

Second:—An outward movement and feebleness of the cardiac impulse.

Third:—An increase of the cardiac dulness to the right and left.

Fourth:—A shortening of the first sound over the impulse, and an accentuation of the second sound at the pulmonary base.

Fifth;—In some cases a soft systolic murmur, heard most clearly internal to the nipple.

Most watchful care in the diseases of children can not be too strongly urged owing to the fact of greater liability to endocarditis in early life and consequent permanent damage to the heart tissues. The sequences are even of more importance than the primary attack, as relapses at shorter or longer intervals are common. There is also a great tendency for the inflammation to continue and smoulder in a

subacute form and ere we are aware of it a chronic state has been reached and the mischief is irreparable. There is a constant change from bad to worse, progressive anemia and dyspnea set in, the pulse becomes more rapid and feeble and the patient still in the prime of life, gradually sinks away to a premature grave as the result of a neglected, weakened and incompetent heart.

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### A SHORT NOTE ON KALI SULPHURICUM.

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BY RUDOLPH F. RABE, M. D., Hoboken, N. J.

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Attention has often been called to the marked similarity of the symptoms produced in the provings of Pulsatilla and Kali sulphuricum and in the "Twelve Tissue Remedies" by Boericke and Dewey. The relationship of these two remedies is well expressed. The provings, however, in the mental sphere, are lamentably weak. "Fear of falling" is the only mental symptom given by Boericke and Dewey, while Allen's Encyclopedia gives us no mental symptoms at all. In Hering's Guiding Symptoms no mental symptoms are given, but under the rubric Sensorium we find "Dreadful vertigo, especially on rising from lying, on standing from sitting, and when looking upwards; every moment in fear of falling and dare not leave her room." Vertigo when looking upwards is, as we know, a prominent symptom of Pulsatilla, though Phosphorus has it equally as strongly marked.

Recently in the case of an acute abscess of the middle ear, where treatment had been undergone at the hands of a homeopathic (?) specialist without any prompt or marked relief, and where the treatment had consisted in frequent cleansing of the middle ear cavity with bichloride of mercury solutions, followed by the application of hydrogen peroxide and the administration of frequent doses of some homeopathic remedy, probably Hepar, all local treat-

ment, with the exception of simple cleansing and the use of sterile non-medicated absorbent cotton, was stopped.

The patient, a physician, acutely sensitive to the action of the potentized homeopathic simillimum, was now given a single dose of Kali sulphuricum cm. (Fincke). Her few symptoms as presented at this time were: "Thin, at times thick, sticky, yellowish discharge from the right ear of a rather strong but not in the least offensive or putrid odor. Dull pains in and behind the ear over the mastoid region. Pains > by wrapping (a particular symptom) and < evenings. General > in the cool open air." Patient is of a quick, nervous, active disposition, and usually bright and cheerful unless depressed for some good cause. Within two days after receiving the dose she developed a most intense melancholy, and felt like crying, without any cause for it.

This sadness and depression was < toward evening, and unlike Pulsatilla < from any attempt at consolation. She did not want to be with the rest of the family, who were bright and cheerful. Being among others who were lively and gay depressed her still more and increased her feeling of gloom. The patient had not been told which remedy she had been given. These marked effects passed off in a few days, the pains ceased and the almost entirely suppressed discharge returned, with improvement in the hearing and general condition of the patient. It might be added, in order to eliminate the possibility of any other cause for this remarkable depression, that the time of this proving did not coincide with that of an existing or approaching menstruation.

Verifications are earnestly requested and will be welcomed by the ADVANCE.

#### CLINICAL AND VERIFIED PATHOGENETIC SYMPTOMS OF ARGENTUM NITRICUM.

Mrs. D. had for some weeks a catarrhal conjunctivitis of the right eye which Euphrasia had in the beginning, but slightly relieved. For several weeks she had had no treatment whatever.

July 27, 1905, she presented the following objective and subjective symptoms.

The right eye is much inflamed, bloodshot and watery with a slight yellowish muco-pus in the inner canthus.

Eye feels as if it were larger and heavier than normal, and as if it would drop out of its socket.

Lachrymation is constant and is < when using eyes, < when she is tired, < when she is hungry.

The eyelids are agglutinated at night and in the morning on waking, with the formation of dry crusts on the tarsal edges.

Pricking pain, like a stick in the eye, < at night, < from strong light, < in a warm room, > after eating and > in the cool wind, which is very pleasantly agreeable.

Bitter taste in the mouth; tongue red, glazed and cracked. Tasting of the food previously eaten.

Dull frontal headache.

In the repertory we find under the rubric: Pain in eye > in cool open air. Arg. nitr., Ars. Asaf. Lil. tig., Puls.

Argentum nitricum seemed to be the similimum, though some of the symptoms could not be found in the provings of this remedy. One dose only of Arg. nitr. 1000 (B. & T.) was given.

Aug. 1. All pain in the eye and sensation of enlargement gone. Agglutination of lids almost entirely absent. Eye still lachrymates profusely; no medicine was given.

Aug. 14. The eye is entirely well and normal in appearance. I need not add that no local treatment of any kind was used.

Sensation as though the eye were enlarged, is found under more than two dozen remedies, and notably under Aconite, Comocladia, Natrum mur., Paris and Spigelia, but is not found in the pathogenesis of Argentum nitricum. Amelioration after eating is also not known to this remedy.

Further verifications are requested and will be eagerly looked for.



**COMMUNICATION ON ADRENALIN.**

BY DR. P. JOUSSET, Paris. Translated from the French  
By HORACE P. HOLMES, M. D.

August X., aged 60 years, entered the hospital Saint-Jacques, last September.

For seven months he had suffered very violent attacks of asthma which rendered him incapable of work and compelled him to enter the Necker hospital where he was cared for during five months. They combated his paroxysms with morphine. He was given from two to three hypodermics daily. Amelioration was nil and the patient preferred to go home; then he came to Saint Jacques.

As antecedents, both hereditary and personal, there is nothing very interesting to note.

His father died at 78 years, following a paralysis. His mother aged 77 years is quite well. There were eight children, four are dead; one at 53 years from the kick of a horse, the other three at an early age [croup]; those still living are quite well.

The patient does not recall having been ill a single day during his life. A blacksmith, he led a very regular life, was never intoxicated and drinks relatively little. For several years he has had quite frequent smothering spells.

Examination of the patient.—*Pulmonary apparatus.*—On inspection we find an elevated and enlarged thorax. On auscultation a jerking inspiration and whistling is heard. In both lungs, numerous dry and sibilant rales

*Circulatory.*—The arteries are hard like a pipe-stem. Upon the forehead the tortuous temporal is very marked. The pulse is strong, very hard and rather rapid. The heart is very difficult to auscultate. The apex strikes the sixth intercostal space. No souffle is heard on auscultation, only a second aortic bruit of metallic timbre is noted.

*Digestive.*—The appetite has always been excellent. Digestion good, stools normal, neither diarrhea nor constipation, stomach normal.

The liver is slightly depressed, but does not seem increased in volume.

*Urinary.*—The urine is secreted in sufficient quantity, about 1500 grammes in twenty-four hours. The analysis gives the following results:

Specific gravity, 1010;

Albumen, traces;

Urea, 10,08 grammes;

Sugar, none.

Microscopic examination showed granular cylinders and epithelial debris. There is then renal insufficiency and chronic nephritis. The insufficiency is accented when there is oliguresis. No trouble in micturition.

The patient is weak and very depressed. He carries his head bowed forward, the neck drawn down into the shoulders. Complexion pale, and there are dark circles around the eyes. He cannot rest in bed and passes the entire nights in an arm-chair. He sleeps scarcely an hour in twenty-four.

The paroxysms are exceedingly numerous and very intense. They last up to two and three hours, and terminate with an abundant mucous expectoration.

*Treatment.*—We began by prescribing Sambucus tincture 10 drops in a potion of 125 grammes. The remedy did absolutely nothing. The attacks persist as violent, and notwithstanding our wish to completely suppress Morphine, we were obliged to daily give a hypodermic of about  $\frac{1}{4}$  to 1 centigramme of Morphine, which alone calms the patient.

Owing to the failure of Sambucus, we gave the classical remedy for asthma, Ipecac, 1st trituration, the dose of \* which was increased from 0.20 to 0.75 centigrammes. We obtained absolutely no result. Arsenicum album gave none.

During all this medication the urine decreased sensibly and fell to 700 grammes. At the same time there appeared a slight edema of the legs.

\*In this and all other potencies the author does not indicate whether the decimal or centesimal scale is used. H. J. P. E.

Cantharis 3rd, aided by a semi-milk diet with suppression of meat, rapidly increased the quantity of urine. But the asthmatic attacks continued just as violent.

Kali iodide crude, in a dose of 0.50 centigrammes daily brought no amelioration.

Causticum 6th, was then given. This remedy acted from the first day. The paroxysms became less violent, then less numerous. Little by little the patient was able to enjoy some hours of sleep, stretched on his bed. The urine was normal and increased to about 2 litres in twenty-four hours. The remedy was continued for about three weeks. Its action began to diminish and then ceased. The attacks returned but much less severe.

We then passed to Adrenaline, 2nd trituration, 0.05 grammes daily. The paroxysms ceased and the amelioration was evident. The urine which was slightly diminished increased to 2 litres, 2½ litres.

At the end of fifteen days the action of Adrenaline ceased, the attacks returned, and very intense.

We returned to Causticum 6th, without result. The same with Kali iodide.

The urine diminished, the edema recommenced in the legs and became quite pronounced. The patient did not sleep at night. the attacks were very violent.

Cantharis 6th produced a rapid increase of urine and diminution of the edema, and the attacks slightly diminished.

Ipecac and Causticum gave no result.

Adrenaline, 2nd trituration, was tried anew and gave a notable amelioration which continued for ten days.

Adrenaline 3rd gave no result. The paroxysms increased and became very violent.

Arsenicum, no result

Lobelia inflata. Absolutely nothing. The edema of the legs is very pronounced. Urine 1200 grammes.

We returned to Cantharis 6th, which had done so well under the same circumstances. This time there was no result. The 12th did no better, even accompanied by an absolute milk diet.

After having prescribed Causticum 12th for two days and owing to little action from the remedy we returned to Adrenaline. This time we gave the 6th potency. The effect was remarkable. The attacks disappeared completely and the patient slept the entire night, excepting a slight attack which lasted a half hour between midnight and one o'clock.

Adrenaline 6th acted for fifteen days, then ceased its action anew.

We then gave Sambucus 10 drops. This remedy, which had had no effect at the beginning of the treatment, acted very well. Its action still continues today.

The patient is at this moment actually relieved. He does not at all look like the depressed and languid man he was when he entered the hospital. Now he walks a great part of the day and has regained a normal aspect.

This case gives us some very interesting considerations. In this patient the localization of arterio sclerosis on the aorta, the lungs and kidney has given, as one may see, birth to a symptomatic complexus, the dominant one being the cardiac asthma.

The therapeutics without giving a definite result, which could scarcely be hoped for in such a complex case, have nevertheless produced symptomatic modifications, which we wish to point out now.

At the Necker hospital, they did not even try a curative treatment. They limited themselves to the use of a common palliative, injections of Morphine. Then, as one should have been able to foresee, this means, in spite of the increased doses, had become so inefficient that the patient demanded his dismissal.

At Saint-Jacques, the treatment prescribed from the first was that for asthma, in spite of the habitual efficacy of this treatment, it remained absolutely without effect; we needed to search for the causes.

The first was that we did not have a case of pure asthma, and that the emphysema, the presence of which was easy to verify, was due to an arteric-sclerosis of the bron-

chial arteries; because finally the dyspnea depended also on affection of the aorta and the kidney, and because when we saw the dyspnea increase considerably with the appearance of the oliguresis we prescribed Cantharis with a relative success, since the dyspnea diminished considerably in the same time that the urine reached two and three litres in twenty-four hours.

We ought to tell why we prescribed Causticum. A foreign physician, who was in attendance, having noticed that our patient presented a painful point on the right side between the ribs, assured us that Causticum would greatly relieve the patient. Effectively, a notable amelioration followed the administration of the remedy and persisted for ten days,

This unexpected indication for Causticum belongs to a system known in Germany, and which consists in examining the patient in all regions of the body for points painful to the touch, each of these points corresponding to a remedy. We have studied this bizarre system at Saint-Jacques, and our conclusion is that one cannot draw any practical conclusion from it. As to the good result obtained from Causticum, it belongs rather to the homeopathicity presented by this remedy to the symptoms of the patient, than to the famous painful point. I recall, in effect, that Causticum produces very violent attacks of dyspnea with cardiac trouble and palpitation.

But the real therapeutic interest in this case lies in the action of Adrenaline which, at two different times, has brought about very notable diminutions of the symptoms of the dyspnea allowing the patient to sleep in a bed, and producing an abundant diuresis, which has removed the edema from the limbs.

This remedy, prescribed first in the 2nd and 3rd triturations, became insufficient after a fortnight, then incontestably aggravated the state of the patient, and it was when we prescribed the 6th dilution that we obtained the greatest and most durable amelioration. Let us remark also, that having suspended the Adrenaline for some days because its

action seemed exhausted, Sambucus, which had been absolutely inefficacious in the beginning of the treatment, has had a favorable action, prescribed after Adrenaline for a patient whose organism had been fortunately modified by the latter remedy.—*Revue Homeopathique Francaise*.

[The indefatigable homeopathic author, Dr. P. Jousset, will soon issue another volume on clinical medicine. It is now in course of publication by the well-known house of J. B. Bailliere & Sons, Paris.]

NOTE: For several months an animated discussion has been indulged in by our French confreres on the subject of polypharmacy in Homeopathy. In order to demonstrate its standing in our school the French Homeopathic Society decided to offer a prize of 500 francs [\$100.00] for the best essay demonstrating the advantages or disadvantages of polypharmacy. The society unanimously adopted the articles following:

Article I. There is offered by the Société Francaise d' Homeopathy a prize of 500 francs destined to recompense the author of the best essay tending to demonstrate the advantages or disadvantages of polypharmacy.

Article II. All physicians, French or foreign, may take part in the contest.

Article III. The essays, written in French, shall be sent to the society by the 31st of December 1906 at the latest. The essays shall be deposited in sealed envelopes, bearing a device which shall be reproduced in another sealed envelope enclosing the name of the author.

Article IV. The essays shall be judged by a committee of five members who shall be nominated at the November, 1905, session.

Article V. The members of the committee shall not take part in the competition. They shall make their report to the session of March, 1907, the intended prize to be awarded at the homeopathic banquet in April, 1907.

Article VI. The amount of the prize shall be taken from the society of promotion.

Article VII. The judges shall have free latitude to

divide the prize, to give encouragement, or to extend the time to the following year if no work is found worthy of recompense.—*Revue Homeopathique Francaise.*

### HELPS IN THE TREATMENT OF SUMMER DIARRHEA.

DR. FRANK A. GUSTAFSON, Rockford, Ill.

The following hints will be found reliable in the treatment of summer diarrheas. No originality is claimed for them. They have been gathered from various sources, and are now offered that the student may brush up and be prepared. It is not intended that these hints should take the place of exhaustive studies but they may save time when time is an object.

Diarrhea; daytime only, Nat. mur., Petr.;

Drives out of bed in a. m.; Sulph., Aloe, Kali bi., Pod.;  
Petr., Psor., Rum.

After rising; Nat.

And moving about: Aloe, Bry., Nat.

Until 9 a. m.; Pod.

Afternoon; China.

Nightly; Arg. n.; Ars., Chin., Lach., Nux m., Pod.,  
Psor., Puls.

After 12 p. m.; Ars., Sulph.

At 4 a. m.; Pod.

After breakfast; Nat. Thuya.

After cold drinks; Ars., Bry.

While eating; Ferr.

After eating; Aloe, Ars., Chin., Col., Croc. t., Lyc.,  
Pod., Puls.

Emotional causes; Arg. n., Gels., Tub.

From fruit; Chin., Ars., Bry., Ipec., Carbo, v., Pod.,  
Puls.

After ice cream; Ars., Carbo. Puls.

After lemonade; Phyt.

After milk; Calc., Nat. c., Sep.

Worse from motion; Bry., Ferr., Ver. a.

Painless; Bis., Bor., Ferr., Hep. Hyos., Nat. m., Phos., Pod., Sulph.

From sugar or sweets; Arg. n., Sulph.

From veal; Caust, Kali nit.

Stool escapes when wind is passed; Aloe, Mur. ac., Nat. m., Olean.

Much tenesmus; Merc.

Much tenesmus, and blood; Merc. cor.

Prolapsus with; Aloe, Dulc., Ign., Merc., Pod.

Stool like chopped eggs; Cham., Merc., Puls.

Stool like soap-suds; Benz. acid.

Stool like tomato soup or sauce; Apis.

Stool slimy; green, frothy, Mag. c.

Stool copious but not exhausting; Phos. ac.

Stool very copious and watery; Croc. t., Phos. ac., Phos., Pod., Verat. alb.

Stool passed forcibly; Croc. t., Grat., Jat., Nat. c., Pod., Ver., Sec.

Stool hot; Cham., Merc. c., Sulph.

Stool Lumpy and Liquid; Ant. c.

With meal like sediment; Pod.

Stool smells like rotten eggs; Cham., Psor.

Odorless stools; Ver. alb.

Much Spluttering; Aloe, Nat. Pod.

Violent purging; Ver. alb. Croc. t. Gamb.

Sudden, copious, gushing; Croc. t. Gamb.

White, stinking, liquid, in children; Benz. acid. Psor.

Immediately after eating or drinking; Pod.

Water seems to go right through him; Arg. n.

Cramps with vomiting and purging; Camp., Ver., Cup.

Stool fermented, yeast-like; Ipecac.

Stool turns green soon after being passed; Arg. n.

#### NOTES FROM A MEETING OF THE LIPPE SOCIETY— 1882.

Dr. Lippe read a paper, written for the International Hahnemannian Association, entitled: "Our Materia Medica; How to Preserve and Augment It." The subject of the paper



was opposition to the views expressed at the last meeting of the American Institute of Homeopathy regarding a condensation of the *Materia Medica*, and the belittling of the grand labors of Hahnemann.

Dr. Fellger said; Before we begin to condense the pathology. It is perfectly nonsensical to speak of condensing symptoms; they cannot be condensed, and yet our *Materia Medica* consists only of symptoms. The difficulty is, we often find symptoms in patients that cannot be found in provings. Perhaps many valuable symptoms have been lost because they were thought of no value. Every symptom is of importance.

Dr. Carleton Smith: The very ones who are howling for condensation, are always howling for new remedies; they do not know the old ones sufficiently to use them properly.

Dr. Fellger. An old-school physician once said, that, "for the disease we cannot cure, we have the greatest number of remedies. This proves that we cannot cure them, therefore, we are always looking for others."

Dr. Carleton Smith then spoke of the large number of intermittent affections prevailing, and related the case of a man to whom he had been called, and found in delirium. He had an attack of intermittent fever, and by the advice of a friend, took large doses of solution of quinine in whiskey.

Dr. Fellger spoke of a patient who had taken quinine from a so-called homeopathic physician, with ascites resulting.

Dr. Lippe said he always advised patients who received quinine from a so-called homeopathic physician to annihilate the giver. If we can drive such men from the profession, and force to take their proper name, eclectic, Homeopathy will advance more rapidly.

The secretary then related a case of cinchonism in a boy, who had enlarged liver, and the peculiar cinchona cachexia. Fortunately an old school physician had administered the drug.

Dr. Fellger then said that he found a number of cases of malaria infections where it could not be accounted for.

In the convent of Notre Dame with the best hygienic surroundings, he had several cases, in each of which the attack was very severe. With the properly selected and administered remedies each case had but two paroxysms. He then spoke of a young lady who had contracted chills in New Jersey, and who had been treated allopathically, and who grew steadily worse. With but two doses of the homeopathic remedy she recovered forthwith. Under the quinine treatment she grew very sick; could not retain anything on stomach; sleepless; and had a chill daily. The old school physician could not understand how it was. Two weeks ago he met a case of Meniere's disease. A gentleman merchant was suddenly taken with giddiness, he fell, and then had spasms; after which there was violent pain in left side of head, and vomiting. Another physician had been unable to relieve him, but under Dr. Fellger's care he has steadily grown better; pain is gone and the deafness which was present has almost disappeared.

He then related the case of a girl aged 21 years who had recently arrived from Europe, and who was found to be pregnant. The child when born had the peculiar murkey-face; the face of marasmus. He suspected syphilis. The child died in eight days, and post mortem showed tuberculous deposits in the lung. On questioning the woman he found that she had been a prostitute for five years, and that she was syphilitic. The presence of tubercles in the lungs of the child demonstrate the truth of the observations of Lerman and Fwerit physicians: When tuberculous matter is found in the lungs of children the transmission is from the mother; when found in the liver, spleen and kidneys the father is syphilitic. It was a curious fact, but the cause is unknown. We should find from other observations in the tubercle how much farther the diseased mother may effect the child. Another peculiar fact is: If a woman is pregnant and then contracts syphilis, the child will not be syphilitic; but if she had syphilis before becoming pregnant the child would be syphilitic.

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**WARTS OF VARIOUS KINDS.**

BY F. EDWARD W. HOPKE, M. D., Brooklyn, N. Y.

Case I. Mr. F. C., age 27, leucophlegmatic or hydrogenoid constitution, light complexion, contracted gonorrhoea two years previous to consultation. For a year has been troubled by warts in the inner surface of the prepuce.

The warts are large, conical, cauliflower excrescences, 42 in all, arranged irregularly on inner surface of prepuce, growing from rather broad bases and coming to a point, at the summit.

Irritation of the clothing or cleansing makes them bleed easily, and the entire prepuce and glans penis covered with a yellowish green discharge having a very disgusting smell, sweetish or like foul corn.

Patient consulted a number of "regulars" for relief, all of whom proposed either burning or cutting of the warts, which has been permitted on one or two occasions, but the growths always returned, becoming larger and more fleshy looking than before. Also all kinds of local astringent washes were employed, and many different kinds of medicated soaps but gave no relief. When the patient rolled back the prepuce the warts stood up straight at right angles to the preputial surface and this caused free bleeding, moreover they were very sensitive to the touch. Thuja 30 in water was prescribed at intervals of 4 hours and 20 drops of Thuja tincture in water given as a local wash.

In four days after taking the medicine the patient noted that they began to separate from the prepuce and fall off during application of wash. In a week and a half from the beginning of medication the entire 42 warts had gone, leaving a healthy mucous membrane clear of discharge.

The patient had no urethral discharge during or before treatment, but had used injections of various kinds to rid himself of the urethral discharge during the acute stage of the gonorrhoea. This patient lived and worked the same while taking the medicine as before and the cure was not

due to any change of habit or difference in living but to the Thuja alone.

CASE II. Clement K—age three, dark complexion, “nervous” type of child, clean family history, was brought for consultation because of a wart on the tip of the index finger of the left hand.

The growth had become inflamed and the skin of the finger also was inflamed.

The child complained of pain which made him fretful and cross.

The excrescence was raw at the tip and rather horny in consistency. Nitric Acid 6 in water at intervals of 3 hours, in a few days caused the wart to disappear and relieved the inflammation of the finger as well.

CASE III. A few years ago a lady came to the writer's clinic for the correction of a refractive error, and was accompanied by her daughter. It being a very warm day in summer, and the child being seated near the test cards, as I kept track of the patient's reading, I could not help noting the characteristics of the little girl seated to one side of the cards. Never before had my attention been attracted to so marked a condition of perspiration, for the left half of the child's face and neck, and the left arm and hand were covered with large drops of perspiration, while the entire right side was absolutely dry. So distinct was the line of demarcation in the median line, that she presented a very peculiar and interesting appearance. I requested the mother to remove the child's clothing and, sure enough the same sharp demarcation continued throughout, from the top of the head to the foot.

Here was a case of interest to test the ability of the similar remedy. The girl was of very dark complexion having intensely black hair and very dark eyes, and a swarthy, more or less sallow skin. In vain did I search for symptoms, for she gave negative responses to all my questions and had no complaints for voluntary statement. In short the girl seemed normal with the exception of the one sided sweating, yet I knew there must surely be a derange-

ment of the vital force behind the phenomenon, so I began my examination again, only to discover that the patient had a small wart on ulner surface of the right arm. Mentally, then I associated the symptoms, and on referring to Bönninghausen on page 262, under the rubric of "Sweat, on one side" I found Thuja included in the list. This medicine was given in the 30th potency, and when the mother returned to show me her glasses, I had the great pleasure of seeing the daughter, who was perspiring normally on both sides of her body.

I am aware that prescribing in one or two key notes or special symptoms is fraught with danger to success, yet straws often show which way the wind blows, and we are often forced to do our best under adverse circumstances with these "one sided" cases.

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### GALL STONE COLIC, AND ITS LESSON.

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. BY MARGARET E. BURGESS, M. D., Philadelphia.

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CASE I. Received a hurry call to see a patient, age 73, who had been suffering all night with severe paroxysmal pain in stomach with *intense soreness*, the pressure of a hand being unbearable. The abdomen was distended like a drum, sensitive to pressure, to motion and to jar. The face was flushed.

Belladonna seemed indicated and was given with some relief, but at 7 P. M. an imperative message came and on arriving I found my patient nearly collapsed; the pain recurring in increasingly frequent and severe paroxysms in epigastric and left hypochondriac regions. The abdomen was distended even more than in the morning. "It surely will burst"; the slightest pressure or motion or jar of a hand or leg caused intense aggravation. The face had changed from red to yellow with a pinched expression.

Several remedies were given but without relief. "If she only had not eaten those oysters last night" groaned the daughter. How clearly across the intervening years came

the voice of Dr. H. C. Allen in College days.—A case well taken is half cured. *Lycopodium* 1400 caused an immediate improvement,—inside of half an hour the old lady was asleep.

The next morning as pretty a picture of jaundice greeted me as ever I want to see—the urine was loaded with bile—and nine or ten gall stones were found in the stool, two or three of which were as large as lemon seeds. For several days intense soreness “as if bruised,” remained in left hypochondrium and the temperature ranged from 100° to 102° which yielded to the benign influence of an occasional dose of *Lycopodium*.

CASE II. Another case comes to my mind of gall stone colic where all the characteristic diagnostic symptoms were present, but there came no light as to the remedy, until the nurse remarked: “Doctor, she cannot pass urine except when standing.” A dose of morphia could not have given more prompt relief than did a single powder of *Sarsaparilla* 200.

CASE III. Again a hurry call to an old lady in the neighborhood whose physician was out of reach. Had had severe pain all night with straining to urinate, only a few drops passing, with soreness in abdomen extending from right hypochondrium to the hypogastric region. Finally a large quantity of blood and clots was passed but without relief of the cutting, knife-like pain or urinary tenesmus. The abdomen was distended “to bursting.” there was vomiting of frothy mucus and frequent eructations, the face being cold and pale. *Lycopodium* 1400 relieved promptly, not only once, but a second time a day or two later when there was a recurrence of the trouble.

CASE IV. A few days ago, while in the mountains, a recent graduate of one of our homeopathic colleges asked me for a dose of *Antikamnia*, as he had a violent headache and the homeopathic remedies would not act quickly enough; “they never do any good.” I explained that I only carried “the sugar pills,” and at my request he recited, with little faith, his symptoms.

The day had been a hot one, he had ridden horseback, and bowled and tramped—his head was one mass of throbbing pain with aggravation from light and motion. Belladonna cm. cured entirely in fifteen minutes. He had previously taken Gelsemium and because that failed he inferred that Homeopathy had failed.

COMMENTS: How often it is true, we fail because we have failed in taking the case fully, or the patient has withheld some fundamental cause, or we are so prejudiced in favor of a certain remedy that we are blind and deaf to the call which nature sends forth. We wonder if the bottle which has contained our Sulphur 200 or our Belladonna cm., and has done good service for years has not become contaminated and the remedy lost its efficiency, or if after all the indicated remedy has not failed to relieve pain. When lo! the clouds break away! The patient is "able to urinate only while standing," or the attack was superinduced by "eating oysters." Key-notes to be sure! but pointing so strongly to remedies whose symptom totality was there all the time.

"Thou seest many things but thou observest not; his ears are open but he heareth not."

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## WHO ARE THE REGULARS?

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S. E. CHAPMAN, M. D., Watsonville, Cal., (now of Chicago).

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EDITOR ADVANCE: The President of the American Institute in his annual address in 1881, thus defines the term:

*"A Regular Physician.—A graduate of a regularly chartered medical college. The term also applies to a person practicing the healing art in accordance with the laws of the country in which he resides."*

Webster defines the word "regular" as: "conformed to a rule; agreeable to an established rule, law or principle; to a prescribed mode as a regular practice of law or medicine; governed by rule or rules; steady or uniform in course; not subject to unexplained or irrational variation; instituted or initiated according to established forms or discipline as a regular physician."

The old school has for years arrogated unto itself the word "Regular," and I have been at considerable trouble,

labor and expense, to demonstrate the fact that such arrogation is the most absurdly ridiculous claim possible. In what are they regular? Certainly not in therapeutics, as this article will most clearly prove. About two months since I sent to twenty physicians, ten of each school, a case for consultation. As far as possible teachers in their respective schools were selected. I represented myself as a patient, and after detailing the symptoms, subscribed the name of my father-in-law, Samuel Boyer. This is the case:  
Dear Doctor:

I am a great sufferer from indigestion, and apply to you for a prescription. My appetite is usually good, but a few mouthfuls cause a sense of fullness and repletion, as if I had really eaten a hearty meal. I cannot eat enough to keep me strong. There is more or less soreness in the region of the liver. Bowels usually constipated, with much flatulence of stomach and bowels.

I don't know but my kidneys are badly affected, for I have soreness and aching in that region, and I pass a good deal of red sand in my urine.

Naturally I am of a lively temperament, fond of society, but am now often low spirited. One thing about my case strikes me as being peculiar; I am always worse from 4 to 5 or from 8 to 9 o'clock P. M. This I have noticed for years, and it is not imagination.

I am a married man aged 42; fair complexion; weight 135 lbs; height 5 ft. 6 in.; occupation, book-keeper.

Please send prescription by return mail, and find within P. O. order for \$2.00.

Very Respectfully,  
SAMUAL BOYER, Box 26.

To the Homeopaths I was obliged to add in addition to the above, the following in postscript:

Doctor, I am studying Homeopathy with a view to fitting myself for practice if my health permits. I am exceedingly anxious to know of the name of the remedy indicated in my case. Will you be kind enough to tell me it? I shall be greatly disappointed if you do not comply with my request. What college would you recommend me to attend?

Names of physicians to whom above case was sent:

HOMEOPATHIC.

J. B. Bell, Boston.  
J. C. Sanders, Cleveland.  
J. T. Kent, Philadelphia.  
W. J. Hawkes, Chicago.

ALLOPATHIC.

H. I. Bowditch, Boston.  
J. E. Darby, Cleveland.  
R. Bartholow, Philadelphia.  
Chas T. Parks, Chicago.



J. W. Dowling, New York. Austin Flint, New York.  
 A. McNeil, San Francisco. W. R. Cluness, Sacramento.  
 S. Lilienthal, San Francisco. W. F. McNutt, San Francisco.  
 Wm. Boericke, San Francisco. S. O. L. Potter, San Francisco.  
 W. L. Reed, St. Louis. Isaac N. Love, St. Louis  
 C. E. Walton, Cincinnati. J. T. Whitaker, Cincinnati.

To a suffering world I now submit the prescriptions which I received from these representative medical men; and I ask in the name of God and humanity, which is the regular school?

I will simply give the prescription of each, as many of them wrote long, good letters, which would make an article too lengthy for publication.

PREScriptions.

HOMEOPATHIC.

ALLOPATHIC

J. B. Bell:

℞ Lycopodium.

H. I. Bowditch:

℞ Harrison's Peristaltic Lozenges.

Sig. One or two at bedtime.

J. C. Sanders:

℞ Lycopodium.

J. E. Darby:

- (1) ℞ Tr. Chinchona Co.  
 Tr. Gentian Co. . . . . aa 3jas  
 Ac. Hydrochlor. Dil.  
 Syrup Simp. . . . . aa 3jv

M. Sig. Teaspoonful half an hour before each meal in wineglassful sweetened water.

- (2) ℞ Pepsin . . . . . 3ij  
 Bismuth Subnit. . . . . 3iij

M. Ft. Chart. No. xxiv

Sig. Take one after each meal.

In case a gentle laxative were needed I could use one of the following:

- (3) ℞ Pulv. Glycyrrh. Co. . . . . 3iij

Sig. Take a teaspoonful at bedtime.

- (4) ℞ Aloe Socotrine . . . . . 3j  
 Podophyllin. . . . . gr. x  
 Ipecacuanha pulv. . . . . gr. x  
 Ext. Nux. vom. . . . . gr. viij  
 Ext. Hyoseyami. . . . . gr. xv  
 Ext. Colocynth. . . . . gr. xxx

M. Ft. pilulæ no. xxx

Sig. Take one pill at bedtime.

- J. T. Kent:**  
 ℞ Lycopodium:
- W. J. Hawkes:**  
 ℞ Lycopodium
- J. W. Dowling:**  
 ℞ Lycopodium.
- A. McNeil.**  
 ℞ Lycopodium.
- Samuel Lilienthal:**  
 ℞ Lycopodium.
- Wm. Boericke:**  
 ℞ Lycopodium.
- W. L. Red:**  
 ℞ Lycopodium.
- C. E. Walton:**  
 ℞ Lycopodium.
- Roberts Bortholow:**  
 Refused to prescribe without personal examination.
- Chas. T. Parks:**  
 ℞ Tr. Nux. vom.  
 Ac. Muriatic dil. .... aa ʒij  
 Tr. Chinchona Co. .... ʒj  
 Syrup Aurantii. .... ʒjss  
 M. Sig. Take a teaspoonful after meals.  
 ℞ Lady Webster's Dinner Pill.  
 Sig. Take one pill at bedtime until bowels are regulated.
- Austin Flint:**  
 ℞ Salicin.....ʒj  
 Sig. 10 grs. before meals.
- W. R. Cluness:**  
 ℞ Quin. Sulph.....ʒj  
 Aloin.....gr. ij  
 Ext. Hyoscyamus.....q. s.  
 M. Ft. Pill. no. xxx  
 Sig. Four every night at bedtime.  
 ℞ Lactopeptine ..... ʒiv  
 Acid Hydrochloric..... ʒj  
 Syrup Aurantii..... ʒj  
 Aqua Cinnamon, ad..... ʒiv  
 Sig. Shake and take a teaspoonful before meals in water.
- W. F. McNutt:**  
 ℞ Strochnia Sulph.....gr. j  
 Quinine Sulph.....ʒi  
 Pil. Rhei Co.....gr. xv  
 Podophyllin.....gr. j  
 M. Ft. Pill. no. xxx  
 Sig. One after each meal.
- S. O. L. Potter:**  
 ℞ Potassii Cit. Pulv.....ʒij  
 Sig. A teaspoonful in a large glass of water before meals for a week.
- Isaac N. Love:**  
 No answer.
- J. T. Whitaker:**  
 ℞ Dilute Hydrochl. Ac.....ʒj  
 Sig. 10 drops in water .... meals.

I have treated each school with the utmost fairness, and if there be anything *regular* in the above prescriptions, in which column do you find it? My friends, in the left hand column is a prescription founded upon law, truth, and science; and any homeopath on earth, worthy of the name, would have sent the same prescription—*Lycopodium*. In the right hand column we have prescriptions, no two of which are alike. Why this unanimity in one column, and the utter lack of it in the other?

**Time to Drop the Word "Irregular."**—The Wisconsin State Medical Society at its meeting June 7th, passed the following resolution, which is in line with those being adapted elsewhere: "Resolved that it is the sense of the House of Delegates of the Wisconsin State Medical Society that eligibility to membership in county societies shall not require physicians to relinquish membership in sectarian, local or state societies." So far as Oregon is concerned, there is no necessity for such a resolution, as the state organization as a society, has already affiliated so-called "irregular" physicians, through membership in district societies, and as an instance, an officer of an Oregon Eclectic State Society is a member of the Oregon State Medical Society. Idaho, at the date of the organization of its State Medical Society, took in all reputable physicians, irrespective of schools. In view of the fact that the American Medical Association almost unanimously admitted to professional intercourse all physicians who are reputable, and even advised that the profession should seek to make those not already so, reputable practitioners of medicine, it is about time that the word "irregular" should be dropped from the medical vocabulary.—*Med. Sentinel*.

[COMMENT: How would it look to the scientific world if our colleagues would drop the word "regular"? What makes one so called sect in medicine more "regular" than another? Our eclectic colleague had no therapeutic principles to sacrifice, so his affiliation demonstrates nothing. Let them put their preaching into practice and get rid of their prejudice. Every physician licensed to practice is regular.]

**Taraxacum**—A gentleman of dark complexion always complained of the following symptoms, whenever he gathered dandelions:

Varacious hunger, which was not appeased until he had partaken of a large amount of food.

Gone, hungry feeling in stomach.

# THE MEDICAL ADVANCE

AND

## JOURNAL OF HOMEOPATHICS

A Monthly Journal of Hahnemannian Homeopathy

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

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Subscription Price - - - - Two Dollars a Year

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We believe that Homeopathy, well understood and faithfully practiced, has power to save more lives and relieve more pain than any other method of treatment ever invented or discovered by man; but to be a first-class homeopathic prescriber requires careful study of both patient and remedy. Yet by patient care it can be made a little plainer and easier than it now is. To explain and define and in all practical ways simplify it is our chosen work. In this good work we ask your help.

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SEPTEMBER, 1905.

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## Editorial

### YELLOW FEVER AND ARSENIZATION.

Dr. R. B. Leach, of St. Paul, Minn., has for many years been an advocate of the prophylactic virtues of Arsenic in yellow fever. He claims that the pathogenesis of Arsenic is so very similar to yellow fever in its most prominent pathological features that if exhibited to the healthy during an epidemic it will be effective as a preventive remedy. A few years ago the doctor made an appeal to congress to enforce its usage in Cuba and other infected countries, but without success, and now he is in New Orleans putting it to a practical test in the present epidemic. The daily press of the last week has contained many items that "Dr. Leach

and his Arsenic remedy stir up trouble for the Marine Hospital corps, people who have taken the treatment claiming to be immune and refusing to take the ordinary precautions."

Meetings have been held in New Orleans in favor of the use of the new prophylactic which it is claimed have not only demoralized the medical societies of New Orleans, but have aroused the ire of the Marine Hospital corps and caused a decided "split among the newspapers, three of which are refusing to mention Dr. Leach's name and a fourth is telling the people how badly he is being treated." These enthusiasts claim that they and their neighbors are immune, because they have taken Arsenic pills and refuse to clean up their premises or screen their cisterns until finally Dr. White insisted that "Arsenic or no Arsenic the orders of the committee must be carried out, even if the prison cell be used to enforce it."

At a mass meeting of 400 of the most prominent citizens of the city, Dr. Leach explained his theory, and a committee of fifteen was appointed to bring the physicians to time and have Dr. Leach supplied with the deadly stegomyia, Dr. Leach having offered himself in an experimental test of the prophylactic virtues of Arsenic under the Supervision of the Board. The board has declined to assume the responsibility.

And now comes the report (Aug. 23rd) that twelve of the Arsenic immunes (?) have died of the scourge; and furthermore a letter has been written signed by Surgeon J. H. White, U. S. Marine Hospital, and the president of the advisory committee from the New Orleans Medical Society, telling how patients were under treatment who had the protection of the Arsenic test for the supposed sufficient period to render them immune. This letter was called forth by an announcement of a mass meeting to denounce the medical practitioners of New Orleans.

This is practically a repetition of the old, old story. Dr. Leach's arsenization as a prophylactic for yellow fever is on a similar basis with vaccination as a prophylactic for smallpox. Patients who have been repeatedly vaccinat-

ed have died with smallpox; patients who may be arsenated may die of yellow fever. No two can have either disease alike, and the attempt to guard against the *name of a disease* with any individual remedy must necessarily result in failure sometimes; for although the exciting cause may be uniformly of a fixed character—like measles, scarlatina or smallpox—yet the vitality of patients differ so much in health and in susceptibility that no two cases of yellow fever can ever be alike. Neither Arsenic nor any other remedy will prevent or cure yellow fever.

\* \* \*

### PROPAGANDISM OF HOMEOPATHY AMONG HOMEOPATHS.

In the September number we commence a series of articles by Dr. Guernsey P. Waring on the Propagandism of Homeopathy among Homeopaths. This is a broad subject, and one vital to our school of practise. It is one also in which the ADVANCE has been actively engaged for the last twenty five years, hence we welcome a series of articles on this subject, and trust the profession will welcome them also, even if plain truths be spoken and somebody toes be pinched.

Perfection is not expected, nor is it demanded of any man or set of men in any profession, much less that of medicine; but truth and error do not mix any better than oil and water. If the law of similars be a law of nature, like the laws of gravitation and chemical affinity, they must be right, although all may not be able to properly interpret the right.

Every homeopath knows, or should know, that before a remedy is entered in the *Materia Medica* its pathogenesis is first ascertained by provings on the healthy, and these cases of testing the virtues of a remedy, of ascertaining the curative power of drugs, are made singly. Hahnemann was the first man in the history of medicine to erect a *Materia Medica* on this basis. To ascertain the curative powers of Belladonna it is tested on the healthy, and not mixed with any other remedy. We have no provings of

Aconite and Belladonna in combination, and consequently the pathogenesis of each of these remedies is an individual problem. In the treatment of the sick, Belladonna can never cure a patient whose symptoms are not similar to those produced by Belladonna when tested on the healthy, hence remedies should not be alternated or mixed if we wish to obtain the highest curative results.

It may be claimed, and the claim is practically correct, that it is difficult always to secure the single similar remedy in a complicated case of sickness. This is granted, but it does not relieve the physician of his obligation to do justice to his school of practice, and to the patient committed to his care.

The difficulty in selecting the remedy generally lies in the difficulty in obtaining an accurate anamnesis, hence it is the fault of the doctor and not of the system when two or more remedies are given in alternation, rotation or combination. It is unscientific, unhomeopathic, and from this practice come most of our failures. It is very true that many physicians are unable to properly examine the patient and perhaps this largely is not their fault, but the fault of their Alma Mater; they were not thoroughly drilled in the taking of the case, which Hahnemann, Bönninghausen, Dunham, Hering and all our great writers have said, that, if a case be once properly taken, the most difficult part is accomplished.

These articles that will appear from time to time will show our weakness as a school, and for that reason we ask of them a careful reading, a careful study, for our best friends are those who tell us our faults, and teach us how to correct them. What a power for good and for the advancement of Homeopathy would be obtained if every homeopath selected and administered the single remedy every time and every where. The *Critique*, and perhaps one or two other of our homeopathic journals may join us in the publication of these articles for the upbuilding of Homeopathy, and we solicit both comment and criticism from all who may

differ in theory, opinion or practice, in the interest of truth and our common heritage-law in the medical world.

A CORRESPONDENCE COLUMN.

Beginning with the October number we will publish short cases with comment; suggest the remedy in difficult cases; do the best we can to point out the reason why the remedy has not been effective; aid in the diagnosis of obscure cases, etc. But the cases must be brief, not to exceed a page and if possible type written, so that errors or misunderstandings may be avoided.

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COMMENT AND CRITICISM.

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

WENDELL PHILLIPS

**HOMEOPATHY vs. ANTI-PATHY**  
**"WATCHMAN, WHAT OF THE NIGHT?"**

BY GUERNSEY P. WARING, M. D., H. M., Evanston, Ill.

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Attention is called to the fact that many who assume to be representatives of the noble system of Homeopathy, are either ignorant of its fundamental truths, or wilfully misrepresent in their teachings or practice, or both, nearly all that is precious to the true followers of Hahnemann. Other journals have occasionally given strong hints, or open denunciation of this disgraceful situation. In the American Institute open charges were made, by men of acknowledged stability and worth, that in nearly all of the homeopathic colleges, hospitals and clinics, Allopathy in some degree is being taught and practiced, endorsing in a shameful way, the remnant of that traditional makeshift which Hahnemann denounced a century ago.

I propose a crusade against this conglomeration which in the name of Homeopathy is prostituting nearly all that is good and true in our school. In other words, the Homeopathic Ship has largely fallen into the hands of mutineers



who evidently mean to scuttle the craft, or steer into the enemies' harbor. Is it not time to make the call;

"WATCHMAN, WHAT OF THE NIGHT?"

There is little use to cry mongrel, hypocrite, imposter, fraud, and do nothing more. Everybody is tired of that kind of reform. The present day demand is to see the exhibit. "Take off the lid and expose the rascals" is the reform cry from all quarters. The commercial world is awakening to the flagrant wrongs in business life. There is a lively crusade now against graft. The trusts and combinations, some banks and life insurance companies, have played the game of frenzied finance until the honest and conscientious part of mankind are dumfounded because of recent revelations. Genuine reform is in the air.

This commercial crusade has only just begun; its magnitude is yet to be developed. It will spread in all directions, including every phase of life, and the question naturally arises, is this not the opportune time for us "to cry aloud and spare not", to let the keen eyes and the quickened intelligence of a conscience awakened people, see the guilty offenders who are disgracing Homeopathy. A general housecleaning being the order of the day, why not rally to the *Hahnemannian standard and clean out the homeopathic mansion?* This is what should be done and I am ready to do my part.

I have purposely withdrawn from all college work, and have no official connection with any hospital or society, in order to be sufficiently independent to give the plain facts. The *ADVANCE* not being associated or affiliated with any college, hospital or society, in the interest of pure Homeopathy can publish the unvarnished truth without bias, restraint, or charge of catering to any special or personal interest.

#### TRUTH TO BE PARAMOUNT.

This will be the first of a series of papers, running through the coming year, on the general title "*Homeo-pathy vs. Anti-pathy.*" Throughout the discussion truth is to be

the sword, in fact, the entire armament in the conflict of Ambition, reputation, policy, and personal interests of the good, bad or indifferent, will be secondary. Truth is to be paramount. Not Experience, not the opinions of men, but the *truth* as embodied in the principles and laws promulgated by Samuel Hahnemann in the establishment of Homeopathy.

□ Some of the questions to be discussed, without fear or prejudice, will be:—

What is Homeopathy?

What is Anti-path?y?

What is implied in these names?

How to acquire a knowledge of Homeopathy.

The teaching required and the practice necessary to promote Homeopathy?

How the true standard in teaching and practice is to be permanently maintained?

The importance of knowing the fundamental principles of Homeopathy?

The importance of knowing the philosophy involved, and the ability to know how, when and where to apply such knowledge.

*The Point and Purpose* will be three-fold: First—To draw the line, as established by truth, so that every doctor with a thimbleful of sense, can see for himself, and know regarding others, who is for and who is against Homeopathy.

Second:—To determine who alone can and must represent Homeopathy in its teaching and practice.

Third:—How to promote and more firmly establish Homeopathy.

No more practical work can be done. It will be emergency work. Homeopathy must be redeemed. Are you for, or against the truth? Prepare to decide and get into line. Let there be no more duplicity. What will America have to offer, and who will represent true Homeopathy, at next year's International Congress? This crusade will help to determine.

The homeopathic conglomeration of the present time, characterized as it is by nearly all the subterfuges inspired by a money-getting craze and commercial medicine, is too

disgusting to be fully described or arraigned in dignified language. However, the task will be undertaken as an imperative duty.

Just a few words in this introduction with each of the main divisions of the homeopathic profession as at present constituted.

*To the Allopathic Prescriber*—you who administer crude drugs in allopathic doses, if selected according to the homeopathic law. You who talk and write much, in criticizing and ridiculing Homeopathy and homeopaths; but you properly belong with the allopaths. You call the conscientious followers of Hahnemann “hayseeds” as Dr. Goodno did at a recent session of the American Institute. You are talented and witty, perhaps above par in what you know, but your greatest weakness is that you are away from home and evidently do not know it. You advocate merging with the old school—so easy for you—just where you belong. You never can, and ought never to expect to, be a promoter of Homeopathy. You only deceive those whom you try to lead or teach; as was said in the Bureau of Homeopathy, during the last session of the A. I. H. “One professor of an allopathic type in a homeopathic college will do more harm than ten homeopathic teachers can repair”. Your case with specific charges will receive special attention later.

*To the “Mixers”*—when the light is turned on you will, of all others, appear the most ridiculous. Your name is legion. You belong, perhaps, to the majority who make up the conglomeration heretofore mentioned. You are all things to all men. You want to be known as a homeopath, but you often say, (for dollars), “I practice both ways”; a kind of a you pay-your-money-and-take-your-choice doctor. You are a liberal (?) You can foresee that “Homeopathy is doomed.” You are a hypodermic, serumtherapy, calomel, strychnine, tonic and opiate expert. You fraudulently misrepresent Homeopathy. Even the Eclectics are ashamed of you, and the physio medics are horrified by your reckless use of poisons. Your expertness lies entirely outside of Homeopathy, and the world at large is deceived thereby.

The general opinion and knowledge of Homeopathy is gauged by your standard of unbounded duplicity; hence, discredit and disgust surround a good and noble cause.

In the church you would be called a hypocrite; in society a humbug; in war a traitor; in politics a grafter; in business a fakir; but in medicine you expect to be called liberal (?) and scientific (?).

You can manage the Bureau of Clinical Medicine in the American Institute so as to exploit the Mixer's treatment, and at the same time crowd out all discussion of a better way, e. g. the Skin Clinic and Symposium on Pneumonia at the last session. Oh! yes, you are "away up" in politics, but "away off" on Homeopathy.

You are becoming an intolerable nuisance in the homeopathic camp. The more you have to do with the colleges, societies, hospitals and clinics the more obvious the nuisance. During this crusade you will be decorated with the sign-board—to Homeopathy, or, to Allopathy—you to make the choice. Your therapeutic practice must be the distinctive guide. Exit your career as a straddler. You may be able to represent Homeopathy if you will adhere to the truth as embraced in the law of cure.

*To the Materialist*—your favorite declaration is "I am as good a homeopath as you are." A real homeopath never makes such a remark, it is not necessary. You may use the single remedy, you may know much of *Materia Medica*, and sometimes use the Repertory; you may "take your cases" and keep a few Records, but you are "stuck on" the divisibility of matter, the material dose. It would take forty mules and a cyclone to move you. You prefer to stay "stuck." At the Niagra Falls meeting of the Institute in 1904, you developed a fine scheme to get us all "stuck", but a majority, even in that conglomerate collection of homeopaths preferred the whole of Homeopathy.

You can write a prize essay, providing judges are selected who know no more about Homeopathy than you do. You only see in part. You deny as fallacious important truth regarding Homeopathy, truth which has been demons

trated thousands of times, and is now about to be re-discovered and established, by scientific investigation. How can you fully represent or promote Homeopathy? No man can teach or practice what he does not know. The present and future need, in the promotion of Homeopathy, is for men and women who know more, and deny less, than you do. There will be a special sermon to you later.

*To the Specialist and Surgeon*--including the whole field of mechanical and surgical therapeutics; the X-ray, electricity, osteopathy, hydropathy, massage, physical culture, etc.; all have their place among useful adjuvants.

There will be no criticism, at this time, upon these substitutes for curative treatment, because, those who are devoted to these expedients make little, or no claim, that they represent or propose to promote Homeopathy. Like the Allopaths and Eclectics, they are only what they pretend to be, so far as Homeopathy is concerned. Later, the wheat and chaff will be separated and truth will be recognized wherever truth prevails.

*To the Homeopathic Surgeon*, however, we have something to say, both now, and later in the series. Every true follower of Hahnemann needs and loves the conscientious homeopathic surgeon. We want you near for emergency work, and we often want you quickly.

There is but one serious point of dispute with you, and that has become more and more serious. Although the question is a delicate one, it must be raised, and raised now, in the beginning of this crusade, i. e.—Can the homeopathic surgeon, fairly and fully, represent and promote Homeopathy? Will he, as an official manager of, and teacher in, our colleges; or an official leader in our societies, promote homeopathic therapeutics?

Is he sufficiently equipped, by a knowledge of the principles and philosophy, in and upon which true homeopathic therapeutics is founded to even undertake such a task.

Are the colleges and societies, in which his influence is marked, headed towards better therapeutics; or towards

surgery, mechanical and antipathic treatment? (witness the last graduating class of an institution, thus managed, not a thousand miles from Chicago.)

If any one can answer these questions in the affirmative speak up promptly. It is far from our purpose to impugn the motives, or speak slightly of the influence, or work, of any good physician; however, facts are demanded, and must be given to sustain the truth.

The surgeon has a mechanical turn of mind, or he would not choose, or delight in, mechanical work; consequently his thought and study is almost entirely along material lines, within the range of the physical senses; hence a good diagnostitian and pathologist. He seldom perceives the patient, that immaterial something which is prior to and dominates over the material organism. It requires a philosophic turn of mind to understand, investigate and treat the patient thus designated; therefore the medical doctor born and educated for such study is the natural therapeutic guide, and he, not the surgeon, must represent our distinctive teaching and practice—homeopathic therapeutics.

*To the Allopath* or the so-called "regular"; but so irregular that your practice is without regulation. You will be interested in this crusade when the "lid comes off"; there will be a large number let out who belong to you. We do not want them; they are worse than barnacles on the homeopathic craft. Some are old and exceedingly clever in politics; others are fresh and green from the homeopathic (?) colleges. Here is a valuable tip for you: between Thanksgiving time and the Holidays this year, have your American Medical trap working over time. □ The woods will be full of big game escaping from the crusade exhibit.

*To the Laity*, who desire Homeopathy. You, above all others, will be interested in the results of this crusade for honesty in the practice of medicine. You have been "easy" for the fraud and fakir. You have asked for bread and have been given a stone. If you really want Allopathy with its heroic drugging you ought to have it; if you desire and ask for Homeopathy and are given horse medicine, as

you are in nine cases out of ten, you are certainly to be pitied.

We all know by observation that the moment a patient knows the kind of treatment he wants, and why, he has done forever with the "Fixers and Mixers," who practice for dollars, with crude drugs and heroic doses. This crusade to promote Homeopathy will include a plan to inform you along homeopathic lines so you can detect a fraud the minute he enters the sick room or opens his medicine case.

*To the Homeopath*, you who are worthy of the name; you who remain true to the single remedy in all potencies and to the minimum dose that cures, who prescribe for the patient (not the name of the disease) as indicated by the totality of the symptoms; you are the only surviving member of the profession qualified to fully represent and promote Homeopathy. You are the only practitioners who rely upon true homeopathic therapeutics to cure the sick.

If the Hahnemannian system, depending as it must upon its distinctive teaching and practice in homeopathic therapeutics, is to be preserved and handed down to succeeding generations, *you must do it*. The crisis is at hand; the mutineers are defiant; the issue must be met, and war is hereby declared.

Some startling things are being said and done demanding this immediate action: "Homeopathy is doomed" is a recent proclamation coming from a high official of a western high altitude college.

"Liberty of medical opinion and action is a vital necessity," is the published rallying cry for students, just out, coming from the president of another homeopathic (?) college, a large portion of whose graduates enter the anti-pathic practice, and join the American Medical Association.

The American Institute was so cleverly manipulated that nearly all that is vital to homeopathic principles and philosophy was omitted or snuffed out at the recent Chicago meeting.

Homeopathic hospitals, sanitariums, colleges and clinics are, with a few exceptions, managed by those who en-

dorse and use more antipathic than homeopathic treatment, being mostly in the hands of the political "liberal mixers."

If you have smiled while reading certain portions of this paper it is like laughing at your mother's funeral. Deep and lasting grief pervades the heart of every follower of Hahnemann who realizes that the liberals have stolen our birthright and started for the antipathic wilderness.

Who will suggest or present a plan of campaign to be opened at once, to be worked the year round, until the noble inheritance, bequeathed to a sick and dying race, is wrested from these mutineers.

Who is to be the "Paul Revere" to sound the alarm and the "Phil Sheridan" to reorganize and lead the host on to victory?

Who will join the loyal army to give conquest for the truth and enter the campaign for the restoration of true Homeopathy?

The author of this appeal and the editor of this journal have already enlisted for the war and are developing plans and propose pushing them into immediate execution.

We do not insist upon our plans if there are better ones to be suggested. Can we hear from five hundred homeopaths within the next ten days, who desire to be arrayed upon the side of truth, offering suggestions, comment or criticism? From such a consensus of opinion the very best plans to promote homeopathy can be had.—*Critique.*

\* \* \*

BREMERHAVEN, Germany June 21st, 1905.

EDITOR MEDICAL ADVANCE:—I have just read in the May number of MEDICAL ADVANCE your annotation to two cases of cancer cured by "Leaves of the Violet", but I think you are wrong in your opinion that the *Viola tricolor* is in question; it is *Viola odorata* I believe. In the *Homeopathic World*, 1902, page 43, and 1903, page 154, this question is already written over, and Robert T. Cooper the renowned cancer Doctor declares the healing of cancer by *Viola odorata* due to traces of gold in the plant; at least R. T. Cooper has found the effects of gold and *Viola odorata* very



similar in a case he treated with this remedy.

Faithfully yours, Dr. MED. KLUGE.

[Comments:--Dr. Kluge and three homeopathic physicians in the United States have called our attention to the fact that *Viola odorata*, and not *Viola tri-color*, was the remedy in question, when the cures of two cases of cancer were reported in the London papers. We frankly acknowledge the correction, *Viola tricolor* as reported should have been the *Viola odorata*, according to our esteemed correspondents. We sit corrected.—ED.]

EDITORS MEDICAL ADVANCE:—Just a moment in the rush of business to shake your hand and congratulate you on the criticism of Dr. Phlebotomy Hunt, in June ADVANCE. Keep the "big stick" close at hand for future use and strike hard if necessary. Preaching and practice seem to be two different things with some of our professed homeopaths.

I have never seen but one case of pure puerperal eclampsia: Patient had been in convulsions for two days and nights when I was called in the case. Belladonna stopped it in less than a minute, and it never returned. The woman is in good health today. Fraternally, G. F. T—., M. D.

MR. PORTER F. COPE AND VACCINATION.

EDITOR ADVANCE: There has recently appeared in both daily and weekly journals, especially in Philadelphia, a statement that Mr. Porter F. Cope has become convinced that "vaccination is the greatest crime of the age; that it is more important than was the slavery question because it is deteriorating the health and strength of the entire human race."

Mr. Cope is described as a young man who has inherited from his father a fortune and has determined to devote his life and as much of his money as may be needed to dethrone a superstition which Dr. Creighton of London described as "grotesque", and Dr. Levenson of Brooklyn as "criminal if not murderous".

Mr. Cope will no doubt be welcomed to the ranks of intelligent philanthropists. If we may suggest a means whereby his object may be advanced or perhaps speedily

accomplished it would be the publication of Dr. Levenson's work on "Vaccination, its Pathology and Relations to Biology". It may not be generally known to the profession that Dr. Levenson of Brooklyn has devoted the past twelve years to an almost uninterrupted study of vaccination, and has now ready for the press his magnificent work.

At the recent session of the International Hahnemannian Association in Chicago Dr. Levenson exhibited the manuscript which is profusely illustrated and is by far the most complete work on the subject which has ever been attempted. Every physician who has examined it has become enthusiastic as to its merits, and has expressed the opinion that it will be almost impossible for the superstition to survive so exhaustive an examination.

But the large number of colored illustrations renders its publication an expensive one. The chief difficulty in finding a publisher will be in the antagonism of the commercial end of vaccination. But publishers are cautious, for enormous money interests are involved in the maintenance of vaccination farms and establishments for the manufacture of serum therapy, all of which might be annihilated by the publication of this work. Now, if Mr. Cope will devote a sum of money to the publication of Dr. Levenson's work, one of the first steps in his propagandism against vaccination would be accomplished. A copy of this work should be placed in every public library in the United States, because, although strictly scientific, perhaps the most scientific ever written upon the subject, much of it can be understood and appreciated by the lay reader, and it is even more important that the public should know the real nature of vaccination than for the profession. \* \* \* \* \*

[The ADVANCE will gladly receive the names of all who are willing to subscribe for this splendid work which it is intended to publish in five quarto volumes, four of text and one atlas of illustrations, the price being \$25.00 for the entire set. As soon as one thousand copies are subscribed for the publication of the work will be assured. ED.]

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**A Note on Lachesis.** I would like to add this note to the article on Lachesis entitled A Potent Remedy in the last MEDICAL ADVANCE.

In a paper written in 1881 by Dr. A. Lippe, the statement is made that "the identical snake from which the poison (Lachesis) was taken over 50 years ago is still preserved in the Academy of Natural Science of Philadelphia"

There are two specimens of *Lachesis Mutus* in the museum of the Academy at Philadelphia presented by Dr. C. Hering, from Surmain, but none of *Lachesis trigonacephalus*.

I have been informed that Dr. Hering did not preserve the original serpent, from which he took the poison in 1828, but that he subsequently procured another specimen for identification. Can any of the readers of the ADVANCE furnish information upon this point? J. B. S. King, M. D.

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EDITOR MEDICAL ADVANCE:—The last paragraph on page 464, August, 1905, should begin with "Basic disease" rather than "Diseases."

A fracture of a bone; a sympathetic nerve terminal that is impinged and prevented from distributing the blood circulation to certain tissues; or a loss of dynamis or molecular force that is required to build each tissue, represents no dynamic disease; and yet the body is not in a state of practical health. For example a child a few months old appears healthy; suddenly it becomes fretful; in a few hours indigestion and irregularities manifest themselves. A few days later the little one is in convulsions, and with but little respect for the indicated constitutional and acute remedies dies with spinal meningitis.

The parents in many of these cases have been vaccinated, had the itch, and other miasms suppressed in their systems by drugs, sulphur, quinine, etc., until the origin of some cell growths cease to materialize, like the horns in several generations of dehorned cattle or talipes and hairlip in syphilitic offspring.

The dynamis of sulphur or quinine, etc., is inherited by the child, and their potencies will be the constitutional

or anti-psoric remedy. Aconite, Belladonna, Bryonia, etc. may be their acute remedies and possibly with careful nursing spare its life. These cases usually break down with tuberculosis after puberty or terminate in cancer in old age.

If at the beginning of treatment in these cases a dose of Tuberculinum or psorinum in a high potency be given it will reinstate the lost cell growth, just as freeing a nerve terminal will reinstate the blood circulation of a wasting organ. This repairing will soon build up the channels to eliminate the waste released by the constitutional remedy, and cure the patient permanently of the existing tuberculosis.

The basic remedies are constitutional only to such cases as are afflicted acutely or chronically by their toxins before a portion of cell growth has entirely been eliminated from the body.

In the diagram on page 461, the basic diseases are so tabulated to individualize them from the chronic or constitutional and acute diseases.

E. N. CHANEY, M. D.

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### NEW PUBLICATIONS.

**Bonninghausen's Characteristics and Repertory.** Translated, Compiled and Augmented, by C. M. Boger, M. D., with a *Historical Sketch of Bönninghausens Life*, by T. L. Bradford, M. D. Pp. 857. Royal Octavo, Double Column. Buckram, \$6 net. Published by the author, Parkersburg, W. Va., 1905.

The work consists of two parts. The first 200 pages contains the Characteristics of the Materia Medica, and the remaining 650 pages the Repertory. The former includes Bonninghausen Whooping Cough, the Domestic Physician, therapeutic hints from the Aphorisms of Hippocrates and Intermittent Fever, to which the author has added the following 17 remedies: Aloes, Apis, Arg. n. Borax Bromium, Col. phos., Fluoric ac., Gelsemium, Glonoinum, Kali bi., Mer. cor., Nat. Sulph., Phytolacca, Podophyllum, Psorinum and Tabacum which have been added to the Materia Medica since his time. The Repertory part embraces the Pocket-book (brought up to date), the Apsoric and Autipsoric Rep-

ertories, the Sides of the Body, and the repertories of Intermittent Fever and Whooping Cough with a large number of paragraphs from the Aphorisms of Hippocrates. The Preface contains some valuable hints, "On the Use of Repertories," "Choosing the Remedy," "The Repetition of the Dose" and "The Homeopathic Prognosis" alone worth the cost of the book to any student of Hahnemannian Homeopathy.

The last 15 pages are devoted to a "Word Index," generally known in works on Therapeutics as a Clinical Index. It is a very happy thought, a very appropriate name for this valuable ready reference addition to Bönninghausen's works, for which the homeopathic world is under lasting obligations to the author. In our humble opinion this is one of the most valuable additions to the practical armanentarium of the homeopathic physician that has appeared in many years and we assure our readers that they can make no mistake in ordering it. Sold only by subscription.

**International Clinics, a Quarterly** of Illustrated Clinical Lectures and Especially Prepared Original Articles on Every Department of Medicine and Surgery, by Leading Members of the Medical Profession Throughout the World. Vol. II, Fifteenth Series, 1905. Philadelphia. J. B. Lippincott Co. \$2.00 per year.

This splendid volume of 300 pages is the second in the fifteenth series of *International Clinics* for 1905. There are many well illustrated articles, especially that of Dr. Wiesel of Vienna on the Anatomy, Physiology and Pathology of the Chromaffin system which is alone worth the cost of the whole series. This is one of the best volumes this enterprising house has ever put out, and, it would be very difficult in our opinion for a physician to obtain a larger return for \$2.00 a year than is given in this international series. We especially note the articles "Gallopig Typhoid Fever" by Dr. Roger of the Paris faculty; "Sea-sickness" by Dr. Benedict; "The Pathology and Treatment of Hernias of Children" by Dr. Corner of London; "Interscapular Fractures and Dislocation of the Hip Joint" by Dr. Manly of New York; "Scopolamin as a General Anesthetic in Sur-

gery" by Dr. Terrier of Paris, and "Ehrlich's Side Chain Theory of digestion." Four volumes of 300 pages each and the majority of them well illustrated, for \$2.00 per year, shows the advances being made in current medical literature.

Sir Frederic Treves says in the Cavendish lecture, 1903, that "The greater proportion of cases of appendicitis recover spontaneously, and it is probable that the general mortality of the disease, if examples of all grades be included, is not above 5 per cent.

A number of clinical cases illustrating the efficacy of homeopathic treatment are found, to some of which we must take exception: Where Bryonia and Mercurius, or Opium and Mercurius, or China and Mercurius are given in alternation, the patients recovered, but it will be difficult for a layman, or even a physician, to tell which of the remedies cured. These cases were treated in Dr. Clarke's earlier practise, for we are quite certain now that he would not be guilty of the folly of alternating remedies in appendicitis or anything else.

The author also calls attention to two remedies, *Iris tera* and *Iris versicolor* as remedies in this affection. The symptoms of the former, which was proved by Dr. Geo. Wigg of Portland, Oregon, formed the basis for its selection, the pathogenesis of which will be found in Clarke's Dictionary. With the exception stated we commend the Leaflet for popular distribution.

#### **Appendicitis, from a Homeopathic Physician's point of view.**

By Dr. John Henry Clarke, Editor of the *Homeopathic World*, etc., etc. London Homeopathic Publishing Co., 1905.

This Leaflet of twelve pages is a re-print from the *Homeopathic World*, revised for popular distribution. It gives a brief sketch of Appendicitis from the physicians point of view, the text being the recent attack of Princess Victoria. A description of the disease revised for popular reading is given, the symptoms and diagnosis, clearly rendered and some facts presented that may be of interest to even the practitioner. The disease, of course under another name, has existed for a century. The term "appendicitis" is not found in the Century Dictionary, which was published in 1890.

**Dr. Stevens' New Work on the Motor Apparatus of the Eyes.**

F. A. Davis Company, of Philadelphia, announces the early publication of a work long expected by the medical profession. It is a Treatise on the Motor Apparatus of the Eyes, embracing an Exposition of the Anomalies of the Ocular Adjustments and their Treatment, with the Anatomy and Physiology of the Eye Muscles and their Accessories. By Dr. George T. Stevens, of New York.

The reputation of the author as one of the most original thinkers and foremost investigators in his profession, and one whose works have exerted a profound influence on the views, not only of oculists, but of practitioners in other branches of medicine, is well known.

*It is to be profusely illustrated in colors and in black and white, mostly from the author's own drawings. The illustrations in Comparative Anatomy are of especial interest.*

It will be complete in one Royal Octavo Volume of about 500 pages.

**A Manual and Atlas of Orthopedic Surgery;** including the History, Diagnosis, Prognosis, Prophylaxis and Treatment of Deformity. By James K. Young, M. D., Prof. of Orthopedic Surgery, Philadelphia Polyclinic, etc., etc. Pp. 900, quarto; illustrated with upwards of 800 photographs and line drawings, mostly from original sources. Cloth \$10; half Morocco \$12. In Press. P. Blakeston's Son & Co. Philadelphia.

This valuable work on orthopedic surgery contains many subjects not to be found in like books, such as historical illustrations, rare painful affections of the feet, as erythromelalgia, congenital hallux varus, and hallux metatarsus, and it also has a section upon coxa valga, of which the first x-ray ever published is given. Rhizomelic spondylitis is noted for the first time in an orthopedic work.

The work is divided into two parts, and the first part gives the general etiology and pathology of deformity, together with details as to the manufacture of orthopedic appliances, so that the general practitioner may be able to make a large part of the necessary apparatus himself. The completed work represents not only the author's experience in private practice, but that acquired in hospital work extending over a period of twenty-five years in the large insti-

tutions of Philadelphia, during nearly twenty of which he has been engaged in this special branch of surgery. He has just been appointed "Associate in Orthopedic Surgery" in the University of Pennsylvania in recognition of the many years in which as instructor he has taught this very practical branch in this school.

The object of the work is to furnish as nearly as possible in concise terms a complete exposition of the subject of orthopedics, and to this end it is illustrated with a large number of photographs taken from selected cases. From the advance sheets we think this will be by far the best illustrated and most complete work on the subject ever published.

**The Treatment of Injuries by Friction and Movement.** By Wharton P. Hood, M. D., St. Andrews; M. R. C. S. C. S. and L. S. A., Hon. Surgeon to the Royal Academy of Music, etc. London, Macmillan & Co.

In this volume of 182 pages our readers will find much original matter, food for thought, as it were. Here will be found something new in the treatment of injuries in general; Individual Fractures, Individual Dislocations, Sprains, Laceration of Muscles, and Muscular Exercises. For instance, under the heading "Laceration of Muscle" the author says: "The injuries which may be included under the general description of 'Laceration of Muscle,' are extremely numerous, and inasmuch as they are generally sustained during the pursuit of some sport requiring active bodily exertion, and as different kinds of exertion involve greater liabilities to injury to this muscle or to that, they have come to be commonly called after the sports which frequently occasion them. Thus we have 'Lawn Tennis Leg,' 'Rider's Strain,' 'Cricket Shoulder and Thigh,' 'Bowler's Side,' and a multitude of similar designations, all of them unpleasantly familiar to large sections of the athletic and sporting communities." And following this will be found a practical method of treating these frequent injuries that will repay a careful study. And what is true of injuries of muscles is also true of the treatment of fractures and dislocations. There is something new and valuable in this little book.



## NOTES AND NEWS ITEMS.

**A Remarkable Birth Record:** If the following dispatch be genuine it may be regarded as a new phase from real life of the yellow peril. But we fear it is only an item of yellow journalism:

HONOLULU, Aug. 17.—A dispatch by wireless telegraph from Hilo says that Hana, the Hawaiian wife of Kailua, a Chinese, gave birth to one child on last Thursday, two on Sunday, one on Monday; two on Tuesday morning and one on Tuesday night. All are dead.

**The Senate of Seniors:** The following members were present at some time during the sessions at Chicago: Drs. Henry C. Allen, Alonzo P. Bowie, James S. Bell, Hamilton F. Biggar, Eugene W. Beebe, Harris H. Baxter, David H. Beckwith, B. Le B. Baylies, Jirah D. Buck, Henry E. Beebe, Allen C. Cowperthwaite, J. B. Gregg Custis, T. Griswold Comstock, James A. Campbell, J. Augustine Compton, Nicholas B. Delameter, Pemberton Dudley, Walter M. Dake, A. Leroy Fisher, Samuel P. Hedges, Chester G. Higbee, Robert B. House, William J. Hawkes, Gaius J. Jones, Maria N. Johnson, Edward R. Jackson, John R. Kippax, Claudius B. Kinyon, Joseph Lewis, James H. McClelland, John B. McClelland, Edwin H. Pratt, Nelson A. Pennoyer, Moses T. Runnells, Orange S. Runnells, T. Franklin Smith, Henry E. Spaulding, Lewis Sherman, Marshall O. Terry, Charles H. Vilas, Edgar V. Van Norman, Charles E. Walton, Orlando S. Wood, Joseph H. Wilson, William H. Woodbury.

**The Nineteenth and Final Course** of instruction, clinical and didactic, in Orificial Surgery, will be held by E. H. Pratt, A. M., M. D., LL. D., at the Hering Medical College (formerly the Chicago Homeopathic Medical College, corner of Wood and York Streets, on September 25, 26, 27, 28, 29 and 30, 1905. Sessions will begin at 9 a. m., lasting until 12 and after.

The course is designed for practitioners of medicine and surgery rather than for undergraduates. The latter, however, will be permitted to join the class if they so desire.

The tuition for the course will be \$25.00 in advance. Undergraduates will be charged \$15.00.

**The Chicago Homeopathic Hospital**, which was formerly connected with the Chicago Homeopathic Medical College, is now conducted as a private hospital by members of the old faculty. It has recently been completely remodeled and newly equipped. In addition to wards, a maternity department, a laboratory and an electro-therapeutic room have been provided on the ground floor, the latter being supplied with the most modern electrical appliances used in medicine and surgery, including a complete radiograph outfit. The third floor has been subdivided into elegant private rooms. Additional bath rooms and an elevator have been provided for the further convenience and accommodations of patients. The hospital is now modern, up to date, and strictly first class in every particular, thus insuring the best of care at a moderate expense.

The hospital is connected with Hering Medical College by a covered archway, so that patients can be taken to and from the college amphitheatre without inconvenience or exposure.

The sessions of the annual course in official surgery are held later this year than heretofore, in order that these extensive repairs and improvements might be completed before the class assembles.

**The Missouri Valley Homeopathic Association** will hold its next meeting at Omaha, October 16, 17 and 18, 1905. Extensive preparations are being made. A splendid medical and surgical program holds out the promise of a profitable and successful meeting, to which the president, Dr. Freeda M. Lankton, extends an earnest and cordial invitation.

**Dr. Rudolph F. Rabe** opens offices in the Fuller (Flat-iron) building, Broadway and 23rd streets, room 614, Sept. 1st. Hours from 10 a. m. to 1 p. m., except holidays and Sundays. This is a departure from the conventional meth-

ods of the profession in the eastern metropolis, and we trust it will prove a success as it does in Chicago.

The Hahnemann Hospital, Rochester, has received a generous gift of a piece of land adjoining the hospital, 322x95 feet, as a site for a new building. The hospital is doing splendid work. Applications for rooms are more numerous than accommodations will supply. Since last autumn the hospital has not seen a day when it has not been full, the outgoing patients being eagerly awaited by those desiring to enter. No more conclusive proof of its success could be furnished. The proposed addition will cost between \$15,000 and \$20,000, and is intended for a children's and maternity home. We trust the hospital officials will soon report the completion of the building.

Dr. Milton Rice, of Hilo, Hawaii, who has been making such a splendid record for Homeopathy in the cure of leprosy in the islands, has disposed of his practice and will return to Chicago. With every true homeopath the doctor sincerely regrets that the educational advantages for his family, which they are unable to obtain in the islands, renders his relinquishment of the work absolutely necessary,

Dr. Vere V. Hunt (Dunham, 1902) has been appointed local surgeon for the St. L. & S. F. R. R., at Bessie, Okl.

George Custis Birdsall announces the removal of his office to the Valois, 1330 Massachusetts avenue, N. W., Washington, D. C.

Dr. Thos. Hartley Winslow and Miss Yvonne Elna Flinch were married Wednesday, July 26, 1905, at Arroyo Grande, Cal. The MEDICAL ADVANCE and Dr. Winslow's classmates and colleagues extend hearty congratulations.

#### IN MEMORIAM.

Dr. Merritt E. Graham, consulting surgeon of the Hahnemann Hospital, Rochester, N. Y., and proprietor of the Graham Highland Sanatorium, died Aug. 3rd, aged 50 years. Dr. Graham was born in Italy, N. Y., September, 1855, educated at the Wesleyan Seminary, Lima, N. Y., from which he graduated in 1873, and took his degree of Doctor of Medicine at the University of Michigan with the

class of 1878, where one year later he married Miss Fannie Corden, of Ann Arbor. He began practice in Brockport, where he was elected sheriff of Monroe County, thereupon moving to Rochester. He was thrice elected coroner, and in 1899 declined the nomination.

More than three years ago Dr. Graham was infected on the thumb while performing a surgical operation which resulted in blood poisoning, from which he never recovered.

In April last he suffered a severe relapse which ended in jaundice lasting several weeks, and left him utterly prostrated. He fully realized that recovery was impossible, and met his end with fortitude. He leaves a son, Dr. C. T. Graham, who with one daughter and his widow survive him.

He was one of the best known physicians and surgeons of Rochester, had a large private practice and for years has been chief surgeon at the Hahnemannian Hospital. He has held many positions of professional trust, being president of the County Society and member of a large number of medical and fraternal organizations. Personally he was cordial and generous among both friends and patients, and never failed to inspire in the latter that confidence in his skill so essential to professional success of every physician and surgeon. He will be sadly missed in the hospital where he has labored so faithfully among his large clientele whom he served so well, and in his home where his vacant chair will be a sad reminder.

The American Institute has just completed another year's work, just ending one of the most harmonious and successful meetings in its history. There was, so far as we heard, nothing but praise for the Local Committee of Arrangements. Dr. J. P. Cobb and his associates successfully carried out the difficult task assigned the committee. There was abundant room for the various bureaus which were well attended; even the "exhibitors" had no cause for complaint.

Dr. Royal made a good presiding officer and the business meetings did business. Dr. W. E. Green of Little Rock is the president elect and Atlantic City the next place to meet.

## MR. POTTER E. COPE AND VACCINATION

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Editor Medical ADVANCE:--Numerous notices in the daily and weekly press announce that Mr. Potter F. Cope, of Philadelphia, has become convinced that "vaccination is the greatest crime of the age; that it is a more important question than was slavery, because it is deteriorating the whole human race."

Mr. Cope is described as a young man who has inherited a fortune from his father, and has determined to devote himself and as much of his fortune as may be needed to pull down a superstition, which Dr. Creighton described as "grotesque," and Dr. Levenson, of Brooklyn, describes as "criminal if not murderous."

The readers of the MEDICAL ADVANCE will readily appreciate how cordially Mr. Cope will be welcomed to the ranks of the intelligent philanthropist, and we may indicate to him the means whereby the great object he has in view may be advanced and more speedily accomplished.

It is generally well known that Dr. Levenson, of Brooklyn, has devoted the past twelve years to an unremitting study of vaccination, and has ready for the press a magnificent work on "Vaccination, its Pathology and Relation to Biology."

At a recent meeting of the International Hahnemannian Association in Chicago, Dr. Levenson exhibited his manuscript, and it was examined and favorably commented on by many physicians, among

them the Editor of the MEDICAL ADVANCE. Every physician who has examined the work has become almost enthusiastic as to its merits, and has expressed the opinion that it will be almost impossible for the superstition to survive such an exhaustive examination.

The large number of colored illustrations renders the printing of the work a costly one, but the chief difficulty in finding a publisher consists in publishers being unwilling to antagonize their patrons. And it must not be forgotten that numerous money interests are involved in the maintenance of vaccination and Serum Therapy both of which will be annihilated by this work of Dr. Leveson.

If Dr. Cope will devote a part of his fortune to the publication of Dr. Leveson's work, vaccination would not long survive this remarkable assault. A copy of the work should be placed in every public library in the United States, because, although strictly a scientific work, perhaps the most scientific ever written upon the subject, much of it can be understood by the lay reader, and it is even more important that the public should know the real nature of vaccination than for the profession to do so.

If the ADVANCE would receive the name of all who are willing to subscribe for this splendid work which it is intended to publish in five quarto volumes, four of text and one atlas of illustrations, at the price of \$25.00 per set, it would probably facilitate its publication. So, as soon as 1,000 copies are subscribed for, the publication of the work will be assured.

# THE MEDICAL ADVANCE

AND

## JOURNAL OF HOMEOPATHICS.

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### WHAT IS THERE LEFT OF HOMOEOPATHY.

BY C. M. BOGER, M. D.

Homeopathy in its literature contains so many articles which, by inference at least hold the law of similia to be insufficient that one begins to wonder in what direction its usefulness lies or whether it is not a great delusion after all. Now it is this disease, then it is that, in which numerous and often potent adjuvants are considered a necessity, or the remedy may even be relegated to a secondary place while some other powerful measure is directed against the main affection, and so on indefinitely until the logical conclusion that our method has only an incidental or entirely negative value, often forces itself upon the inquiring mind.

When the daily practice of a large percentage of so-called homeopaths is closely scrutinized such a conclusion seems entirely reasonable and may not be lightly turned aside. In the proportion that extra-homeopathic measures are resorted to is distrust of our system engendered. Those who are either incapable of following the true healing art or knowingly depart from the law while professing to obey it are cutting the ground from under, more rapidly than open foes possibly can; nor have the allopathic societies made a mistake in inviting them to fellowship. The Anglo Saxon sense of fair play gives justice when and where deserved, but also quickly detects those deceptions which can end in retrogression only.

It has long been evident that in many of our schools

true principles are either unknown or are sacrificed to the greed of numbers and power. Here as elsewhere it seems that reforms must of necessity spring from the masses, for the leaders are dead at the top; they write books which reflect but a faint shadow of the law or cover page after page with a ludicrous apologetic. Minds of this type naturally fall a prey to the fatuous pursuit of specifics which is leaving such a vast host of human wrecks in its wake. The lengths to which those who follow such-machine made methods are willing to go passes all comprehension. They see only the effects of to-day, to-morrow is nothing to them; every disease must be jugulated at whatever cost to the future welfare of the patient, for the life of the latter does and will hold too many exigencies which will enable them to either salve over a half awake conscience or escape the consequences of such rash procedures through the recuperative powers of nature, outraged though she be.

The most striking thing about all this is that the patients should desire to be cured by a professed homeopath after having been specifically medicated; then to fall into the hands of one who will go through the same performance under the guise of homeopathy is surely humiliating.

The ordinary homeopath is no match for the expert palliator who resorts to all kinds of expedients and suppressive measures; the latter daily grows more skilful in the use of the things which quickly ease suffering but at the same time render a cure correspondingly more difficult if not altogether impossible, for no affection is more intractable than one which has been distorted by all kinds of drugging.

I cannot forbear saying a few words here about the blighting influence of modern pathology upon medicinal therapy in general; a result of the fact that disease has heretofore been chiefly studied in its grosser or microscopic aspect, hence seen only as a ripened and fully grown product.

The cause underlying susceptibility and the incubatory periods of disease are but little understood, and where seemingly so, aside from prophylaxis, the investiga-



tions have added no dependable remedies to our store. I apprehend the cause of all this lies in the fact that the anamnesis of every disease harks back in a large measure to one of the three great fundamental miasms whose accumulated store of perverted vital force only awaits the touch of certain epidemic or other influences for its liberation, the resultant being a concrete disease form compounded of several elements whose relative intensity of manifestation or explosion seems to be a direct product of the distinctive power of the deflected vital force.

The law of similia shows how medicines turn these forces into their proper health producing channels and it will always remain the greatest aid in bringing about a cure. Nevertheless other ways of inciting a reaction along the right channels are open to us. In the more material sense they concern the establishment of an equilibrium through the removal of physical causes and impediments. Mentally a like process obtains and is needful; the first step involves the setting aside of all those volitional mental encumbrances which so seriously weigh upon the general health as well as retard the action of the needful remedy. Such self-imposed mental states are often due to an undeveloped soul life over-impressed, as it were, by its environment and offer a most fertile field for the employment of suggestive therapeutics and all those measures which energise by renews hope. It must, however, always be born in mind that such treatment, while necessary as an initial step, is powerless to remove those deep-seated dyscrasias whose advent is so insidious as to escape the casual observer's eye, and yet whose fruitage is death; here there is only one true curative resource, which lies in the most rigid adherence to the law and the most painstaking elucidation of the symptoms upon which the *similimum* is to be selected.

The species of Homeopathy which has emanated from our seats of learning has clearly shown itself incapable of dealing with the larger problems of today; its death-rate varies but a shade from the allopathic and does not begin to compare with that of the pioneers of our science. The

lameness of its practice has largely been responsible for the growth of faith cures. It has too often only succeeded in arousing a distrust of traditional methods without being able to replace them with anything appreciably better; hence many have inferred the utter uselessness of medicine.

A discussion of the ills from which we suffer without pointing out the remedy would be the most profitless of occupations. That we shall be able to convert any great number from among the self-sufficient young men with which the dominant school is filled, is most unlikely; their days of self-examination have not yet arrived, and until they do there is not much hope. After the years of discretion have taught them the fallaciousness of the largest part of their school instruction they are often overtaken by a deadening therapeutic nihilism which is doubtless of immeasurable benefit to their patients but more destructive to true progress or the art of medicine.

This association was born at a time when pathological deductions seemed about to engulf homeopathy, but through perseverance and a steadfast adherence to the vital truths left us by Hahnemann it is today a growing factor in the body politic of medicine. It has lived to see science crumble to dust the gratuitous pathological underpinning of homœopathy beneath the very feet of its advocates; a process that has made virtual eclectics of a large percentage of so-called homœopaths.

Such is the bitter fruit of a materialism at once gross, retrogressive and destructive. Its teachings have robbed us of much that is legitimately our just share of the fruit of modern research, it has unfitted homeopathy to grasp the unparalleled opportunities that have of late suddenly loomed up before her, and above all it is decadent.

Although subversive teachings have robbed us of a large part of our birthright and sadly reduced the members of those who would follow a natural healing method it is not for us to falter now when the truth is again on the ascendant and although we may not be numerous enough to do everything that should be done we will nevertheless be able to

accomplish much towards putting homeopathy into her rightful position before the public. To do this it will be necessary to educate, not only our young men who are studying medicine, in the true Hahnemannian method but also to enlighten the public on every possible occasion; it should be our especial care to point out the vast difference between true homeopathy and every other system and enforce our argument with visible demonstrations of its power.

Above all we should not make the mistake of thinking that the public can not grasp all the points which we wish to impress upon it, for the day is dawning when the power of the human understanding is to advance by leaps and bounds and the things which before have seemed hard and recondite will rapidly become easy. The awakened universal consciousness of a higher life receiving aid from sources until now lying almost unused, will lead to an intelligence, a mental development and a search after truth which will end in the golden age of life. How much each one of us will contribute toward this result lies with us individually; it depends upon how willing each is to lay hands upon means and put himself in communication with forces which will accomplish so much good in the world.

It is always a safe rule to do well what is put before us in order to prepare ourselves for the next advancement. Our present work is to educate in the truth as we understand it.

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### SECTION 9 OF THE ORGANON.

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BY J. E. HUFFMAN, M. D., San Francisco.

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“In the healthy condition of man, the spiritual vital force, the dynamis that animates the material body, 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.”

In this section, found in the 1833 edition, Hahnemann recognizes a fact that few of the medical men of today recognize, viz. that there is an immaterial man in the living body which controls all the life processes of the body and causes the differences between the living body and the cadaver. All tissues of the body are a result of the work done by the vital force. If the vital force is in freedom, is working in order, the result is health, as expressed by normal sensations and functions and healthy tissues. When the vital force is deranged then functions and sensations are disturbed and if order is not restored pathological tissue may result, thus making pathological tissue a result of disease rather than being disease itself.

The vital force is the builder of tissues and the kind of tissues built depends on the degree of order in which it does its work.

Health is a condition and is the result of orderly action of the life force.

Disease is a condition and is the result of disorderly action of the life force.

When does the vital force begin its sway over the body? It must begin as early as conception. Without a simple substance there is no growth of a material body. Without the life force there could be no development of the fetus. The life principle is in the acorn else there could be no growth of the oak. It exists in the oak from the first and all development is made under its supervision.

The origin of the vital force exists before conception. There is a life principle in the spermatozoon and one in the ovum or there could be no impregnation and in the union of these two forms is the vital force of the fetus, hence the resemblance to both parents although some of the resemblance to the mother might be accounted for by the intimate relation during pregnancy. If the life principle furnished by either the father or mother be defective then the vital force of the child will be defective. Traits and conditions are reflected through the vital force of the child. The black father reproduces his color in the offspring though the

mother be white. A father drunk at the time of conception may produce an imbecile child. The child may resemble a former husband but in such case the likeness must be due to the influence of the life force of the mother and through it on that of the child.

The fetus develops under the control of its life force, which in turn is under the supervision of the vital force of the mother. If the vital force of the mother is working in order that of the fetus will work in order, provided it was not defective in the beginning, and a healthy child will be produced having a perfect body. A mother's vital force in derangement at conception, if restored to order during pregnancy, will at least produce a greater degree of order in the fetal life force and if the disease is not too far advanced health will be restored also to the fetus.

In section 16 of the Organon, Hahnemann, still speaking of the vital force, mentions two ways in which it may be influenced.

First; by a dynamic cause, which deranges it, disturbs its equilibrium, thus producing disease.

Second; by a remedy, which is also a dynamic, that restores it to order. These two with the vital force are known as the three parallels of Hahnemann.

In both of these cases the current of the vital force is changed; in the first, it is turned away from the normal and in the second it is turned back toward the normal.

There is still another way in which it is affected. It is developed and sustained in its normal action and here too it is in a dynamic way. The vital force of the fetus has sufficient intelligence to develop the body by the aid of the maternal life force but as development advances its duties are more varied and complex.

During fetal development it has no voice in the choice of materials on which to build up the body nor in choosing its environments.

During infancy it is still very dependent upon others, yet in this stage the vital force is able to carry on all life

processes but has not yet developed to such an extent that the child can choose and provide its own food, that "the reason-gifted mind can freely employ this living, healthy instrument for the higher purposes of existence."

The internal and external man develop together. They are dependent upon each other, though the internal is first. It requires from twenty to thirty years to mature an individual and even beyond that period there must be an influx of the vital principle. This seems to be, in part at least, through the food supply. The food is composed of material for the building up of the body and of simple substance to develop and sustain the vital force.

From these facts three conclusions may be reached, viz:

That the popular belief, that previous to motion of the fetus, there is no life, therefore no crime to bring about its expulsion, is an error.

That the present day statement, that disease is not inherited, is also an error.

That in view of the fact that the life force is so many years maturing the body, it cannot be expected to restore order in a short time where the disorder has been steadily progressing for a number of years.

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## THE RELATION OF GENERALS AND PARTICULARS.

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BY JULIA C. LOOS, M. D., H. M., Harrisburg, Penn.

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It is often stated by physicians who claim to be homœopathic practitioners, but not as they say "very strict" or "high potency homepaths," that it requires more work or, as they may say, more brains to prescribe high potencies than to use low potencies and tinctures. Some declare that they get results with these latter and it is not worth while to give the extra study for the higher potencies.

There is something at the base of these statements, perhaps worth examination. Notice that they say "more trouble to *prescribe*," not more trouble to obtain good results,

from high potencies, and from strict adherence to the principles. It certainly does require work to be able to perceive the guiding symptoms and analyze the case, to become familiar with the materia medica and apply it, to gain good results.

Just here we make bold to assert that a keen recognition of the relation of generals and particulars, in symptoms of remedies and disease, makes the difference between the strict and the so called liberal homœopath. "Symptoms, symptoms," is our cry. Without symptoms we can know and do nothing; symptoms of drugs, symptoms of disease; the external manifestations of internal disorder. Symptoms spell the messages to the physician, but pages of symptoms are useless for him who knows not how to discriminate and read out the messages they bring. In the study of Homeopathy, in the acquaintance with both disease and drug action, the student will become discouraged and woefully tangled in the maze of symptoms whenever he loses hold of the clear discrimination of *generals* and *particulars* and their relations to each other.

In the proving and study of drugs it is not enough to note the physiological disturbance of various organs and tissue changes in particular parts. The change in the mental state, in the desires and aversions, in the reaction to temperature and weather conditions must be observed. The prover's reaction to external stimuli, (light, noise, touch, etc.), and the general selection of tissues in the manifestation of symptoms contribute to the full expression of a drug's action.

So in disease, these same features must be sought. Have we few or many symptoms, we have omitted that which expresses the patient, unless we elicit the changes in mental state, modalities of temperature, light, noise, motion, position, sleep, desires and aversions of all sorts and the character of discharges. In each patient and prover the individual is sensitive to environment and functional activities, in ways not explained by the local condition. These constitute the general. They express the patient. The

homeopathic physician, in selecting remedies, seeks to recognize the similarity between this sort of drug effects and effects of disorder, the result of the miasm affecting the patient. The disturbances in the various parts of the body, the local inflammation, membrane, abscess or rheumatic pain is secondary in this consideration. In a group of patients, the symptoms expressing the individual, i. e., the generals, may be quite different when the local expression, the particular symptoms, are the same.

There is continued demand for reproving of the materia medica with the opportunities of fuller investigation afforded by recent scientific developments. In this reproving the attention to this phase of symptomatology needs to be watched with jealous care, lest in the rush for effects that can be seen and manipulated in tissue alterations, these fine discriminations be ignored. Arsenicum, for instance, would be no more, but rather less, valuable as a remedy if we knew the form of bacteria that may be found in the inflamed or necrosed tissues, the actual amount of each kind of solids in the urine, the nature of the reaction of the blood, the chemical actions which produce the stools, if, at the same time the proving should ignore the rapid emaciation and weakness, the restlessness and anxiety, the coldness and peculiar thirst, the time of aggravation and the carrion-like odor, which so clearly distinguish it among all remedies.

The stress laid on generals and particulars and study necessary to prescribe closely, for each patient, seem folly and wasted time, to those who have attempted to practice Homœopathy by administering certain remedies for certain diseases, who habitually seek the best remedy for rheumatism, nasal catarrh, diphtheria, etc., to those who have favorite prescriptions for their patients with perhaps a second choice if the first one fails, to those accustomed to using tinctures and combination tablets because single potencies do not bring results for them. It is difficult for such to change their methods even when they are forced to acknowledge that there is a better way, which they recognize in the work of fellow physicians.



A surgeon of Syracuse, in a recent issue of the *New York and Philadelphia Medical Journal*, emphasizes the inadequate preparation of those surgeons who depend on brief post-graduate and text book instruction, after middle life, to fit them for surgical practice. He points out strongly that the fine touch and technique of surgical attainment cannot be absorbed by observation of operations and study of carefully written details; these come only from continued self training, hence "surgeons must be surgically trained as well as surgically taught" . . . as "the experienced surgeon thinks in terms of technique and each act is a step, as it were, to a logical conclusion, whereas the one untrained believes he has followed every step when he has not."

So, and even more so, is it with the student of medicine and disease. The TRAINING of the mind to the attitude of discrimination and freedom from prejudice is essential. The training to perceive from generals to particulars develops an attitude of mind which thinks, involuntarily, of the INDIVIDUAL who is sick and perceives that the disorder within is expressed in a general disturbance which may localize in various organs according to individual bias.

In the study of each patient, the past as well as the present state must be considered. As a basis for intelligent advice and treatment, there must be a clear understanding of the course that means curative action. The physician who ignores the relation of groups of symptoms developing from time to time in the same patient and denies any significance to the patient's condition, in the disappearance of pain and disorder in one part and development of disorder in another is not prepared to practice the healing art.

It is the faithful disciples of the royal princess, Doctrina Homeopathicorum, who accept the silver thread of truth she gives, using it as a guide to the paths, to be followed through all the maze of theories and palliatives; it is those who are prepared by hours of patient work and thought under her direction, who can successfully wield the weapon she provides, for the defense of health against disease. For such, the general symptoms, used to select the remedies and

determine the treatment to be adopted prove a mighty weapon which not only REDUCES the work of the physician in actual practice but reduces all the periods of suffering and disability of the patients treated.

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### WHAT KNOWLEDGE IS OF MOST WORTH TO THE HOMŒOPATHICIAN.

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BY STUART CLOSE, M. D., Brooklyn, N. Y.

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“When one has to do with an art the end of which is the saving of human life, any neglect to make oneself thoroughly master of it is a crime.”

With these words poured hot from the alembic of his mighty spirit, Hahnemann searches the inmost soul of every man who attentively reads them, and sets before his followers his ideal of the true physician. He brings every man before the bar of conscience and tries him by the standard of perfection. Nothing less than proved mastery of the principles and fidelity in the practice of his art will acquit him at that bar.

It is well that high standards should prevail, that high ideals should constantly be kept before the members of that profession which bears the heaviest of all responsibilities—the responsibility of human life.

To make oneself thoroughly master of the art of healing according to the Hahnemannian standard means something more than that one shall have graduated from a medical college and obtained his diploma. It means more than what passes current for success as evidenced by a large following of patients. It means the ability to grasp the essential and fundamental problems of medicine in a large way, to rightly interpret phenomena in the light of philosophic principles, to see below the surface of things. It means the ability to generalize correctly from intelligently observed data. It means the ability to individualize each case and select the appropriate line of treatment medicinal, surgical, hygienic and moral. It means the exercise of an en-

lightened and cultivated judgment. It means the poise, the balance, the judicial attitude of mind which comes only from culture and experience. It means in short, the possession not only of what is technically known as a medical education, but of a broad, liberal, general education as well.

This is clearly and fairly deducible from the life and writings of Hahnemann, but it would be none the less true if this were not the case.

The difference between the true Hahnemannian and the average homeopathic practitioner is simply the difference between the thoroughly educated man and the sciolist, between the artist and the dilettante, between the thorough worker and the dabbler. It is solely a matter of education. They are wide of the mark who think the designation of Hahnemannian stands merely for one who uses high potencies, gives a single remedy and abjures palliatives. It is true that these are among the distinguishing marks of the true follower of Hahnemann, but there is much more in the proposition than that. The name of Hahnemannian stands for culture, for keen insight and broad philosophic grasp of all medical problems, for painstaking, systematic, conscientious work, for correct technique, for courage, patience and fidelity to revealed truth, for devotion to the cause of suffering humanity, irrespective of selfish considerations. No man can read the life of Hahnemann aright and fail to see that he stood for all that is highest and best in education and life, and he who bears his name worthily must be actuated by like high ideals.

The true Hahnemannian is teachable, progressive, receptive of new truth. He is always a student, always drinking deep drafts at the fountain of learning. Hahnemann continued his studies and his varied interests to the very end of his long life. Not only did he study his cases as he prescribed for them, but he kept up his interest in other subjects. His home in Paris was filled with objects of art, beautiful paintings, statuary, books, showing that to the end he remained plastic, refined, sensitive to all ennobling influences.

Man is a many-sided being and must be nourished in all his parts. If he starves one side of his nature all others suffer. If the physician confines himself solely to technical medicine he soon becomes narrow, both in his perceptions and in his grasp of practical problems. He must keep in touch with life in its largest sense. This is true of any profession or vocation. Recognizing the need of a liberal education, we soon see how little is to be expected from the medical colleges and how much depends upon the man himself. With one or two exceptions there are no professional schools in America of university rank, and nothing less than the substantial equivalent of what is recognized as university qualifications will fulfill the requirements. The medical college can give only the technical training required as a foundation for professional work. It cannot give that broader culture which only comes from a liberal education, without which one is always hampered in putting his technical training to the highest practical uses.

It requires only a very cursory examination of the educational status to see that the qualifications for admission to medical schools in America are lamentably low. Here and there efforts are being made to insist upon some portion at least of a secondary education as a requisite for admission to these schools. But as a rule, admission to the practice of medicine is open to any one, however ignorant, who will serve a short term of apprenticeship. The result is that the profession is crowded with immature and often unworthy men, some of whom have chosen it as an easy way to social preferment and pecuniary profit, instead of being drawn into it by a genuine love for science and for humanity, while many of the remainder are sadly hampered by insufficient mental equipment. The great majority of the medical schools admit to their course immature students who have had little or no secondary school training, the sole qualification of many of them being that they possess the wherewithal to pay their matriculation, tuition and graduation fees.

This is a deplorable state of affairs. As far as the

schools are concerned, the larger they become, as President Butler of Columbia University has pointed out, the greater is their influence for evil. for their teaching is necessarily brought down to the level of the least trained intelligences among the heterogeneous body of students, and thus the whole profession suffers. The difficulty would be diminished, says President Butler, and perhaps removed, if all technical schools, (law, medicine, technology and the like) were put upon a true university basis by insisting upon a liberal education as a prerequisite for admission. Failing in this, or until this can be accomplished, it only remains for each individual who has the right spirit to map out and pursue for himself such a course of study, general and special, as will bring about substantially the same result. Happily, this is not beyond the power of any earnest seeker after the highest, as many have demonstrated.

Though the work thus done may be harder and at the time of attainment longer deferred, final success is none the less assured. Modern facilities for self-education in nearly every department of learning has been brought to a high state of efficiency, and are easily within reach of all. Libraries, museums, art galleries, correspondence schools, magazines, journals periodical literature of all kinds, club, associations and guilds are too numerous to mention.

The young physician just out of medical college, settled and waiting for practice, is assured of ample leisure, at least for self-improvement. If he has not money to buy all the books he needs, the public library is open to him. and upon its shelves, within its friendly alcoves, he may find ample provision for his needs. All the world's best thought is there, awaiting his assimilation. In the art galleries and museums he may cultivate the aesthetic side of his nature. The church and all its allied interests will nourish and foster his religious life. Friendly association with his older fellows in hospital, dispensary and medical society keeps him in touch with the technical side of his work. All he needs is the spirit and the will. The way is open and easy. No limits can be set to his attainment if he is but patient and faith-

ful, improving every opportunity, and for his encouragement he has the inspiring examples of hundreds of successful men who have traversed the same course before him, overcoming obstacles quite as great as he is likely to meet.

If a liberal education is to be demanded as a perquisite to entrance to any profession it would seem as if medicine should be that profession, for no other requires deeper insight, broader sympathy or firmer grasp of principles than true medicine. The highest success in medicine' and especially homœopathic medicine, comes to the man who best knows life and mind in all their phases; to the man who has so cultivated his own mind and developed his spirit as to bring him into sympathetic relation with all that is best and noblest in human nature as expressed in art, in literature and in science, as well as in medicine. Not until he has done this can he grasp in all their meanings the intricacies of the problems of life, health and disease which are daily presented to him. Insight and in the last analysis, spiritual insight, is the secret of success, and this comes only as the result of broad and liberal culture. The same faculty that enables a man to love and appreciate a beautiful painting, a masterpiece in literature or a symphony of Beethoven will enable him when technically trained to search out and grasp appreciatively and masterfully the pathological pictures that are presented to him in his daily work. This faculty comes from cultivation. It is developed by study and reflection. It is the object of education and the ideal of human attainment.

No better example of such attainment can be found than Hahnemann himself. A lifelong student, receiving "lessons in thinking" from his father at the age of five, entrusted with imparting the rudiments of Greek to his fellow pupils at twelve, master of ten languages at twenty-two, a chemist of national reputation, a geologist and botanist, author, translator and learned annotator of many scientific treatises, lover of art, literature and music, scientific original investigator, savant and philosopher, proclaimed by Jean Paul Richter "that double headed prodigy of learning and

philosophy," he stands as an embodiment of the highest human attainment. Where is the man today with whom to compare him? Is it any wonder that he was able to discover the healing principle in nature, formulate the only true system of medicine and perform miracles of healing? "Unto him that hath shall be given."

So in lesser degree might we take as further examples many of his associates and true followers down to the present time. The names of Bönninghausen, Hering, Lippe, Dunham, Wells, Allen, spring unbidden to the lips as worthy representatives of their great exemplar. All these were men of liberal education, of broad culture, of warm human sympathy, interested in many things besides medicine, but pre-eminently successful in medicine because of their wider interests which gave them insight and comprehension.

The truly successful physician, then, must be an educated man, in the widest sense of the term. He may be a product of school, college and university, or of his own unaided efforts at self education, as many have been, but he must be a liberally educated man.

In saying that, we premise that a liberal education is something more than the mere acquisition of learning, something more than mere instruction. It is a gradual adjustment to and assimilation of the spiritual possessions of the race. Education is life, and "life more abundantly." Education is all around development of soul and body. a "drawing out" of the latent powers and faculties of the mind. Education is character building. It is based on the recognition, as Horace Traubel says, that you are not a piece of a man, but a whole man. That you have no more business to neglect one element in the process of education than you have to neglect the total of education. That all of you belongs to yourself. Furthermore, education has reference to society as well as to the individual. You belong not only to yourself but to society, of which you are an integral part. The object of education is to establish that balance between society and the individual which preserves both in perfect

harmony. A liberal education carries us forward into the realm of the ideal.

We all have yearnings for something beyond our present possession. Every soul reaches out for more light, for enlargement of comprehension, for increase of power. We long for association, for sympathy, for understanding—to understand and be understood. What does this mean? It means the recognition of the ideal.

“Toward the full recognition and appreciation of the insight into the great works of the spirit,” says President Butler, “whether recorded in literature, in art, or in institutional life, higher education should bend all its energies.” It makes no difference whether the seeker is pursuing his aim through the conventional college and university course, or whether he is following the humbler course of the solitary student, battling with adversity. The ideal is the same, the yearning is the same, the ultimate means of satisfaction are the same. The difference is only in the method of attainment. “The ways of approach to this goal are as many as there are human interests, for they are all bound together in the bonds of a common origin and purpose. “One may as well approach it through the study of homœopathy as by any other way, for, as Butler says, “the study of philosophy itself, or the truly philosophic study of any department of knowledge—however remote its beginnings may seem to be—will accomplish this end.” If a man will make a philosophic study of homeopathy, with its scientific, literary, aesthetic, institutional and religious relations, he will find that, at the end, he has traversed the circle of human knowledge, and that in traversing the circle he has attained true culture, which Matthew Arnold has defined to be “the acquainting ourselves with the best that has been known and said in the world, and thus with the history of the human spirit.

After what has been said in a general way on the subject it is unnecessary to do more than briefly outline the main divisions of what constitutes a liberal education in the modern acceptance of the term, and then to touch briefly upon what more particularly constitutes the higher educa-



tion of the student of homeopathics. As to the first part we cannot do better than adopt President Butler's classification: "Every man, he says, is the heir of all the intellectual and spiritual possessions of the race. He comes into his inheritance through the process of education. This inheritance is fivefold—First, scientific, by which he is entitled to go out into nature, to learn to know, love and understand it, and armed with all the resources of modern scientific method and all the facts acquired by modern research, is enabled to conquer and subdue it to the needs of humanity. Science is classified knowledge. In this department, from the learning of the multiplication table to the acquirement of the necessary methods of scientific research and practice in his final choice of profession or vocation, he prepares himself for the practical work of the world. It is the means by which he comes into sense contact with life and the world about him. Second, his literary inheritance. Through this he comes into the vast stores of the accumulated thought of the world recorded in books, by which he enriches his mind and cultivates his imagination. The study of history, languages and philosophy make up a part of what constitutes this element of a liberal education. Closely allied to the literary is the aesthetic element, the third in our classification. We no longer think of one as cultivated who has no feeling for the sublime and the beautiful—who has no æsthetic sense. This is attained through the study and assimilation of poetry, music and fine arts. Fourth, through his institutional inheritance, man comes into immediate contact with the human race itself. By a line of studies touching upon the right of private property, the common law, the state, the church, the freedom and sphere of the press, education, civil and political economy, he arrives at the conception of our institutional life and duty which regards man as a unit, but still a part of a larger body; of liberty but under subordination to law, all co-operating to a common end. Fifth and last, the religious inheritance, the importance and significance of which no student of history can overrate. Through the progress of events has altered the relation of

religious influence in education, giving greater individual freedom, it remains and will continue to be, one of the chief human interests. As such it must receive due attention in the cultivation and enrichment of the human spirit."

From the foregoing consideration of the elements of a liberal general education we may easily form some conception of what one might term a liberal homeopathic education. Clearly there is something which differentiates the accomplished homœopathian from the average homœopathic physician, and this difference is something more than either native ability or fortuitous circumstances, as we are apt to think. Making all due allowance for the difference in mental caliber and native ability between a Hahnemann or a Hering and the bumptious, "liberal," alternating, crude drug and combination-tablet prescriber, there is still a wide margin to be accounted for. Many of us will find comfort in the reflection that there is such a margin and that there is plenty of room in this hospitable strip of territory for each of us to stake out a claim and erect our more or less commodious domicile; for if we cannot all aspire to become possessors of the baronial domain of a Hahnemann or a Hering, we may at least clear and cultivate a fertile "quarter section," and reap a bounteous harvest as a reward for our labor.

In this idea of cultivation lies the gist of the whole matter. The difference between the accomplished homœopathian and the "go as you please homeopath" is simply one of culture. The man who is content to go on treating the sick by the methods taught in some so-called homœopathic colleges, and much in vogue all about us, is simply a bad farmer, whose principal crop is weeds. If he is wise he will consider his diploma simply as a passport to larger and more fertile fields, to which he will proceed forthwith and continuously to cultivate.

The seeker after homeopathic culture will find obstacles in his course. One of the most serious difficulties lies in the fact that many of the choicest and most valuable gems of homeopathic literature are all but inaccessible to the majority. They are buried in books which are scarce

and out of print, in rare and almost forgotten journals, in pamphlets and untranslated foreign archives. With few exceptions they are privately owned. It is a standing reproach to the homœopathic school that it has so long suffered the works of many of its best men to remain scattered through its periodical literature, treasured only by the few who know of their existence, and who have been wise enough and fortunate enough to search them out and secure them. What nuggets of pure gold are contained in the old American Homeopathic Review, in the early volumes of the North American Journal of Homœopathy, the Philadelphia Homeopathic Journal, The American Journal of Homeopathic Materia Médica, The Medical Investigator, The American Homeopathic Observer, The Homeopathic Physician, The Medical Advance, The Organon, the first fifteen volumes of the Hahnemannian Monthly, and many others, to say nothing of the many volumes of early homœopathic books, published from 1836 to 1860, most of which are long out of print and scarce. Of inestimable value to the cause would it be if a classified collection of the most valuable articles which have appeared in periodicals were to be made, edited by competent hands and republished in permanent form as a Library of Homeopathic Classics. Many of the authors' names would be unknown to the present generation, but their works, when thus made accessible, would help to rear and adorn the great homeopathic temple of learning, and give the contemporary profession a new sense of the unity and dignity of the school.

Fortunate indeed are the men of today who possess all or any of these works in their original form, and appreciate them at their true worth. May they be moved to share them with their less fortunate brethren.

Thanks to the wisdom and foresight and generous spirit of two noble men of our school, these treasures are not entirely beyond the reach of any determined seeker. At least two great collections of homeopathic books, periodicals and pamphlets exist in the United States, both nearly complete. One of these is a monument to the life long

industry and devotion of the late Dr. Henry M. Smith of New York. The other results largely from the enthusiastic labors of Dr. T. L. Bradford of Philadelphia. The former was bequeathed by Dr. Smith to the New York Public Library, Astor-Tilden-Lenox Foundation, now building, where it will eventually be housed and placed within the reach of all students. The latter constitutes the library of Hahnemann Medical College of Philadelphia, under the fostering care of Dr. Bradford as librarian.

These great libraries, together with lesser private collections, often accessible through association with their owners, fellowship in private with living individual custodians and exponents of the "faith once delivered to the saints," and active loyal membership in the International Hahnemannian Association and its allied local societies, must for the present constitute the "University of Homœopathics" for all who desire the advantages of the best there is in Homeopathy. Attainment here means patience, determination, self-sacrifice, hard work. Annual pilgrimages to some or all of these shrines of homeopathic learning and tradition should be the aim of every man or woman in our ranks who aspire to that mastery of our noble art which Hahnemann sets forth as ideal.

To give some classified form and definiteness to the body of learning we have cursorily set forth, let me outline for you briefly the subjects which must form the course of study and training necessary to qualify the physician as an expert homœopathician, or therapeutic specialist, as I conceive it, and then leave it to you to judge, from your observation and experience, how much of such instruction is included in the standard course of the modern homeopathic college.

It is understood, of course, that the student has already received, or is in the process of receiving, instruction in the fundamental subjects of general medicine, anatomy, physiology, pathology, histology, chemistry, toxicology, pharmacology, the general principles of medicine, surgery, obstetrics, and materia medica — sufficient to enable him to con-

form to the existing standards of medical education and graduate. To this must be added:—

1. A special and systematic course of instruction (or study) in the philosophy and principles of Homœopathy, with Hahnemann's *Organon* as the basic text book, and the whole body of expository literature already referred to as supplementary material.

2. A special course of instruction (or study) in *materia medica*, which includes (a) pathogenetic symptomatology, including 1. definition and elucidation of symptoms, 2. direct and comparative study of provings; (b) clinical symptomatology, including 1. instruction in the art of observation, elicitation, analysis and classification of symptoms, 2. the art of making, using and keeping the different kinds of clinical records.

3. Special and definite instruction in the art of homœopathic prescribing, or how to accurately select the indicated remedy, including the use of repertories, charts and books of reference.

4. A course of special study of the theory and principles of the treatment of chronic diseases, which, in homeopathy, is an art in itself, and a legitimate specialty, with Hahnemann's *treatises on Chronic Diseases* as a basic text book.

5. A special course of study in psychology, general and medical, because, in Homeopathy, mental and psychic phenomena are of prime importance in both provings and cases.

6. A course in homœopathic pharmacology, the nature and modes of preparation and administration and effects of the various forms and potencies of homœopathic medicines.

Time will not permit a further elaboration of this great subject of a liberal homeopathic education, but enough has been said to indicate where the field lies, and give some idea of the spirit in which it should be entered upon. For the present the appeal must be to individuals in the hope that they may feel an incentive to advanced work, along the lines suggested. Some day, perhaps, we shall have a great central Homœopathic University, equipped with all the facilities in men, material and books for adequately teaching homœopathy in all its phases and relations, and for original research into some of the great unsolved problems which confront us.

## OBSERVATIONS REGARDING THE SELECTION OF THE POTENCY

BY DR. J. T. KENT

I must apologize to the association for not having written a paper, but I have been too tired and too ill to prepare one: I made the mistake of putting its preparation off too long, until when College closed, I had a little break-down and since I have not been able to write a paper. I will, however, make a verbal report.

The question of what is the best potency for a given case and the question of what is the potency that is best for habitual use is a broad subject. When I was a boy, I played with chickens' feet when they were being prepared for the family dinner and it was my first study in anatomy. I found that by pulling certain tendons or strings as I called them, that the corresponding toes would double up. Every one of the toes could be made to contract by pulling certain strings but it was a very clumsy motion compared with the natural orderly movements of the toes when they were on the chicken. This leads me to jump a long way, to say that I have been in the office of many homoeopathic physicians who have in their armamentarium nothing but tinctures, and I think that that is clumsier than pulling the strings to make the chicken's toes move.

I have been in other physicians' offices where nothing could be found but the C Ms. In my opinion, that too was a somewhat arbitrary selection; it showed a partiality for a certain potency that was too arbitrary and not sufficiently based upon judgment. There is a wonderful latitude between the tinctures and the C Ms and in my judgment the selection of the best potency is a matter of experience and observation and not as yet a matter of law. There is an almost endless field here for speculation and observation, ranging from the tinctures to the highest potencies, with the possibility of bringing out some useful rules for the guidance of others. The various potencies are all more or

less related to individuals and it is the individual that we should study. We might well begin with Hahnemann's statement that the 30 is low enough or strong enough to begin with. For many years I have found it strong enough to begin with. Individualization, in regard to potencies as in other branches of homœopathic work, furnishes us with an additional element of accuracy and success, enabling us to reach certain cases that we otherwise could not reach. Some patients are very sensitive to the highest potencies and are cured mildly and permanently by the use of the 200th or 1000th. There are other individuals who are torn to pieces by the use of the highest potencies. The indiscriminate use of any one potency is very likely to bring reproach upon our art. They all, from the 30th to the millionth, have their place, but no single potency is equal to the demands made upon it by the diseases of different individuals. Then the nature of the disease makes a difference; patients who have heart disease, or who are suffering from phthisis are apt to have their sufferings increased and the end hastened by the highest potencies; they do better under the 30th or 200th. Sometimes very sensitive patients will do well on a high potency if they have been prepared for it by the use of a lower one. I have frequently seen patients recover from their symptoms for a while under the 1000th and then the remedy would cease to act. A repetition of it would be followed by no effect. The 10,000th would then produce a very beneficial effect and make the cure permanent. Give the necessary doses at long intervals until the repetition brings no effect; then if you are sure that it is the simillimum give it in a higher potency until that ceases to act and finally the highest. In this way we can put a patient upon a series of potencies and keep up a prolonged curative action lasting for several years.

The prolonged action is sometimes necessary in very chronic deep-seated diseases. A few months would exhaust the action of a drug if only one potency was used. Any potency, no matter what it is, high or low, will cease to act after a time. That shows at once the usefulness of know-

ing about more than one single potency of a medicine. Hahnemann gave us an axiom in this respect; it was when the remedy ceases to act, give a single dose of sulphur to awaken the susceptibility. This would not be so often necessary if the potency was properly varied. It was also more necessary with the earlier practitioners of homœopathy because they had a limited number of medicines to handle compared to us. I have not used sulphur as an intercurrent for a long time because the indicated remedy will not so often cease to have a curative effect if the potency is properly varied. I have been told by many homœopathic physicians that they have used the 3rd, 6th or 12th, and obtained a fair result and then it ceased to act at all. Such prescribers have no range of potency and they fail to make a complete cure. Several times I have seen patients on repeated doses of the right remedy in a low potency make no improvement, simply because their susceptibility to that potency—not to that remedy by any means—had been exhausted. I have taken such patients and without changing the remedy but simply the potency got a curative result.

When a patient returns and upon examination you find the old symptoms still there although the patient says that he or she feels much better, that is not the time for repeating the dose. It is only a question of time when a cure will result. But when a patient returns and says that he is losing ground, then it is the remedy that has ceased to act, not the potency. Now you need to hunt up another remedy and not a change of potency. Remember that these things are not as yet matters of law but simply the results of some observation. I have always been interested in experiments and observations upon this question, and there is a great deal of work for all of us to do in this field.

Of course it is only the men who hew close to the line that can furnish observations of value. I am always willing and glad to listen to such a man's experience with the greatest interest. One of the important uses of a society like this is to bring out the experience and observation of rained men such as make up the bulk of its members.



**FAVORITE FALLACIES.**

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BY DR. E. A. TAYLOR.

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The medical profession seems beset with fallacies and the history of almost any doctor's professional career will show that at some time during his medical meandering he nourished and cherished a dangerous delusion, his favorite fallacy. To some this comes during the transition stage that marks the boundary between ignorance and wisdom, and the fallacy fades with the first flash of the light of truth, but with others the delusion that becomes their favorite fallacy, comes only after many years, when they are wearing the frosty crown of age's winter, and one might almost expect them to be free from error. If one seeks the motive for the promulgation and inculcation of these various fallacies, it will in most instances be found in an attempt to shorten and simplify the process by which we arrive at the correct selection of the remedy. With some, the favorite fallacy is that only the highest potencies are worthy of consideration forgetting or ignoring the fact that Hahnemann made most of his brilliant cures with the thirtieth and lower. Others again contend that the high potencies are delusions, and in so doing delude themselves keeping alive this their favorite fallacy. A musty mistake that has clung to us with great pertinacity is the notion that all the ills and evils resulting from crude drugs are to be dissipated by *nux vomica*. That this remedy should correspond to the multifarious effects of a pernicious pharmacy seems to be too preposterous to demand attention were it not for the fact that it is so frequently met with. Seeing the futility of this fallacy, some have devised another one to supercede and supplant it, namely, that all crude drugs that have ever been taken must be antidoted by the highest potency of the same drug, before a medicine can be selected according to the totality of symptoms. Some have advocated the classification and application of remedies according to the temperament of the patient, claiming that the distinction between remedies

having a similar pathogenesis is to be found in the person of the patient in the *normal* appearance not in the *morbid* perspective, not in the deviation from the normal, but in the established and permanent normal, not in the totality of symptoms, but in the complexus of health. For example, itric acid is said to be indicated in lean persons with dark complexion, black hair and eyes. At the same time Hering's *Materia Medica* tells us that it is followed well by calcarea carb, which is said to be indicated in those who are fat, fair and flabby. Hering tells us that these remedies follow each other well, hence we ask, did the patient change his temperament, or whence this incongruity. The explanation so far as Hering and the old masters are concerned, is found tersely expressed in the Guiding Symptoms under Bryonia where it says "Indicated in light complexions but more in dark". It is like saying that gall stones are found most often in women, so they are, twice as often, but that does not say that all women have gall stones, or that men never have them. In both cases the symptoms must decide. The pernicious platitude that "Sulphur frequently serves to arouse the reactive power of the system when carefully selected remedies have failed to produce a favorable effect" is a fallacy and should be stricken from the literature, and banished from the rostrum. It is the progenitor of that later and greater fallacy which says "When the best selected remedy fails to relieve or permanently improve" give the nosode that corresponds to the supposed diathesis. If you believe they are tubercular give tuberculinum, if syphilitic, syphilinum; if gonorrhoeal, medorrhinum, etc. Let us be done with this foul-smelling fallacy forever, and hereafter let us say when the best selected remedy fails select a better, remembering always that the totality of symptoms and the law of similars is to be our guide, and if we fail in selecting the right remedy, we must try again, but the trial must be in accordance with law, and not a pitiable panic ending in a wild stampede to sulphur or a nosode or to something supposed to relieve us of further responsibility when our first erroneous efforts fail. It is remarkable how many of our

authors, teachers and recognized authorities have placed the seal of their sanction on some fallacy: With some it has been in the form of a special analysis of a remedy as a prelude to the study of its symptomatology as given in one of our "Materia Medicas."

Another puts it forth in an attempted classification of remedies according to what nerve centers are primarily effected. Another, and one of the truly great and good men of our school, but who enunciated the fatal doctrine of "liberty of opinion and action," in other words, medical anarchy also started the fallacy that "in the case of sulphur has been made the first and only successful generalization in the way of indication for treatment based on pathological anatomy." Think of treatment based on pathological anatomy; what a fallacy! Turn the pages of another volume, one of the standard works containing a great number of splendid lectures on Materia Medica and under kali hydr. you find the statement "he who would prescribe by the symptoms alone in this case must fail." He is contrasting a belladonna and a kali hydr. case of pneumonia and insists that the pathology of the case is an important item in selecting the remedy. The author says "Until you have proved that belladonna has produced such a condition, you can not expect it to do any good." Could there be a greater fallacy? One authority of international reputation is fond of speaking of remedies according to disease states to which they may correspond. For example, a remedy is useful in old "gouty" or "rheumatic" patients, etc. True, he minimizes the damage by emphasizing the statement that the symptoms must agree. But if the symptoms are there, the remedy will be indicated, whether the patient is gouty or not. The danger is that one will remember the gouty, rheumatic part of it, which is of no importance, and forget the more difficult to remember but all-important symptoms. A favorite fallacy with some is that the totality of symptoms will not suffice unless you recognize the miasm present and apply your remedy accordingly. What possible difference can it make whether the condition present is syphilitic, sycotic

or psoric so long as the symptoms agree. Another favorite fallacy with some is the attempt to give the significance of symptoms, to explain what particular structure or function is deranged. Some attempt to trace all of the symptoms to certain supposed phrenological centers in the brain, while others attribute them to physiological perversions of the various organic functions. Hahnemann says in a foot-note to paragraph 10 of the Organon "In what manner the vital principle produces morbid indications in the system, that is *how* it produces disease, is to the physician a useless question."

I have endeavored to briefly refer to some of the favorite fallacies of the Hahnemannians. No attempt has been made to detail the endless chain of delusions that has emanated from the old school, or the transcendental sophistries of the mongrel homœopaths. It is enough for us to see and correct the error of our own way, and to that end, I suggest that we read again and again paragraph 18 of the Organon, which says "There can be *no other indication* whatever, than the *ensemble* of symptoms in each individual case to guide us in the choice of the remedy.

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### SOME VERIFICATIONS AND OBSERVATIONS.

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BY RUDOLPH F. RABE, M. D., Weehawken, N. Y.

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CASE I: *Pulsatilla*:—A short time ago Mrs R.—, nursing a six month's old infant, from exposure to dampness and changeable weather was taken with severe drawing and tearing pains in the back, thighs, knees and legs.

The pains were regularly < toward evening and at night and from rest, compelling constant shifting about for relief.

They were almost entirely > in the morning and forenoon, decidedly > by walking about and by heat applied locally.

A hot-water bath was very agreeable. There was no

stiffness. *Rhus tox.* 1000, one dose, was at first thoughtlessly given and did not >.

After three days, without any relief whatever, one dose of *Pulsatilla* 10m (Skinner) was given. Almost immediately the mammary secretion dwindled to almost nothing necessitating the use of a modified percentage formula to satisfy the needs of the infant. Within forty-eight hours an improvement in the rheumatic pains began followed shortly by entire relief, and a marked improvement in the mental state, which hitherto had been for some time depressed and irritable. The mammary secretion now began to improve and is at the present time, eleven days after the dose of *Pulsatilla*, about normal again.

CASE II. *Colocynth*: Miss A. T. had, during the recent hot weather partaken too freely of ice cold well-water. She was seized with cramps and diarrhea. I saw her two days later on her return from the country. Her symptoms now were.

Gripping pains, paroxysmal in character, compelling her to bend forward and sit down, located in the umbilical region and decidedly > from firm pressure and by warmth of a hot-water bag.

There was now no diarrhea, but she had passed one small dry stool with the help of enema, thinking that this might relieve her pains. *Colocynthis* 900 (Fincke) one dose, was given with immediate and lasting relief.

CASE III. *Mercurus Sol.*—Mrs. G. B. presented the following:

Neuralgic pains of head and face < on right side, at night and from warmth of bed.

Had to get up and walk about.

Pains shooting, from teeth of upper jaw to and about the right ear.

Glands on right side of neck swollen.

Sticky profuse sweat at night.

Much saliva in the month, bad taste, tongue slightly coated white, somewhat flabby and but slightly indented at the edges, which were red.

Teeth on the right side were sore and felt loose.

Had had several slimy, somewhat blood-streaked stools with some tenesmus. *Mercùrius sol.* 1000, one dose, was given with immediate relief to the neuralgic pains and more gradual relief to the diarrhea.

CASE IV. *Lycopodium*.—E. M. R., age five years, presented a simple coryza with loose rattling tracheal cough < from any hurried inspiration as in laughing or talking.

Complained of pain under sternum during cough.

Cough also at irregular intervals during the night, without waking.

Prescribing for the cough, *Rumex* 200, one dose was given, without the slightest relief.

I then prescribed for the child and taking the generals of the case into consideration, without any special attention to the particulars, I found the following.

Cross and peevish on waking in the morning.

Little appetite and is quickly satisfied after a few mouthfuls.

Sudden pain in right ear, undoubtedly the eustachian tube had been affected by the catarrhal process.

Always complaining of being too warm, craves the cool open air and seems > outside.

Occasionally passes red sand (uric acid gravel and common variety of uric acid) in the urine.

Here then was the sick child herself, regardless of her cough. *Lycopodium* 1000, one dose, was given with general > and almost instantaneous relief of the cough. *Verdum sap!* The child is my own.

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**Pulsatilla**.—Unquiet look, lips bluish-red; weak memory; pangs of conscience about religion and the female sex. Violent palpitation when in the presence of a woman, abhors and hates the whole sex; has to go out of their way for fear of injuring them; he looks upon them as evil beings and is afraid; considers their presence injurious to *his soul*. Respiration short and difficult; painful pressure in the chest: *Malais*.

**CIRCUMCISION.**

BY JOHN HUTCHINSON, M. D., New York.

I wish to discuss this subject from the standpoint of the physician. The treatment is of course surgical, but the demand for it comes first to the attention of the physician and not to that of the surgeon.

The physician is asked to prescribe so frequently for male patients whose symptoms emphasize their reflex origin, that he must in order to make a diagnosis that will satisfy himself as well as his patient make that diagnosis by exclusion.

It has been found that a long prepuce gives rise to many disorders which simulate closely distinct entities of disease. Hip-joint disease is a familiar illustration. From chorea down through nervous manifestations innumerable many classes of disorders are referred to abnormal condition of the penis.

Phimosis, paraphimosis, and the other well known conditions that are universally recognized as demanding treatment I will not consider here. My argument is in respect to the excess of prepuce which maintains at all times complete covering for the glans. I believe that this is unfortunate and inimical to the best health of the male.

Circumcision so definitely fixed in our minds as belonging to the Jew was really practiced by other peoples much earlier than by the Jews. Its advantages are certainly obvious in the consideration of personal hygiene, but doubtless beyond that, and also distinct from religious significance, removal of a portion of the prepuce served a broader practical purpose.

It has often been said that the structure would not have been placed there if it were not to remain. This sounds like common sense, but our habits of civilization have changed the utility of primitive requirements. The prepuce is not needed for protection, since that is amply supplied by clothing.

The nerve distribution to the glans renders this structure one of great sensitivity. This is equally true of the preputial lining, which is imperfect mucous membrane, but exquisitely tender. Such state is not desirable as regards the tactile phase. It is much better that the exposed glans should tolerate contact or friction with clothing. In young boys this is an important item. Many a clean-minded boy has learned and practiced masturbation because of local heat, tenderness and consequent irritation, prompting unconscious handling of the genitals.

This matter is of great importance. Personally I conclude that our profession gives far too little straightforward advice on any subject related to the sexual economy. Sexual health should be treated with as much frankness in advising our patients as possible. The duty is vital and imperative.

I have followed some fifty cases of circumcision that I have operated myself and not one of these patients has, as far as I can learn, any regret for the lost portion of his anatomy.

In respect to several middle-aged men who should have been properly circumcized in boyhood, I recall with much gratification their assurances of appreciation.

The larger number of these cases is of an age averaging twenty years. I do not advise circumcision of infants unless there be immediate occasion for it. If there is a likelihood that the prepuce will retract in reasonable time, so as to leave the glans partially exposed, no operation is indicated.

The most common and persistent indication for the procedure in the case of the adult has been a general hyperesthetic or nondescript nervous condition, often affecting the function of digestion, and consequently that of assimilation. Very many phases of such a manifestation have been directly traceable to an elongated foreskin, the removal of which has relieved the more remote disturbances. From my observation it seems plausible that a very great variety of unnatural conditions may arise from this one source.



I will not detail my technique, but, with your permission, refer to what I consider are some of the cardinal points to be noted and results to be secured.

Cocaine anesthesia may be employed for the adult case with absolute success, eliminating pain during the operation. In a few cases the post-operative smarting and aching may be pronounced, but a dose of Staphisagria high at the close of the operation and another later, if required will relieve.

Before beginning to operate sufficient time should be taken to determine the line of incision in the individual case. There is an enormous difference in the form and contractility of preputial tissue, and the aim should be to remove as little as will permit the attainment of the object in view.

I make use of a clamp, antero-posteriorly, but remove as small a portion of the prepuce as will give the desired result. The mucous membrane incision over the dorsum should reach not nearer than one-quarter inch from the cervix. One-half inch is better. The integument dorsal incision should be slightly less. All incisions should favor perfect apposition at the line of coaptation of skin and its lining.

Dressings may be so arranged as to require little change until their final removal. It is entirely easy to secure primary healing, though the dressings are not retained perfectly.

To be remembered then are the following:

1. Aim for exposure of the glans to permit clothing contact as of any other portion of the body surface.
2. To this end removal of as little tissue as demanded, especially retention of the maximum portion of mucus membrane that functional power be unabridged.
3. The excision and repair of tissue to favor normal attitude of the organ at all times.
4. The line of union of skin and mucous membrane to be perfect.

If a result be inadequate, that is a failure to secure sufficient opening to permit protrusion of the glans, your

supplementary operation will probably consist of an extension of the dorsal incision, slightly, and a suture or two to secure the proper union.

The new subpreputial cavity will now consist of the sulcus posterior to the corona glandis (cervix) and from the changed relation of the parts, both the preputial mucous membrane, most of which is retained, and that of the glans penis will soon become hardened as to their tactile sense, while their sexual integrity is conserved. This improvement alone will help a boy to break off his bad habits. If he have none to overcome so much the better, he will be the gainer in other ways.

The physician who aspires also to be an homeopathist meets astonishing cases that have gone the rounds of the profession. Here is one: An unmarried man, of splendid physique, presents himself as a nervous patient. His habits are good, but he complains of intense nervousness, abnormal sensations, mental discomfort without cause, though really looking the picture of health and giving that impression to his very large acquaintance, says he cannot remember when he was not "nervous" in the extreme. Physical examination discloses his only blemish to be a redundant prepuce. Its removal is but the removal of the cause of all the trouble. Symptoms there were galore, but why prescribe for them until the known cause is banished.

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### THE ALBUMINURIA OF PREGNANCY.

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BY FRANK A. GUSTAFSON, M. D. Rockford, Ill.

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This paper is not prepared for the purpose of telling you how much I do or do not know of the Albuminuria of pregnancy; or for the purpose of imparting any new theories concerning its causation, or pathology, or treatment. It is one of the most grave of pathological conditions of the pregnant state and in the hands of so-called "Regulars" well nigh intractable, and even many so-called homeopathic prescribers find it a condition that is met with difficulty. Hence

the importance of fully comprehending its nature and causes and means of treatment. I, personally, have had but little experience with the disorder, having seen but one case in twelve years and that only at its termination in eclampsia, recovering under pathogenetic doses of Strychnia, and I believe that this was my first experience with the homoeopathic remedy, although I knew it not for many years afterward.

In consultation with Dr. Houghton as to the most profitable subject for a paper he replied as follows: "Personally, I would enjoy hearing a paper on the albuminuria of pregnancy and the discussion such a paper would arouse." And it is in anticipation of arousing this discussion that the paper has been prepared. Therefore, it is in hopes that we may be taught rather than that we may teach that the paper is offered.

According to various authorities albuminuria occurs in from three to ten per cent of all pregnancies; more frequently in first than in later pregnancies, and more frequently during the later than the earlier months. Litzmann claims it to be the rule in twin pregnancies while Pettit found that in 20 per cent of pregnancies complicated by albuminuria the child was above the average weight.

Its cause or causes are not always clearly to be perceived. We have to bear in mind this fact, that in itself albuminuria is not a disease, it is but one of the symptoms of either an acute or chronic nephritis which may have existed entirely apart from the pregnancy, the pregnancy being incidental or accidental to the acute or chronic condition. Hence, such cases as may contribute to an acute nephritis in a non-pregnant woman may contribute to an acute nephritis in a pregnant woman. Again, a woman suffering from a chronic nephritis with its consequent albuminuria may become pregnant. Again, the renal disorder may be occasioned by, and in many instances probably is occasioned by, increased inter-vascular pressure, the greater amount of work required of the kidneys by the pregnant state, pressure of the gravid uterus upon renal

veins or upon the ureters, or even from reflex irritations which affect the secretion and circulation of the kidneys. Mitchell cites as causes, profound blood changes, increased excretion and heart pressure, and presence of toxins in the blood, liver and muscles associated with renal insufficiency and inefficiency.

According to Lusk there are three classes of cases met with. First, those of a transitory nature, occurring during the later months of pregnancy and disappearing entirely after labor, and frequently terminating in eclampsia. Second, those beginning early in the pregnancy resembling in the earlier stages an acute and in the later stages a chronic nephritis, and frequently terminating in changes in the placenta and death of the foetus. Third, the aggravation of an already existing chronic nephritis, either interstitial or parenchymatous, through reflex contraction of the arterioles of the kidney producing anemia of the parts affected, and frequently complicated by changes in the retina and nasal or cerebral hemorrhages.

Whatever these causes may be, clinical experience seems to have demonstrated that Albuminuria in pregnancy, while it may be at all times considered a grave symptom, does not necessarily portend serious results. The principle danger is in eclampsia, although many marked cases of albuminuria in pregnancy escape it entirely. Nor does it follow that all cases of eclampsia are due to presence of renal disturbances, many cases giving no post-mortem evidence of such renal disorder. In fact Arvard claims that but one case in thirty-five of albuminuria terminated in eclampsia. Among other dangers claimed are premature detachment of the placenta, abortion, premature labor and post-partum hemorrhage, but it is quite doubtful if these things can be traced directly to the nephritic disturbance. It appears to be more likely that the same causes which contribute to the nephritis contribute to other complications and that the true cause is to be found in a deep psoric or constitutional disturbance of the patient herself. Pregnancy is a normal state. It is the crowning glory of the woman and if she be in perfect health the preg-

nancy will proceed normally from first to last and there should be no complications of any sort save as they may be due to trauma. This theory of causation is further borne out by the fact that women presenting symptoms of renal disorder in one pregnancy are quite likely to present similar symptoms in subsequent pregnancies. And further, those whose family history is of a neurotic type seem to be much more susceptible to disorders of this character. "Instances have been observed in three successive generations in which the albuminuria, morbid affection of the kidney, almost total suppression of the urine and general dropsy were the unavoidable attendants of every pregnancy."

When a pregnant woman begins to manifest disorders of digestion, puffiness and paleness of the face, gradually increasing feebleness and lassitude with indisposition to the usual exercise, headaches, defective vision, puffiness, swelling or edema of the hands and feet, it is well to direct the attention to the condition of the kidneys and the urine, examinations of which should be frequently made throughout the pregnancy for the reason that the albumin may disappear entirely only to re-appear even in greater volume. The urine resembles that of chronic diffuse nephritis. There is scanty urine, albumin present at first in small quantities, with acute exacerbations in which the urine becomes scanty, dark, and albuminous to a high degree. The advent of persistent headaches, either frontal or temporal, either severe or mere persistent dullness and heaviness, epigastric distress and disturbances of vision in a pregnant woman should always rouse suspicion and especially if these have associated with them pallor of the face, swelling of the feet or changes in the quantity and quality of the urine excreted. The early recognition of the condition and its prompt treatment by means of remedies judiciously administered, together with a diet that takes into consideration the overtaxed condition of the kidneys, will do much to negate and correct abnormal conditions later. In fact it is the experience of many of our best prescribers that when the proper constitutional treatment is inaugurated and carried out the

whole condition is quite frequently cleared up and the pregnancy terminated normally.

I have but a word as to the treatment. I believe thoroughly in a proper diet. The testimony of experience does certainly seem to confirm the idea that in nephritic conditions of this nature the milk diet tends to obviate the danger of eclampsia and aids much in alleviating many grave symptoms. The diet should be sufficient to meet all the demands of the economy and yet be of such a nature that it relieves the kidneys of all unnecessary labor. Milk, buttermilk, fish, fruits, vegetables, etc. should be encouraged. While heavy meats, peas, beans, eggs, etc. should be eliminated from the lists. It is exceedingly doubtful if the heavy sweatings, hot packs, and baths so highly recommended by the dominant school do any real good. On the other hand they may do great harm through suppression here as in other pathological conditions.

As to the medical treatment the same rule must apply here as in other cases. The treatment must necessarily be governed by the peculiarities and characteristics of the patient. No prescribed treatment to meet all cases can be laid down. The totality of the symptoms as revealed in the examination of the patient must here as in other conditions furnish the basis for the prescription. And more frequently than not it will be found that the remedy which best covers the whole patient, even though it seems to fail to be markedly characterized by the local symptoms in the kidneys and urine, will be of greater benefit and more permanent in its action than the remedies which though strongly characterized in the local symptoms do not meet the patient herself. We must insist upon it that albuminuria in pregnancy is no more a disease because it occurs in pregnancy than when it occurs aside from the pregnancy and there is no more reason to treat [it differently then at other times. At any rate it is the patient that the physician is to treat, not the disease alone and there is no more call for deserting the principle that the totality of symptoms is the basis for the prescription at this time than at any other time. The totality

of symptoms as the basis of the prescription must be true all the time else it is open to question whether it is true any of the time,

In view of these facts it becomes exceedingly difficult to lay down suggestions which have practical value in the treatment. No two women are the same, no two cases of albuminuria present precisely similar symptoms, they are somewhat similar, yet, wholly dissimilar and to deal with other than probabilities in suggesting remedial agents is impossible. In order to wisely and judiciously prescribe for these cases it is necessary to have the entire materia medica well in hand. For many times remedies which heretofore have received but scant recognition because of unknown or unrecognized influence upon the renal functions have, when administered according to the needs of the patient manifested by the general rather than the particular symptoms of the case, sufficed to clear up the disorder promptly and permanently. This fact must not be lost sight of. Nevertheless there are a class of remedies which are known to possess profound influence upon such abnormal local conditions which cover general states as well. But these are of value only as the prescriber is not blinded by their magnitude to the exclusion of other and apparently lesser symptoms of the case which may be more truly characteristic and guiding.

Of these remedies Mercurius corr., Phosphorus, Apis, Arsenicum, China, Colchicum, Helonias, and Terebinthina are more frequently indicated.

Among symptoms which may call for Mercuris corr. will be found scanty, thick, brown, bloody urine, with brick-dust sediment; suppression; urine hot, passed in drops, with great pain, and tenesmus, containing casts and epithelial cells; intense burning in the urethra, face pale, swollen; salivation; tongue feels as if scalded; pulse uneven, irregular; great dyspnea; sleepy during the day, cannot sleep during the night. The appearance of the urine and the tenesmus are guiding in many cases.

Phosphorus is called for when there are frequent, sudden

attacks of syncope, she lies as if dead; empty feeling in the abdomen; oversensitive to sounds, noises, odors; sensation as of heat steaming up the back; bloating about the eyes, eyes hollow, surrounded by dark, blue rings; desire for cold food and drinks; cold drinks retained until they become warm, then ejected; sight of water causes vomiting, must keep the eyes closed while bathing because of the nausea; Urine whitish, flocculent, iridescent, containing epithelium, fatty and waxy casts.

Apis will be found especially useful when there is extensive general edema, suppression of urine, and thirstlessness. The urine is frequent, scanty, bloody, painful, resembling that of Mercuris corr., but there is more marked edema of the face and extremities. The face is pale, waxy, shining, especially are the lower eyelids puffy. There is much aching in the loins, red pimples or an erysipelatous rash upon the extremities, marked dyspnea.

Attention will be directed to Arsenicum by the following symptoms: marked anemia; general and local dropsy; intense thirst; great prostration and anxiety; excessive exhaustion from the least exertion; heart beat too strong, and audible to the patient herself; attacks of suffocation recurring frequently, especially during the night and while lying down; exhausting diarrheas; skin pale, waxy, of an earthy hue, cold and clammy, edematous, blisters forming upon the legs which burst and ooze serum. Urine dark, turbid, bloody, scanty, frequent burning and tenesmus, casts abundant.

China presents a picture of great debility, pallor of the face; sunken, hollow eyes; blueness about the eyes; intense thirst; chilliness; hunger yet inability to eat; flatulence; severe throbbing headaches with flushed face; urine turbid, scanty. According to Thayer it is closely allied to Arsenicum.

With Colchicum there is dark, bloody, scanty urine black as ink; or scanty in drops with white sediment; general dropsy, copious salivation and urination associated with scanty stools and tenesmus, or vice versa; smell of food



cooking nauseates; nausea upon the least motion, must lie perfectly still; icy coldness in the stomach and abdomen.

With a clear, profuse, light-colored urine Helonias comes into consideration, especially if there is also great languor, weakness, drowsiness, melancholia, pale earthy face, sense of weakness and weight in the region of the kidneys, and symptoms of impending convulsions.

Terebinthina will also be found frequently indicated. Among symptoms which may guide to the remedy are urine rich in albumin but with comparatively few casts, urine dark, smoky, scanty, with coffee-ground sediment, and having the odor of violets; dull burning pains in the region of the kidneys extending to the bladder; tongue dry, glossy, smooth; profound depression and weakness; marked dyspnea; tendency to stupor; especially is it indicated in the early stages before casts appear in great quantities.

Other remedies likely to be called for by the symptoms are Hellebore, Hepar, Berberis, Antimony tart., Nitric ac., Kali c., Lachesis, Plumbum, and Digitalis.

For the Amaurosis the following may be called for, Apis, Arsenicum, Colchicum, Mercuris, Plumbum, Hepar and Gelsemium. Should eclampsia supervene such remedies as Belladonna, Cicuta, Cuprum, Gelsemium, Hyoscyamus, Ignatia, Lachesis, Opium, Stramonium, and Zincum may be called for.

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### SELECTIONS FROM LETTERS OF THE LATE DR. SAMUEL SWAN, OF NEW YORK.

Editor Medical Advance:—For a number of years I was in correspondence with the late Dr. Swan, and this continued until one month of his death. While I was not always at one with him in many of his ideas, his honesty of purpose always commanded my admiration and respect.

Though ridiculed by many who could not understand him, through it all he remained true to himself and the cause he advocated.

That an idea of this man may be formed, the following

extracts from his letters are offered, and I think they will go to show more than any comment just where he stood.

Sincerely yours,

116 W. Walnut Lane,  
Germantown, Phila. 9-18-05.

Geo. M. Clark.

"We must follow in Christ's footsteps; doing good to all; lifting up those who have fallen, giving food, clothing and sympathy to all as we have opportunity."

"You can have all you wish for nothing. I have not got over the habit of giving."

"I don't think it will be a happy day (on this earth) when we can write to please all. We should sink into 'innocuous desuetude' if all thought alike."

"They say, wait until it is proved, but never lift a finger toward doing it themselves. It is a disgrace to our school."

"I am in favor of proving remedies, but not in favor of not using them till they have been proved."

"I shall never enter into controversy again, when I have discovered a therapeutic truth, and verified the same to my satisfaction, I shall simply state it, and let others do the quarreling,"

"I prefer to have the cures of other physicians published instead of my own."

A physician writes to Dr. Swan: "I have been pleased with the effects of these remedies (the nosodes) in diphtheria. I have not lost a case since using them."

"The old school hears of a new mode of cure, a new remedy, and rushes in crowds to Europe to obtain it. Who ever heard of a homeopath crossing a street to inquire about a specific remedy?"

"I do not wish to convert people to my way of thinking who do not wish to be converted. Neither do I think my ideas the ultima thule of all knowledge, but I do think they are far ahead of general ideas, and that they will come up to them, and not I go back." [Prophetic of the use by the allopaths of the various morbose products of today].

"Physicians who use high potencies should not be scared at an aggravation. It is to be expected if the rem-

edy be well selected; if it is not it will not cause an aggravation. Aggravations are always caused by similars."

"In acute cases with the D. M. I have often seen relief inside of ten minutes. When there is improvement I wait as long as it continues, and when it ceases I look the patient carefully over to see whether the same or some other remedy is indicated."

"There is one thing I did not know: In a case where there has been long allopathic treatment it is not necessary to wait till the drug effects are eradicated before commencing treatment. Give the remedy indicated by the totality of the present symptoms in the highest potency. It will dominate all other drugs."

[It is from the symptom totality alone that we learn the antidotal value of our remedies. And the remedy is the antidote which has the symptoms of the patient whether it be Nux, Opium, Sulphur or one never before used or even thought of. ED.]

"We have to cure the symptoms arising from the drugs that have been given as well as the symptoms of disease. Unless physicians are acquainted with the high potencies they will not accept nor realize this, and they begin with the usual remedy, Nux."

"Your practice has sound sense as a basis." [Dr. Swan knew this practice to be rigidly Hahnemannian] "I want to know [75 years old and yet he wanted to know!] where you find these symptoms, particularly the one you say is under Verat: 'cannot bear the human voice because it affects her head.'"

"— they will find a parallel in the New Testament, where Christ said: 'The publicans and the harlots shall go into the Kingdom of God before you'. So the allopaths and eclectics shall become the homeopaths, while those who now turn up their noses and reject the truth, without investigation, shall be left behind."

"I did not make these investigations to make money, but because I found a truth. I proved it to be a truth by many cases as good as any reported, and I told it for the benefit of humanity."

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AND

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OCTOBER, 1905.

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## Editorial

### THE LOCAL TREATMENT OF INFECTED WOUNDS.

After years of careful observation Hahnemann asserts, most positively, in his *Chronic Diseases*, that all affections, especially chronic, get well from within outwards; that constitutional ailments must all be cured, if the cure be permanent, by the internal, constitutional, dynamic remedy, the remedy that is similar to the symptom totality of the condition presented; that all other forms of treatment if successful result in recovery, but not a cure. This is true of all affections of the skin, ulcers, cancers, venereal affections, and last but not least, septic infections from surgical operations. In our experience this rule of Hahnemann is as true in practice as the law of similars. It has been verified

in hundreds of cases, is one of the fundamental corollaries of the system of Hahnemann, and it will bear investigation in the future as it has done in the past.

Some noted examples of conversion to Homeopathy have occurred through the success of this practice. Both Hering and Dunham had been condemned by their allopathic colleagues to the surgeon for effects of septic infection which threatened their lives; both were saved by the similar remedy, and both became earnest and ardent advocates of the truth of the system in consequence.

The medical profession of both schools has recently lost some of its ablest members from septic infection received from the patient during an operation. Dr. Henderson, of the Lakeside Hospital, died two years ago from septic infection received during an operation, although he was treated by some of the ablest members of the profession, both medical and surgical, in Chicago. We thought then and we think now, his life might have been saved as was Durham's and Hering's by the proper constitutional homeopathic treatment. The late Dr. Streeter became infected during a surgical operation and never recovered, lingering several years under the best local surgical treatment in the homeopathic school. The late Dr. Graham, of Rochester, who died in August, from infection received during an operation three years previously is also another example of external antiseptic treatment. Dr. J. B. S. King, of Chicago was similarly affected several years ago, and entirely cured with the homeopathic remedy.

The cauterizing of an infected wound including that of serpents either immediately after the operation or at any subsequent period, does not remove the poison from the system; it merely seals it in the circulation and rarely, if ever, cures a severe case.

We call attention to these cases, because of their prominence in the profession, their acknowledged skill as operators or their well-known ability as physicians and teachers. Their loss has been severely felt by the entire medical world, and when we measure the loss as colleagues with

whom we have labored for years, the blow is no less severe to every member of the profession, and the lesson should be heeded.

In the case of Dr. Graham, especially, we heard him explain, at the meeting of the Central New York Society, his method of treatment, which consisted in antiseptic local treatment and massive doses of the crude Iodide of Mercury, which he claimed had not only relieved his eyes—restored the sight which had been practically lost—but had cured him of the infection. We assured him at the time, as did every member of the Society present, that his statement was unscientific and unhomeopathic; that it was a recovery but not a cure. Cases of this character it was maintained by members, are never cured by massive doses of the crude drug used internally or by topical applications of the best known antiseptics. It is a lesson that many are slow to learn, and this is why we call the attention of the profession to Hahnemann's correct observation and its numerous verifications. Hering, Dunham and King were saved by the homeopathic remedy.

Henderson, Streeter and Graham died under surgical, antiseptic treatment. We believe the latter might have been saved just as well as the former.

The best antiseptic known to medicine or surgery is the similar dynamic remedy. Why should the homeopath not adhere to his principles in this always serious, often fatal disease? Why abandon his law in therapeutics for the confessedly uncertain and empirical methods of other schools, for by it he has everything to lose and nothing to gain.

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### MODERN VACCINATION

While I have vaccinated during all my professional life until within a few years, without observing in my own practice serious results from other than very ugly sores, I must go on record as being opposed to the process as at present imposed by law upon school children.

Theoretically it can hardly be safe to inject into the

blood matter procured in the manner the vaccine virus of commerce is, even where there is no possibility of its having been carelessly and improperly prepared. But it is a recognized fact that there are degrees of quality in that offered for sale. No physician knows, nor has any means of knowing, whether or not the stuff he buys is as represented.

The question of adulterated foods and medicines is an open and public one, and is at present being freely discussed in the public press. This discussion implies cupidity or carelessness on the part of manufacturers and dealers. But have we good reason to believe that manufacturers and dealers in vaccine virus are more careful and honest? When there is so much concern and excitement upon the question of impurity in substances taken into the stomach where nature has provided such strong safeguards against innocuous matter, how much more should we be concerned and careful about probably impure matter being injected into the blood circulation where absolutely no natural safeguards have been provided!

Theoretically, in these days of excellent and universal aseptic teaching and practice, the injection of the product of disease into the blood of the healthy with a notion of preventing possible disease, seems, to say the least, absurd. Practically, we have the evidence of thousands that it is injurious. But what are the evidences that, even if harmless, it accomplishes what its advocates claim for it.

They are: First, that it prevents small pox; and second, that statistics show that small pox has decreased wherever vaccination has been practiced.

In regard to the first claim, it is only necessary to review medical history to know that, if vaccination prevents small pox at all it is for only a brief and very uncertain period.

In regard to the second claim that small-pox has generally decreased wherever vaccination has been practiced, because of vaccination, it is only necessary to mention

to the fact that all other contagious diseases have decreased to at least as great a degree during the same period.

To a reflecting and unprejudiced mind, this recognized decrease in all such diseases may, therefore, as well be attributed to vaccination as it is in small-pox.

Yellow fever in Havana and Panama has been practically annihilated; Asiatic cholera, and the Plague likewise; but not by vaccination. Cleanliness is the watchword, the great and only preventive.

The prime, and I believe, the only cause of all these dread diseases, is *filth*, internal and external. Clean and keep clean—by eternal vigilance and obedience to the physiological laws of hygiene—the body, internally and externally, and its environments, then all afflictions—rather, *infections*—will disappear; and that without recourse to the worse than doubtful expedient of such measures as vaccination or serum-therapy in any form.

In the *Los Angeles Times* of September 15, 1905, appear the two following items which are pertinent to the question. They are from one issue of one newspaper among the thousands published. The facts therein portrayed should damn vaccination forever.

The explanation given by the officers of the Oakland school board are puerile and ridiculous: "the boy must have scratched his sore arm with dirty fingers." As if every boy did not scratch his sores of all kinds with dirty fingers on all occasions: But that lame excuse will not clear them of responsibility for that boy's suffering and untimely death:

#### DIES OF LOCKJAW. VACCINATION THE CAUSE.

San Francisco, Sept. 14th.—(Exclusive Dispatch). Lockjaw resulting from vaccination has proved fatal to Elmer Thomas Wise, a seven year old boy of Oakland.

"It was the vaccination that killed this boy," said Dr. Herrick, when questioned today, "and it was not." You can see by my call book here that I vaccinated this boy on August 14th, last. He had never been vaccinated before, and the vaccination was successful. The boy went right on to school after that. I was called to see him on September 7th, four days later. The arm had become infected with tetanus bacillus from some outside contamination.

"The parents brought him into my office here the night of Septem-



ber 6th, saying he seemed indisposed. You know that was nothing extraordinary following vaccination. But I told them to keep him out of school for a few days. The next morning when they sent for me, the lad's jaws were already set and I explained it all to the parents.

"You cannot really tell what it was. He was certainly over the vaccination, but having an open sore, the scab having come off, it became infected, as I have said. Tetanus bacillus is usually found most frequently about stables and barns. He might have contracted infection in a dozen ways."

The Oakland school has rigidly enforced vaccination, and officers claim that the boy must have scratched his sore arm with dirty fingers to have become infected. They have vaccinated 105 children since the schools opened, and all have recovered.

#### DEATH AFTER VACCINATION.

Santa Barbara, September 14th.—Henry Bonn, young son of J. J. Bonn, of Los Angeles, died in this city Tuesday morning, as a result of a vaccination performed before the boy attended school and in compliance with the State School laws.

The boy went to school after the operation for several days, but later developed tetanus, from which lockjaw resulted, ending in his death. His guardians say that he was vaccinated upon the demand of the teacher, but the school authorities deny that they had anything to do with the vaccination, and say that it must have been done on account of last year's regulations in regard to vaccination.

W. J. Hawkes.

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## COMMENT AND CRITICISM.

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

### HOMEOPATHY vs. ANTI-PATHY. "DEFINITION and APPLICATION." SECOND PAPER

BY GUERNSEY P. WARING, M. D., H. M., Evanston, Ill.

#### DEFINITION OF TERMS.

The first and perhaps the most important step, in the beginning of a practical course of reading or study, is a definition of the terms employed. This is especially true in the series begun in the September issue, in which a threefold purpose was outlined, as follows:

*First*:—To draw the line, as established by truth, so that every doctor can see for himself, who is for, and who is against, Homeopathy.

*Second*:—To determine who alone can, and must, represent Homeopathy in its teaching and practice.

*Third*:—How to promote, and more firmly establish Homeopathy.

To define Homeopathy, and to class by itself all that is un-homeopathic or anti-pathic, to draw the line of separation clearly and permanently, and to apply the same to the conglomerate practice of the present time, will be undertaken in this issue, the quotations used being taken from the best authenticated dictionaries.

*Pathy, or Pathic*:—"Denotes endurance, suffering, disease: a passive state of suffering"; a passive state of sickness to be acted upon as applied to the practice of medicine.

*Homeo*:—"Signifies like, similar; like affections producing like conditions or feelings," an active state or principle capable of affecting the passive sick state.

*Anti*:—"As over against"; "opposed to"; "primarily against"; "antagonistic", also an active state or principle.

Therefore, "homeo" and "anti" signify the manner of meeting and treating the "pathic" or "passive state of suffering" or "disease"; the former by a "like or similar", or

that which would "produce a like affection", as demonstrated by the proving of medicine upon the healthy; the latter by an opposite, that which would be "primarily against" "antagonistic" to, or produce an opposite affection, the effect and result being necessarily characterized by the greatest possible difference and conflict.

Consequently, Homeopathy, to give the exact combined definition as given by *The Century Dictionary*, is "The medical treatment of diseased conditions of the body by the administration of drugs which are capable of exciting in healthy persons symptoms 'closely similar' to those of the morbid condition treated". This represents a distinct system or division of medical science, founded upon *principles* and *law*, and known as the new school of medical practice, promulgated by Samuel Hahnemann.

Hence, Anti-pathy means exactly the opposite to Homeopathy. In the above definition of Homeopathy strike out the words "closely similar" and substitute the words "exactly opposite" and you have an equally correct definition of Anti-pathy. This includes many classes and types of routine and empirical practice, in fact, all un-homeopathic practice, such as Allopathy, Heteropathy, Enantiopathy, etc., known as the old school of practice, and founded upon the fluctuating experiences of men.

This classification is so simple and natural, comprising only two divisions, and the one so directly opposite to the other that one cannot include, nor be substituted for, the other.

Every drug not neutral to the case, but capable of acting upon and modifying a passive state of sickness, must fall in one division or the other. It will be homeopathic or antipathic to the case, never both; if not neutral, it must be either one or the other.

Every doctor in administering a drug must represent one side or the other; he cannot represent both sides at the same time. Such abominable duplicity as is exhibited by trying to include these two antagonistic and conflicting systems of treatment into one classification cannot be longer

tolerated. The present effort to unite the two schools of practice thus defined displays a wilful disregard of truth, or an inexcusable exhibition of consummate ignorance or both. Read again the foregoing definitions and compare them with all the dictionaries to be found, and convince yourself (doubtful if necessary), that to undertake to represent or practice both systems of medicine, as above classified, either together or alternately, is a disgraceful imposition upon a worthy and honorable profession as well as a victimized laity. Excuse the language; its true and forceful meaning is intended. Something must be said to arouse both the guilty and the innocent if true Homeopathy is to be preserved and promulgated.

#### NOW FOR THE APPLICATION.

Homeopathy, based upon principle and law as just defined, is an unchangeable and infallible guide to the cure of the sick.

Anti-pathic, based upon the ipse dixit of experience, regardless of principles or laws has only a fluctuating, changeable, hence fallible guide to palliative treatment. Demonstration of this fact is seen constantly in the recurring attacks and sicknesses of patients who unwittingly become the victims of anti-pathic treatment.

Homeopathic practice recognizes that the principles and laws involved in health and sickness, operate from within out, from the center to the circumference; the human body is built that way, and cared for upon the same plan in all its functions and processes. All eliminations from the body necessary to health conform to this same law; therefore, in the treatment to be consistent and in harmony with nature's laws of health, the medicine must act in the same way, from within out, from center to circumference; from the vital force to the material body; from the patient to his organs. *This is the very essence of Homeopathy*, as demonstrated by curative treatment and will be given extended study in a later paper.

Anti-pathic practice is based upon external things, upon pathology or the progress and results of disease; upon the

fluctuating experiences gained by antagonizing the same with drugs tending directly to the opposite course in treatment—the material man, his organs, his diseased parts, the pathology and the results of disease are always seen first and generally nothing more—hence, the treatment only of organs, affected parts, eruptions and external results of disease; the treatment from without in, from circumference to center or from the organs of the sick man to the man himself (the patient) if *he* is thought of at all. The *law* is antagonized, and the *patient* neglected. This is the anti-pathic treatment, so commonly palmed off for Homeopathy, as demonstrated in innocent patients by a series of recoveries only, recovering only to be sick again in the same way or with a more serious sickness and in turn to be palliated, to be sick again.

But to be more explicit we refer directly to the mixed practice in private as well as in public institutions.

Investigations show, and abundant data will be given later, that the daily routine practice, and the prescriptions made taken recently from the records of homeopathic institutions, include all of the following anti-pathic “specifics” employed in treating diseases—not the patient.

**For Constipation,** Magnesium Sulphate, Castor Oil, Salaxive (a compound cathartic), Compound Glycerryza and other compound nostrums; all of which are anti-pathic given to antagonize a morbid state. They are never more than palliative and they invariably tend towards ultimate chronic constipation (please keep in mind the above definitions and terms employed).

**For Rheumatism,** Sodium Salicylate (chiefly) five to ten grain doses four times a day (the old school doctor gives larger doses and less frequently, which is the only difference).

Colchicine four times a day (for gout, arithritis, etc).

Aspirine (a much lauded antipyretic and antirheumatic solvent).

All of which are anti-pathic, attempting only to dissolve by chemical action certain morbid products with palliative solvents.

**For Heart Disease,** Digitalis (empirically for stimulation).

Magnesium Sulphate (for catharsis).

Potassium Citrate (for diuresis).

Strychnia Sulph. (for later stimulant). All of which are anti-pathic, opposing the results of sickness, commonly resulting in permanent

injury to the patient in case he survives such routine and heroic palliation.

**For Anemia and General Weakness,** Elixir of iron, Quinine and Strychnia (a general bracer or tonic to produce conditions just the opposite to the morbid state).

Calcium Phosphate and the Hypophosphites of Calcium and Sodium (to supply deficiency in constituents of the blood), a breach presentation in the light of homeopathic therapeutics. All anti-pathic, as usual.

**Alcoholism with Delirium,** Tincture Nux vomica and Tincture of Capsium (for antidotal effect).

Hyoscine hydrobromate, hypodermically (to force sleep). Sodium bromide, Potassium bromide and Ammonium bromide in twenty grain doses of each combined (sedatives of the back number variety, now being discarded by the best old school men.)

This is the worst sort of anti-pathic treatment and do not forget, every R is taken from records on file.

**Nephritis,** Basham's Mixture (a standard preparation of iron).

Potassium Citrate ten grains four times a day (for diuresis); with this anti-pathic treatment the morbid kidney, already unable to perform its functions is forced into overwork, and later into a more chronic morbid state, and prescribed by homeopaths!

**Neurasthenia and other nervous affections,** Strychnia Nitrate 1-60 grain doses four times a day, often followed by Codeine, the bromides, some of the coal tar products or other compound tablets (to force rest and sleep). Truly anti-pathic, and commonly a precursor of sudden death, the cause of which is "scientifically" classified and flippantly announced as "heart failure".

We could continue indefinitely examples similar to above.

The foxy homeopathic (?) doctor readily finds excuse for such empirical prescribing. He will say, "Oh! there may be a few unscrupulous fellows who are guilty, but only a few"; and many believe his statement to be true. Investigation proves, however, that more than one half of the homeopathic profession is shamefully guilty, and that three-fourths of the prescribing in homeopathic hospitals and altogether too much of the teaching and clinical work in our colleges, where homeopathic physicians are in control, is, in a greater or less degree similar to the above, mixed in with the careless routine use of homeopathic remedies, in the tincture or low potencies.

This we hope to prove by a series of "crusade exhibits"

during the coming year. Every one of the above prescriptions was taken from the records of certain public institutions where homeopaths are responsible. Is it not time a committee of the A. I. H. is laboring to formulate a plan for "uniform clinical results" of the homeopathic kind.

Another excuse often given, is, that "the doctor is excusable for administering, occasionally, crude and poisonous doses anti-pathically when the homeopathic remedy cannot easily be selected."

But, my dear doctor, what right have you to fondle with a great truth, or trifle with human life? You acknowledge by your choice of the homeopathic school of practice that there is a great law involved in prescribing for the sick. Where is your right or authority for the violation of law involving the health and life of your patient?

How many times would you need to steal before becoming a thief?

How often must a married man marry other women to become a bigamist?

How many murders can you commit before becoming a murderer?

Away with such flimsy excuses for duplicity.

Accident or ignorance is the only possible excuse which can be offered for the violation of law, and these often fail to save the guilty from punishment. Even these excuses cannot lessen your condemnation when you give drugs in crude doses for anti-pathic or palliative purposes.

The plea of accident or ignorance will not even apply in your case, because you do it intentionally; being a graduate of a homeopathic college you must know something of the law of cure, must know at least that there is such a law upon which homeopathic prescribing is based, therefore the plea of ignorance is of no avail. Suppose you do hide behind the faults and faulty teaching of your alma mater, you have only tried to pass your guilt along to other homeopaths, —and there you are—still unextricated from the crime of being a "Mixer" condemned in common with other "Mixers".

TO BE CONTINUED.

**NOTE:**—In connection with each installment of this series space will be given for comments and criticisms coming from our friends, or otherwise, bearing upon the crusade outlined, or upon the plan of campaign and organization soon to be inaugurated. The following has been received promptly enough to appear in this issue; we hope to hear from a large number before the next installment is completed.

---

FROM AN HONEST EDITOR.

Columbus, Ohio., Sept 13, 1905.

Dear Doctor Waring:—

I am indeed interested in the crusade against such homeopathic physicians as are pretending to practice Homeopathy, and are in reality practicing a "hodge-podge" of their own invention made up of drugs and potencies and "what-not"

I believe that every man who pretends to be a homeopath ought to practice Homeopathy. Just think of it, a woman is anxious about her sick baby. She is afraid to trust her child to a drug doctor, so she sends for a homeopathic doctor. She expects that the child will be treated with homeopathic remedies. She fondly trusts that her child is in safe hands because she has employed a homeopathic doctor.

The doctor comes into her home under the guise of a homeopath. He pretends to be prescribing homeopathic remedies, but in fact he is prescribing drugs. He has picked up here and there by reading or hear-say a smattering knowledge of a few allopathic drugs. He either never had any faith in Homeopathy, or else he has lost what faith he had. So he attempts to treat the child with drugs. He realizes that he knows little or nothing about drugs, thus he cautiously and dishonestly ventures to give this drug and that drug, hoping to acquire by experiment a knowledge of drugs which he is supposed never to use.

Such a doctor is a cheat and a fraud. If he does not believe in Homeopathy, he ought to quit pretending to practice; he ought to go to an allopathic college and learn how to use allopathic remedies.

Any patient might a great deal better send for a drug doctor than to employ such a homeopathic physician. At least the drug doctor knows what he is doing. If he ventures to use strong medicine he has had instructions as to how to do it. But the mongrel homeopath, he knows nothing about the allopathic treatment and yet undertakes to give such drugs under the cover of the pretence of practicing Homeopathy. He is indeed far more dangerous than the out and out drug-sluggler. Of all the detestable doctors outside of the state prisons it is



the make-believe homeopathic doctor who is secretly giving allopathic drugs and at the same time palming himself off as a homeopath.

Very sincerely yours,  
C. S. CARR, Editor *Medical Talk*.

#### PLAN OF ORGANIZATION.

Some may think this campaign for better Homeopathy will only be a temporary and passing agitation, followed by few, if any, practical results, therefore, thus early in the crusade a synopsis of the plan is given, including a permanent organization of the Hahnemannians of America, for the sole purpose of representing and promoting Homeopathy.

The synopsis of the plan, to be matured and given in full later, is as follows:

*First*—One general name, as for instance "The Hahnemannian Association." and an addition to the name designating locality, namely; national, American, Canadian, State, County or City.

*Second*—Membership in the national to carry with it membership in any local; the residence to determine. A local may be organized where two or more desire to cooperate in support of the general plan to represent, promulgate and practice true Homeopathy.

*Third*—The publication of homeopathic literature (exclusive of the mixer or anti-pathic type, which now largely fills the so-called homeopathic journals) both for the profession and the laity; instructive and practical for the profession and educational for the laity.

This is not only to consist of new and original articles, but also to reproduce much of the best literature of the past, long since out of print, but nevertheless exceedingly valuable; all of which can be accomplished by the publication of one or more journals supplemented by tracts for general distribution.

*Fourth*—An annual fee, perhaps five dollars, will entitle each member to full membership, including the Transactions of the Annual Meetings, and perpetual subscription to

the Association monthly journal. Associate membership with smaller fee can be arranged.

*Fifth*—The first meeting for the parent organization to be held in Atlantic City, N. J., the week previous to the joint meeting of the International Congress and American Institute to be held in September, 1906. This meeting can provide for the proper representation of Hahnemannian Homeopathy at the International Congress the following week. Local preliminary organizations can be started immediately, and much effective work accomplished during the coming winter looking towards a general rally next September. Naturally the first thing needed is the name and address of every homeopathic physician in sympathy with such a plan and its purpose; *we want your name immediately*, also any suggestions which you think should be incorporated in the plan to reach and solve the main question—How to preserve and promote true Homeopathy.

Chicago office 55 State Street.

### COOK COUNTY HOSPITAL.

EDITOR MEDICAL ADVANCE:—

We have boasted for a quarter of a century that the Homeopathic School of Medicine has a representation in the Cook County Hospital in Chicago. At times our school has pointed with pride to their statistics and claimed their results were superior to those attained by the old school. For years I had supposed this to be true, but a little over a year ago my feelings were most severely shocked on finding that Homeopathy practically had no representation in that institution. I spent a week in daily attendance there July, 1904 and was told by the internes and by one of the homeopathic staff physicians that they were furnished no homeopathic supplies and that requisitions for homeopathic medicines were not noticed by the powers that be. Not a homeopathic preparation of Belladonna, Hepar Sulphur, Silicea or other familiar remedy could be found. The staff physician told me that if he prescribed Belladonna 3x for a patient, the prescription went to the drug room and the druggist was supposed to

prepare from fluid extract what he might deem represented the 3x of Belladonna. Oftener the prescription was ignored. The physicians have tried repeatedly to have reliable homeopathic remedies furnished the same as the old school supplies, but the warden would not let them have them. This was the condition a year ago. Will you please tell us if the same rule excluding homeopathic medicines still obtains there? Please give us a full statement of the conditions and tell us why a well understood intention on the part of the tax payers has been thwarted in such a manner. Who are the powers that be, and who is the man who dares to so rule? We have been given a department in the Cook County Hospital and the world supposes we have had it. Let us have it.

HORACE P. HOLMES, M. D. Monarch, Wyo.

*Comments:*—On inquiry we find that there are about 100 remedies in tincture, with alcohol so that the internes may make the 1st, 2nd, or 3rd potencies as required when prescribed by the attending physician. Also that there are perhaps as many more remedies in triturations from 3rd to 6th potencies. That the 30th, 200th or stronger potencies have not been put in the dispensary has not been the fault of the hospital authorities, but of the homeopathic medical and surgical staff who have not asked for them. Our correspondent must draw his own conclusions.

---

Milwaukee Wis., Sept. 1905.

EDITOR MEDICAL ADVANCE:—

Under what remedy are the following symptoms found?

FIRST: Great aversion to bathing, either hot or cold, especially the head; when head is washed almost goes into a spasm, screams, kicks, strikes.

This is a very active child three years old, quick movements, speaks rapidly and incessantly, dark complexion, thin, spare, habit.

*Answer:*—Sulphur; patient cannot bear to be bathed (in cold water, Ant. c.). But while Sulphur has these symptoms

well marked it might not cure the patient, for this is practically but a single symptom and it requires a totality of the symptoms to make it practically certain.

**SECOND:** A young attorney, a perfect picture of Calcarea; fat, brunette, excessive bland perspiration, of slow motion, bow legs, tires very easily, but mentally quick and shrewed. He has a great aversion to pulling anything over his head or having his head and face covered even for so short a time as taking his shirt off. When a boy at home they made them open down the back to avoid it. Also always had a great aversion to diving when in swimming.

EVELYN HOEHNE, M. D.

*Answer:*— Aggravation from covering the mouth or nose is found under *Argentum nit.*, *Lachesis* and *Tuberculinum Arg. nit.*: "A handkerchief before nose impedes breathing; many people in the room seem to take away his breath."

But the type of these patients both mentally and physically mark the tubercular diathesis and "when the best selected remedy fails to relieve or permanently improve" the nosode may cure the case.

### MEDICAL EDUCATION IN THE UNITED STATES.

During the year ending June 30th, 1905, 26,147 persons, including 1,073 women, studied medicine at 157 colleges in 36 states, and 5,606 of these graduated. They numbered 1,995 less than in 1904; graduates, 141 less. The attendance at allopathic schools, 24,119, was an increase of 457 over 1904, but a decrease of 801 below 1903 and 559 below 1902.

Attendance at homeopathic schools has been decreasing steadily since 1900, when it was 1,104. At eclectic schools, attendance increased yearly from 1900, when it was 552, to 1904, when it was 1,014, but this year it dropped to 573—a falling off of nearly half. All graduates number 141 less than 1903. Homeopathic graduates in 1903 were 420; 1904, 371; 1905, 1276; but eclectic graduates (153) numbered more in 1905 than in any year since 1900. Three of the 157 colleges are exclusively for women, 63 for men, and 91 coeducational.

The Missouri Valley Homeopathic Society meets at Omaha, Oct. 17-19 and a splendid program has been provided. It promises to be one of the most profitable meetings of 1905.

## NEW PULICATIONS.

**The Elements of Homeopathic Theory, Materia Medica, Practice and Pharmacy.** Compiled and arranged from Homeopathic text-books by Drs. F. A. Boericke and E. P. Anshutz. 196 pages. Cloth \$1.00. Postage 5 cts. Philadelphia: Boericke & Tafel. 1905.

In the preface the publishers say, "For years we have been receiving requests, especially from physicians, for a small work that would enable them to get an idea of Homeopathy, its medicines, dosage, practice, etc. No book that we have seen covers all these points, hence this compilation."

**PART I.** Consists of a brief sketch of Samuel Hahnemann, the origin of homeopathic drug provings, dosage and potency; the chronic diseases, homeopathic books required by a beginner, an explanation of tinctures, potencies, triturations, etc., with an appeal to beginners to try Homœopathy, and an answer to the question of "How do your medicines act?" The discussion of these topics occupy the first part of forty pages.

**PART II.** Consists of Therapeutics and Materia Medica. The Materia Medica part gives a few leading characteristic symptoms of our principal remedies, especially the polychrests and their characteristics, or a few of their different characteristics. In this the student or beginner will obtain an insight into enough of practical symptomatology to test the remedies in actual practice. And this part is both helpful and commendable; but the Therapeutics is a "weak sister" in which the remedies are given for diseases instead of for the patient, and the potency affixed to the remedy according to the supposed popular idea of what potency would be best. Like Hughes Pharmacodynamics, it attempts to teach the allopathic investigator how to practice Homeopathy in an allopathic way. Homeopathy is not built that way. Better, far better, have left out the Therapeutics and doubled the Materia Medica.

**Practical Massage in Twenty Lessons.** By Hartvig Nissen. Instructor and Lecturer in Massage and Gymnastics at Harvard University Summer School; Director of Physical Training, Brookline Public Schools; Former Acting Director of Physical Training, Boston Public Schools; Former Instructor of Physical Training at Johns Hopkins University and Wellesley College; Former Director of the Swedish Health Institute, Washington, D. C., etc., etc. Author of "Swedish Movement and Massage Treatment," "A, B, C of Swedish Educational Gymnastics," "Rational Home Gymnastics," etc. With 46 Original Illustrations. 168 Pages. 12mo. Price, Extra

Cloth, \$1.00 net. F. A. Davis Company, 1914 Cherry St., Phila.

Dr. Nissen's first work on Swedish Treatment and Massage Treatment was published in 1889, and his subsequent years of continuous teaching and practice have resulted in the present volume, which embraces all the most useful manipulations and movements in the Swedish Movement, as well as other systems of mechanical therapeutics. Mechanical therapeutics or medical gymnastics include the Swedish movements and all kinds of mechanical therapy, even including modern Osteopathy. The system is old, yet ever new, and every practicing physician will find much aid in the treatment of both acute and chronic diseases from its use. Works on gymnastics are to be found among the Chinese, Persians, Phœnicians, Egyptians and Greeks. 3000 years B. C. the work is found among the Chinese, and every century since has produced one or more new books, even new systems, so called, on medical gymnastics.

This work gives a very complete history of mechanical therapy, and clear, concise, well illustrated instruction as to how to apply the various movements for the ailments of humanity. It is one of the best and most practical works to be found, and we recommend it not only to every physician in actual practise, but to every student in his college course. It will well repay both study and application in the treatment of the sick.

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**Manual of Diseases of the Eye.** By Charles H. May. 400 Pages. 21 Colored Plates, including 60 Colored Figures 300 Engravings in the text. Fourth Edition. Price, Muslin \$2.00, net. William Wood & Co., 51 Fifth Ave., New York.

That this work of Professor May has reached the fourth edition is practically the best recommendation that can be given. Every page has been carefully read and rewritten, and some of the older illustrations replaced by better ones. Eight additional colored plates and many new figures have been added, including 29 colored drawings of external diseases of the eye. It is a concise, boiled down, practical and admirably illustrated work of the diseases on the eye, and all within 400 pages. Its value lies in its admirable conden-

sation and profuse illustrations. The physician or specialist may here find in a page or two what he is in search of, and thus save much time. In order to restrict the volume to its present size, and not detract from its usefulness, lengthy accounts of theories, rare conditions and unusual cases have been omitted. The fundamental facts of Ophthalmology, that which is essential to the student and general practitioner, will be found here. When rare conditions have occurred they have been mentioned. All uncommon affections, of interest chiefly to the specialist, have also been mentioned in a few lines. But the common conditions, those of which the general practitioner most frequently has to deal, are given with sufficient fullness to enable him to understand what he is doing. The work is not intended as a substitute for larger works for the specialist, who has many comprehensive text books for reference, but for the busy general practitioner, who wants just such a *multum in parvo* as this volume.

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**Proceedings of the Forty-First Annual Session of the Homeopathic Medical Society of Ohio, held at Cleveland, May 16th and 17th.**

This volume, of nearly 300 pages, contains the papers and discussions of the Ohio State Society. Practical papers on live subjects, just such as we expect to find in a working state society.

One of the chief topics for discussion is a symposium on Quinine and Homeopathy, and the views of the various authors who wrote and spoke on the subject are amusing. And still they all profess to be homœopaths. We wonder what their opinions and experiences will be in the coming decade. Or will they ever experiment with pure Homeopathy as they do with the empirical method and eclectic practice of other schools? They do not believe it, because they will not try it; and they will not try it because they do not believe it.—NEXT!

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# THE MEDICAL ADVANCE

AND

## JOURNAL OF HOMEOPATHICS.

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### DIAGNOSIS IN HOMEOPATHIC PRESCRIBING.

BY STUART CLOSE, M. D.

The importance of being able to discern and grasp the "genius of the remedy" has often been emphasized and enlarged upon in our literature; but, strange to say, the equal importance of recognizing, identifying and classifying the genius of the disease has not only been very largely ignored, but, by many so called Hahnemannians, it has been derided as a weak concession to allopathic authority and censured as being prejudicial to accurate prescribing. To speak to some of our old "war horses" about the need of making a diagnosis before prescribing is a good deal like flaunting a red flag before a bull; the audacious adventurer should either have the quick eye, strong arm and keen Damascus blade of the Spanish matador at his command, or be sure of his ability to reach and scale the nearest fence in record time. "Take down your symptoms as the patient states them to you, and select the similar remedy; never mind about your diagnosis", they will tell you, when they have cooled down a little after the first fierce charge. "Pathological prescribing is a fatal error, and the bane of the school," will probably be the next remark; to all of which we yield a respectful assent, but beg to submit, first, that "pathological prescribing" is not synonymous with "making a diagnosis", as some would lead us to infer; nor does correct diagnosis lead us to empirical prescribing; and, second, something more is

necessary than "taking down symptoms" in order to find even the similiar remedy, to say nothing about the similitum. It is not enough to "write down the symptoms in the patient's own words", as we are rightly directed to do, and then to make a mechanical comparison, item by item, between the symptoms of the patient (as he expressed them) and the symptoms of the materia medica. True, a mediocre success may be gained, in ordinary simple cases, by pursuing faithfully such a method, and there are many who have penetrated no more deeply into homœopathy than this. Even the intelligent layman can do as much. But bring such a one face to face with a difficult, complicated, desperate case, acute or chronic, and he will fail miserably. This is a field which he is forbidden to enter. It is also true (and herein is a certain justification for the strictures of our venerable censors) that the man who empirically bases his prescription upon his diagnosis, (Nux for constipation, Quinine for malaria) will just as miserably fail. This is the broad way which leadeth to destruction and many there be which walk therein.

Such errors arise from a lack of discrimination, from faulty definition of terms, and from a narrow conception of the scope and function of medical diagnosis. A case cannot be successfully prescribed for until it has been grasped in its entirety; until its essential qualities and distinguishing features have been recognized and classified, and (it follows of necessity) named. There is a subtle but profound relation between knowing and naming a thing. We may say, and perhaps think, that we know certain plants, trees or persons because we have frequently seen them and are familiar with certain of their features, but we cannot have that intimate and authoritative sense of acquaintance with them which breaks down barriers and gives power and privilege in our relation with them until we know their names, and can speak them confidently. So, in disease, we grope in semi-darkness and flounder in uncertainty and inefficiency until we have so observed, studied and grasped the case in its essential features that we can name and classify it with the already known.

The scientific and logical method of proceeding always from the known to the unknown requires this. All knowledge is valuable only by association. There must be no breaks, no gaps, between the unknown and known. between the new and the old, if we are to enter the field as masters of our art. So in materia medica, as the name of the drug means nothing to us until we have studied, deduced and assimilated the characteristics of its action from its phenomena, until we are able to recognize it and relate it to other drugs and its allied phenomena in disease, so is the converse also true—that the phenomena of its action have no high value for us until we have apprehended them in their totality and essential qualities, and it has become an entity which we recognize and appropriate by giving it a name. Thenceforth it takes its place in the realm of the known. This is what we mean by diagnosis. It is the recognition of the genius, or, in other words, the dominant influence or essential principle of the drug or the disease.

There can be no doubt that it is as necessary to thus recognize the genius of the disease as of the remedy, for remedy and disease are the two equal factors of the problem of cure; for, as Dr. John B. Campbell has profoundly remarked in his paper "When the Similimum is supreme, the remedy must approximate the disease on the plane of its expression. Regard must be had for the similarity of the remedy and disease", and this very often means more than a mere superficial resemblance between phenomena.

Phenomena must be marshalled, compared, classified, related to each other, interpreted, until their characteristics stand forth saliently and take on individuality. The symptoms as stated by the patient are the materials with which we work, as the easel, canvas, brushes, oil and pigments are the materials with which the artist paints a portrait. The difference between the genius of the true artist and the mere painter will be revealed, not by the difference in the kinds of materials he uses, but in the way he looks at his subject and transforms what he sees to his canvas. The one may faithfully copy every line and curve and wrinkle in the features

and drapery of the sitter, and produce—nothing. While the other, looking into the very soul of his subject, and penetrating into and grasping the essentials of his character, will with a few bold strokes portray the man himself, Unimportant details are lightly touched, or perhaps ignored entirely, and all the emphasis is laid upon the peculiar, salient characteristic features, which can only be seen and known by analytical study of the subject as a whole. The result is a masterpiece. So with the homœopathic artist. He faithfully gathers and records all the symptoms of the patient, whether stated by the patient or observed by himself. Having done this he studies, compares, classifies, values, arranges the phenomena and then reflects upon them until he apprehends the genius of the malady. This he names, in token of his mastery of its details, and proceeds with the next step of the process—the selection of the remedy from among those which he has studied, or will study, by an exactly similar process. In other words he diagnoses first the disease and then the remedy.

It is to be observed that some allowance must be made for the difference between allopathic and homœopathic pathology. Homœopathy has a general pathology of its own based upon a different philosophy of the nature and causes of disease, but in the domain of special pathology and the natural history of the disease there is practically no difference. The homœopathic pathologist will see more deeply and more truly, as a rule, into the great underlying causes of disease, and he will use certain great pathological generalizations like the Hahnemannian Psora or Sycosis, of which the allopathic pathologist knows little or nothing. His diagnosis will therefore be sometimes more comprehensive, but essentially the process is the same in both schools.

Also, having made his diagnosis, he will make an entirely different use of it, as it stands related to the art of prescribing, but the necessity for diagnosis as defined is as real for the homœopathic prescriber as for the allopathic prescriber, when rightly viewed.

There is another aspect of the subject which will bear

discussion. One of the essentials to the highest success in the art of healing the sick is confidence on the part of the healer, and nothing contributes more to this than mastery of diagnosis. Unless he has that conscious sense of power which comes from complete mastery of the principles of his art, and faith in himself, he will not be able to inspire confidence in his patients. Without the confidence of his patient he will be hampered and thwarted on all sides, for the psychical conditions of a case are often quite as important as the physical, and many a case which might have been saved, to the family or to the physician, under right psychical conditions has been lost, simply because the physician was not sure of himself. Lacking knowledge, and then lacking confidence, or having partial knowledge but lacking confidence in himself, he has created an atmosphere of unrest, anxiety, agitation about himself, than which nothing could be more depressing or prejudicial. The patient and family may have sufficient confidence in him as a man to retain him in charge of the case, not realizing, until too late, that the real source of their anxiety and agitation, as well as the unfavorable condition of the patient, is due to the physician's lack of confidence in himself and his consequent weak and vacillating course of treatment. Such a state of affairs is a two edged sword, cutting both ways; the patient is mentally depressed and physically weakened by the atmosphere of agitation and unrest, thus created, while being subjected at the same time to a course of medication characterized by nothing so much as confusion and change. A remedy is hardly selected and given before it is changed for another, or perhaps two or three remedies are given in alternation, with all the numerous and constantly changing stimulants or depressants, artificial foods, local applications and adjuvants that can be thought of. Before the suffering organism of the patient has had a chance to react to one medicinal impression another impression, perhaps of an entirely different kind is made and repeated. When all of the reactive power of the organism is being called forth and expended in a reaction to a powerful stimulant or narcotic, how can you

expect a reaction to a curative remedy at the same time? The same is in a large measure true of homœopathic remedies. A second remedy, given before the first has had time to finish its action, will, in many cases, excite a reaction only at the expense of the first remedy, if it has any effect at all. Two or three remedies given in alternation excite only discord in the delicately adjusted strings of the human instrument. What we seek is not discord, but harmony, and that only can be obtained by complying with the laws of harmony, which require that impressions must be made in fit order, sequence and power, with due regard to the qualities of rhythm and proportion.

Simplicity and directness in treatment seem to be the most difficult things to learn. The insane desire to be constantly "doing something," born of ignorance and doubt, is responsible for more medical catastrophes than anything else. The patient's reactive power and recuperative functions are frittered away by ceaseless conflicting and discordant medical and psychological impressions, on the part of physician and friends.

The remedy lies in a clearer grasp of principles, the perfection of technique in diagnosing and prescribing, and the cultivation of that calm, masterful spirit which comes of comprehensive knowledge and confidence in the power of revealed truth. Thus will be removed from our school the reproach that it has neglected, to its serious injury, the art of diagnosis,

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### HOMŒOPATHY MILITANT.

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BY DR J. A. BIEGLIER.

---

"They linger yet, Avengers of their native land."

Homœopathy, the only reliable guide in Therapeutics based upon a natural law, the law of similars, not invented by man, but ordained as all universal laws by the Creator of the universe whose goodness is wisdom itself, can have nothing to do with the theories or vagaries of men.

A practice based upon this law, requires the observance of the totality of the symptoms, the administration of the single remedy, and an understanding of the dynamic power of the drug. These are the principals of the unperverted homœopathy as taught by Hahnemann, and followed by all of his true disciples. In the complex manifestations of disease, homœopathy requires absoluteness in the selection of the simillimum, or in other words, the exactly corresponding remedy. It is a pains-taking labor, demanding the most careful thought and study. Here, more than in any other occupation, the laborer must toil to accomplish desired results.

An evasion of the requirements of this law, as by an easy going process, notwithstanding that homœopathic remedies may be administered, is not homœopathy but something else, what it is let he who prescribes tell if he can.

How very small the number is among the professed practitioners of homœopathy who faithfully strive to act under the law, is well known to all; the transgressors can be rated at ninety per cent; this fact is also understood by intelligent laymen.

In consequence of the severe labor attending the conscientious practice of homœopathy there has been brought to the surface a class of men who are mentally too weak, or too indolent to comply with its requirements, and who being without law, principle, or theory, and therefore having no ballast, are consequently lying about loose in the world, limp enough to go whithersoever the first wind may carry them.

Many of these transgressors have never conceived of the grandeur of homœopathy, either from a deficient mental organization or from ignorance, and the majority are so-called eclectics. However this may be, they have, mostly from selfish motives, enrolled themselves in the ranks of homœopathy, but for reasons stated, they do anything but practice in accordance with its principles, and because professing to be homœopaths, and at the same time they are the mimickers of the old school, are therefore called mongrels.

Devoid of principle, it cannot be otherwise but that this nondescript doctor, called mongrel, is ever changing his tactics, especially as often as his medical career demands it. At the time, only six or seven years ago, when Dr. Brown read the above paper, but few of them were the unwelcome companions of legitimate homœopathic societies. But since that time the new order of things created by the demand of the people for protection against medical imposture, drove these vagrants in hordes in search of a home, and they stampeded to the homœopathic societies to an overwhelming extent, and by their pestiferous presence have made their new home uninhabitable to any but themselves. They entered the abode that had the least barriers to their inroad, and where there were already a few congenial spirits to welcome them. Emboldened by their superiority in numbers, and success in their detestable schemes, they not only claim the mastership, but with audacity never before equalled in the world, fire upon and haul down the flag of homœopathy, and in the privacy of their meetings, and their journals, sneer at and deride Hahnemann, the master, pour their malice on the heads of his adherents, the true homœopaths, and then for a nefarious deception, "plume themselves with the honorable title of homœopaths" and celebrate with brazen impudence before the world the birthday of the man whose teachings they affect to scorn because they are beyond their comprehension. As these doctors never trouble their languid brains with the writings of Hahnemann, I herewith add a lesson from his Organon, which although not complimentary to them, may create in them some regard for him. As for respect that good quality never enters into their composition of a being that is neither one or the other.

Page 154 Hahnemann's Organon:—"But the difficult and sometimes very laborious affair of searching out and selecting the homœopathic medicine, which shall be adapted in all respects to the morbid conditions of a given case, is one which, notwithstanding all the praiseworthy attempts to simplify the labor by adminiculatory publications, requires the study of the sources themselves, besides the exercise of



much circumspection and deliberation, which meet with their best recompense in the consciousness of having faithfully performed our duties. But how will this careful and laborious process, by which the best cure of diseases can only be effected, please the gentlemen of the new mongrel sect, who, while pluming themselves with the honorable title of homœopathic, that they have hastily snatched up, (*quidquid in buccam venit*). If it does not immediately relieve, they will not impute the failure to their own unpardonable indolence and levity in hurrying over one of the most important and critical of human concerns, but to homœopathy—they reproach its imperfections, because it does not of itself, without any trouble on their part, provide the suitable homœopathic remedy, and as it were, serve it up like food already cooked and prepared to their hands. They know indeed, full well how to console themselves for the failure of their scarcely half homœopathic remedy, by dexterously calling in requisition the more pliable resources of allopathy, whence a few dozen of leeches are applied, or a small and harmless venesection of eight or ten ounces is prescribed in due form; and if, after all, the patient should recover, they extol the leeches and venesection, etc., as if he would not have recovered without them. They cause it to be understood, in no equivocal language, that, without the trouble of racking their brains, these operations afforded by the pernicious routine of the old school would, in truth, have been the best means of cure. If, however, the patient should sink under the treatment, they endeavor to soothe the disconsolate relatives by declaring that they themselves were witnesses, how 'that everything imaginable had been done for the deceased.' Who would honor such a light-minded and pernicious sect, by calling them, after the difficult yet beneficent art, homœopathic physicians."

From the time when homœopathy was first promulgated by the immortal Hahnemann to nearly the present, he and his followers met with the bitterest hostility from the world in their labors for the reception of this law in the practice of medicine, and in their battle for this truth. "Mocked,

imprisoned, stoned, tormented," they were bowed down but never conquered. The hostile elements,—the dominant school,—they had so firmly withstood became passive and ceased their warfare, and the world yielded a place in the sciences to homœopathy, then the fathers crowned with victory nearly realized homœopathy triumphant. But now, as the procession of the fathers is toward their final reward in eternal peace and glory, a new and more dangerous enemy appears in the garb of the "wolf in sheep's clothing," and in consonance with the prophecy for the last days, intended to deceive the very elect. While the remaining few of the faithful may ask, "Shall truth keep her word?" they will remain banded together in the firm conviction that truth and justice will prevail despite the machinations of the evil one through his imps, the traitors, and rely on the God of consolation and truth for support.

One of the above "light-minded doctors," a graduate from a homœopathic college, from whence he came without an atom of knowledge of homœopathy, but with Niemeyer's practice (old school) of medicine, recently informed the family "that the patient would have died if he had treated him homœopathically," to which all intelligent people do agree and say Amen.

Another lately informed a brother practitioner that he answered a request for the services of an old school physician, by placing a bottle of quinine in one pocket and a case of homœopathic medicine in the other, intending to conform to the wishes of the patient, "but not intending to let a dollar go by him."

And still another treats a patient to the alternation of three homœopathic remedies, two doses of castor oil, three of salts to clear the "prima via," and at the same time an eight-ounce bottle of Bromide of Potassium.

An amusing mistake lately occurred in the family when the partner of a professor of a homœopathic college advised a dose of castor oil to a child for a cold. Upon a refusal to comply, and an expressed astonishment by the indignant mother, the professor was duly informed, whereupon he

quickly made his way to the house and informed the mother "that he told the fool that was not the house for castor oil but for his two-hundredths." The lady informed me that the "Professor" carries in one pocket old school drug medicines and in the other a case of homœopathic remedies.

It is only a day or two since a young practitioner, thoroughly honest, and therefore firmly established on a high order of mutual principle, but poor in pocket, was advised by a rascally undertaker, who takes the measure of the living with his eye as he passes, to let principle go and work for the dollars and cents.

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### GET BACK TO THE PEOPLE WITH THE HOMŒOPATHY OF HAHNEMANN.

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GUENSEY P. WARING, M. D., H. M. EVANSTON, ILL.

Hahnemann lived ahead of his time. He promulgated a system of medicine almost universally rejected by the doctors of his day.

Only a few faithful followers supported the new system, while the master, of the great art of healing, lived.

Europe started the good news of similia, and America responded to the proclamation,—America, so receptive to new thought and new systems, re-echoed again and again Hahnemann's announcement to the world.

That Hahnemann lived ahead of American times is also selfevident. American civilization, made up from every nationality on the globe, has in it all the religions, cults and systems known to the world.

Homœopathy came as one of the sojourners. Brought by its friends and cherished by a few true followers of Hahneman, the new system of curing the sick seemed to have gained a welcome haven.

But America, with its so-called advanced civilization, civil liberty, religious freedom, boasted democracy, and free education has, and is still, turning its back upon much golden truth, given to the world by our forefathers.

Commercialism, with its dollar standard, rather than

truth with its character of everlasting grandeur, has been America's ideal. Fads and fallacies, wine and wealth-graft and gain, style and stunts, pools and politics, characterize America's superficial progress, and the practice of medicine shares its part of the infection. Truth is loudly calling "halt", "about face," "get back into line," principles and right must prevail. Roosevelt with his big stick forcefully calls for a "fair deal". Bryan, the great Commoner, shouts from the Platte "get back to the people."

In politics, in the church, in society, in the ranks of capital, in the turmoils of labor, in every distinctive class or phase of life, the cry can be heard- "get back" to a permanent, sensible, and orderly life, and anchor in the everlasting truth.

What about medicine? What truth has it for a basis? Whither are we drifting; what goal in the near beyond? What about Homœopathy; and its truth? What has the century done in its further promulgation? What are we doing now, and what are we going to do? These are vital questions, to which there can be but one answer; as in other departments of life, so in medicine, so with Homœopathy, we must get back to the truth, back to the principles and philosophy of Hahnemann.

The careful observer understands, with but little qualification, that Homeopathy is being disgraced and betrayed by so-called homœopaths, who are servile devotees of a modernly commercialized allopathic system. Many among the laity, who desire and ask for Homœopathy, receive in return only a bastard variety consisting of crude poisons and mechanical therapeutics, administered in heroic doses.

An automobile, a hypodermic, and a hand-case of serumtherapy, may be a business getting outfit, a successful commercial fad; but it surely represents no enduring truth; and cannot be palmed off for Homœopathy much longer. Hundreds and thousands of people are already in revolt. They are awaking to the realization that they are being worked to the limit; consequently, dozens of no medicine cults are thriving. Doctors, for dollars, misrepresenting

the true mission of the physician, as given in Section one of the Organon, are scandalizing a noble profession, and disgusting the laity.

In the church, such characters are called hypocrites, in war, traitors, in politics and business, grafters, but in medicine they want to be called "scientific" and progressive.

Such double dealing, imposition, and truthless teaching and practice is reaching its limit. The call is going forth to return to the "camp fire," to get back to fundamental principles, to reclaim, if possible, the wanderers, and lead the oncoming students of medicine, and their future patients, into honesty, frugality and truth.

This society stands for just such work, more than any other national organization. I am sure we do not fully appreciate the opportunity. The laity, already aroused and organizing for self protection against this truthless imposition, is more susceptible to education today than ever before.

The pendulum of human nature swings from one extreme to the other. It is now swinging away from heroic and indiscriminate drugging; the opposite extreme will naturally be no drugging, but my good colleagues, don't you see that when the pendulum is at rest, it will be poised very near the truth given us by Hahnemann viz.— the single remedy, with the material poison eliminated, given in the smallest dose, sufficient to cure, and selected by the law of similia to remove the cause not to palliate the result of disease, is the very essence of Homœopathy.

The old way of trying to advance and promote Homœopathy is pretty nearly an ignominious failure. My plea in this exhortation is for the true representatives of Homœopathy to "get back" to the people with the truth given us by Hahnemann.

We all know by observation that the moment the patient knows the kind of treatment he wants, and why, he has done forever with the fixers and the mixers who administer poison drugs in heroic doses. The modern drugstore, commercialized as it is, into vending proprietary nostrums and

palliative mixtures with the modern doctor as its agent, has outlived its usefulness, and is nearly, if not fully, as great a foe to the human race as the saloon: and I repeat, that the day of indiscriminate drugging is fast passing. The people, with a little help, readily see the folly and wickedness of using crude and poisonous drugs at any time, or in any form. Cure and health are not promoted thereby, but sickness, disease, and chronic invalidism commonly result.

If every Homœopathic physician who knows the truth, and is trying to practice consistently with such knowledge, would do his or her full share in educating the masses, the demand from the people for Homœopathy, straight and true, would soon be irresistible, and the so-called "scientific," puddlers and muddlers in medicine would be out of business. I say soon; it might be ten or twenty-five years, even if it be fifty years, the first half of the twentieth century would show a far greater advancement for Homœopathy, than is credited to the nineteenth century.

We all recognize and acknowledge this fundamental principle of democracy, that true reforms, in advancing civilization, come from the people. Then why not give more time to the education of the people, rather than to the doctors. So long as the people are willing to be faked, there will be a premium for fakirs; but when the people know what is best for them, what they need, and demand a "square deal," they will get it and not before. This is an opportunity for a crusade and I propose we begin immediately having this two-fold purpose in view viz., first, the exposure by publicity, of the so-called homeopathic doctor, who, in his duplicity, substitutes compound tablets, serumtherapy and palliative crude drugs for homeopathic treatment,

Second, To sufficiently inform and educate the laity regarding the principles and practice of Homeopathy, so that they can easily know a true Homeopath and distinguish between him and the fraudulent mixer who now claims to represent Homeopathy.

This society and every true disciple of Hahnemann should promptly join such a crusade, and get into, and stay

into, the missionary field for Homeopathy. Get back to the truth, as Hahnemann gave it to the world and pass it along to the people. The common people who heard the great truth giver gladly, will hear any truth giver gladly, while the scribes and pharisees, and the politicians in "scientific" medicine will "pass it up" as they always have.

### PARACELSUS AND FLUXION POTENCIES.

BY DR. B. FINCKE, M. D., Brooklyn, N. Y.

In my criticism on Dr. Kunkel's essay on "Kraft and Stoff" where the efficiency of the inert waters in the watering places of Gasten Weldbad, etc. was attributed to the vibrations of the Ether in answer to a suggestion putting it on the atmospheric pressure, I ventured to say, that it was owing to natural potentiation by fluxion in as much as the waters running underground over stones and over other substances take up the medicinal forces with which they are endowed and hence when coming to the light of day prove so efficacious for healing.

It was on the 20th of May, 1863 while making the 9000th potency of Thuja occ. with a machine on the Korsakoff-can plan that the first idea of fluxion potentiation came to me. I find in my notes the following remark: "The thought came to me, that nature accomplishes such potentiations only by fluxion and the finer potentiations are effected by finer fluxion which when it is only continued steadily as I have observed at Lake George also produces lasting formations."

This was written forty-two years ago. The action of the high potencies on this plan has justified the truth of this idea. How much was I surprised when I found recently in an essay by Dr. E. Schlegel, read before the German Homœopathischen Central Verein in Salsburg and published in Dr. Vollers' Archiv für Homœopathy in 1898, on Paracelsus studies the very idea just mentioned which was expressed by that great physician and natural philosopher in the first decades of the sixteenth century in the following

words: "He (Paracelsus) gives a very good geognostic description of the origin of the different healing springs and of the manner by which the waters derive forces in their course through rocks and ripe and unripe ores." The following is the identical quotation from the works of Paracelsus in the second tract on natural springs: "Where many mineralia are lying and chalk and a hidden water-course which tends to come to the light of day would have to run through such regions, it must unite with their mineral use and must receive the heat (Hitz, meaning the life force) and nature of the same, therefore come to the light of day and keep also its heat (Hitz, life-force) which it has received internally."

This shows, that Paracelsus who was the forerunner of the Hahnemannian idea of the dynamicity of diseases and medicines was also the forerunner of his idea of potentiation. Not that Hahnemann had stolen his discovery of Homœopathy from the great medieval reformator of medicine as ill-advised physicians have maintained, for Paracelsus was in Hahnemann's time only known as a charlatan and to Hahnemann alone, who himself repudiated the base insinuation with indignation, belongs the honor and the right of having brought the homœopathic healing art and science into the world by his own experiments and observation. Nor could the production of fluxion potencies which was established forty-two years ago here in the United States of America be laid to his credit. But it is certainly remarkable, how a correct idea will never die and even after centuries of obstacles will be brought to the light of day, like the hidden underground water courses running incessantly to form and increase the small and great rivers and the innumerable springs for the benefit of humanity.

The coincidence of the ideas of the two great reformers of medicine redound to their immortal glory and at the 150th year celebration of Hahnemann's birthday we should not forget that of the older physician, since both of these in spite of all opposition, conquered in introducing their imperishable ideas to an unbelieving old school of regular physicians.



## GELSEMIUM

BY DR. C. E. ALLIAUME, Utica, N. Y.

*Yellow Jasmine*:—A climbing plant native to the Southern States. Introduced by John J. Henry in 1852 and proved by Douglas, Payne, Hering, Kemper, Morgan and Hare.

Tincture prepared from the root.

In the tincture it is poisonous. Allopathically it and its alkaloids are spoken of as antipyretic and antizymotic; they induce paralysis, both motor and sensory. Contra-indicated where the heart is weak. Useful whenever exaltation of function exists in sensory or motor nerves, often of special value in neuralgias, particularly trigeminal and ovarian, in dysmenorrhoea, etc.

*Antidotes*:—Morphine and alcohol are the most complete physiological antagonists.

*Homœopathic Indications*:—It is especially suited to children, young people and nervous, hysterical women. (croc-ig.) The patients are always nervous, weak, and chilly, and the body is covered with "goose pimples", the chills running up the back.

There is profound relaxation and prostration and a lack of muscular coordination. There is confusion in the movements of the limbs and the muscles refuse to obey the will. Excitable, irritable, and sensitive persons of both sexes who suffer from the effects of onanism. (Kali. ph). Bad effects of fright, fear, exciting news and sudden emotions. (Ig. Coff) The anticipation of any unusual ordeal brings on a diarrhoea or involuntary urination. (Arg. met.).

*Head* — Severe pain in the forehead, and vertex, dim sight, head feels too large, wild feeling alternating with uterine pains. Hyperaemia of the brain, medulla feels full and heavy, especially before a convulsion. Cerebro-spinal meningitis in the stage of congestion, severe chill and dilated pupils. (Bell).

## CONGESTION OF THE SPINE AND BRAIN.

Pains of head begin in the cervical spine and extend

over the head, with a bursting sensation in the forehead and eyes. Sensation of a band around the head above the eyes. (Merc. Sul. Carb. ac. Plat). Dull, dragging pain in the occiput and upper cervical region extending to shoulders: better by resting quietly on a high pillow with the eyes half closed. Eyes sore, heavy and red.

*Mind*:—Desires to be alone; irritable. Dull, languid and listless, delirium during her sleep, loquacity. Fear of death, in fever. Catalepsy, with dilated pupils, closed eyes, but conscious. Child starts and grasps the nurse and screams, for fear of falling, (Borax, Sanic) while being carried. Bad effects of fear or exciting news.

*Eyes*:—Pupils dilated (Bell.) double vision, when inclining the head towards the shoulder. Confused vision, eyes look heavy and feel sore; lids heavy, besotted look, can't keep them open. (Caust. Graph. Sep.)

*Nose*:—Violent sneezing in the morning. Watery, ex-coriating discharge with a feeling from the throat into the left nostril like a stream of scalding water.

*Coryza* in spring and summer weather.

*Face*:—Hot, heavy, flushed and besotted looking. (Bapt. Op.) yellow or jaundiced.

Neuralgia, with contraction of the muscles, especially about the mouth. Orbital neuralgia in distinct paroxysms.

*Tongue*:—Tongue and glottis partially paralyzed; speech thick, as if drunk, from congestion at base of brain.

*Throat*:—Dysphagia; paralysis of organs of deglutition. Painful sensation of a lump in the oesophagus, in hysterical women.

*Stomach*:—Thirst absent or slight (Puls.) Sensation of emptiness and weakness in stomach and bowels or an oppression and fullness worse from pressure of the clothing.

*Abdomen*:—Acute, catarrhal enteritis during cold or warm weather. Gnawing pain in the transverse colon.

*Stool*:—Stools yellow, bilious, cream colored, clay-colored (Cal. c.) or color of green tea.

*Diarrhoea* in nervous persons subject to nervous shills;

after sudden emotions or upon the anticipation of any unusual ordeal. (Arg. nit).

*Urine:*—Copious flow, relieving the headache, incontinence from paralysis of the sphincter; nervous children.

Alternate dysuria and enuresis.

*Male Sexual Organs:*—Spermatorrhœa, without erections. Cold and relaxed. (Phos. ac) Emissions during stool. Gonorrhœa, first stage, discharge scanty. Gonorrhœa suppressed and followed by rheumatism or orchitis.

*Female Sexual Organs:*—Threatened abortion from sudden emotions; Uterus as if squeezed by a hand; anteflexion. (Cham. Ust. Nux. v). Ovarian irritation with the characteristic headache.

Dysmenorrhœa, preceded by a sick headache, deep red face, and bearing down in the abdomen. Menses suppressed with congestion to head and convulsions every evening.

*Pregnancy:*—Double vision, headache, drowsiness, vertigo, cannot walk for muscles will not obey. (Eclampsia)

*Albuminuria:*—Sensation like a wave from the uterus to the throat with choking feeling; impending spasms.

Retarded labor from rigid os uteri. False pains from before to back and up in the abdomen and legs. Pains go through to and up the back. False pains from a few days to weeks before time.

*Uterine Inertia:*—Nervous chills in first stage of labor. Woman stupid and apathetic. Pains cease on an examination, she is "so nervous". Convulsions, preceded by great lassitude. Dull feeling in forehead and fullness in the medulla. Head feels big, os uteri rigid, face besotted, there is great muscular prostration.

*Larynx:*—Spasm or paralysis of the glottis. Slow, heavy and labored breathing.

*Heart:*—Sensation as if the heart would stop if he did not keep in motion. (Dig. Just the reverse). Irritable nervous heart. A peculiar action of the heart, as if it attempted its beat and failed, the pulse intermitting each time, worse especially lying—lying on left side. Nervous chill

with violent shaking, wants to be held. Heart disease. Weak slow pulse of old age.

*Back:*—Dull heavy pain, muscles feel bruised, and will not obey the will: prostration, congestion of the spine. Locomotor ataxia—Paraplegia pains of spine to head and shoulders.

*Extremities:*—Loss of power, cramps in forearm. Writers cramp. Paralysis from excessive piano playing. Excessive trembling of hands and limbs.

*Sleep:*—Delirious on falling asleep. Insomnia from exhaustion, uncontrollable thinking (Coffee) or tobacco using.

*Fever:*—Regular, periodic fever without chill. (Ars.) Recent, uncomplicated cases. Intermittent takes on remittent, type. Tendency to typhoid, Quotidian or tertian type.

Paroxysm at same hour every time. Marked periodicity. (Aranea. Ced. Sabad). Malarial—Yellow—Typhoid. Chill preceded by incontinence of urine.

*Chill:*—Without thirst. Commences in hands and feet. (Nat. m.) Chilliness runs from feet up spine to occiput in waves (Kali. iod.) Coldness is so severe it is painful and child wants to be held from shaking so hard. (Lach.)

*Heat:*—Without thirst, intense burning, face hot, sleepy, stupid, tired, wants to lie still, (Bry.) or great nervous restlessness. Sensation and fear of falling. Heat is long lasting. Loquacity.

*Sweat:*—Profuse, with thirst. Relieves the pain. (Nat. m.) Most profuse on genitals.

Apyrexia often wanting or very short. Must be covered in all stages of paroxysm.

*Modalities:*—Worse from damp weather, fog, before a thunder storm, (Psor. Rhus. Phos. Sep. Agar.) bad news, tobacco smoking, (Ig.) thinking of his ailments, when spoken to of his loss.

*Better:* After profuse urination, bending forward, open air, continued motion (heart) and from stimulants.

*Case 1.*—Mrs. G. W. I was called in a hurry and found her in a semi-conscious state, face red, besotted, lying on

back, eyes half closed, head drawn back with intense pain and full feeling in the occiput and medulla. She was nearly at term with her first child. She was having some uterine pains which ceased when I examined her. I gave her Gels. which relieved the condition and she was confined about two weeks later without any unusual trouble.

CASE II.—Geo. W. About 50 years old.—Metal pattern maker. Had attacks of vertigo for over a year. Severe from spine and occiput into head with severe pressure on the vertex; Came suddenly causing falling and semi-unconsciousness at times—He felt as if drunk. Pain in eyes and stomach. A few doses of Gels. cured.

CASE III.—Mrs. R. C. Mother of two children.—During her last pregnancy she was determined to commit suicide.—

Severe pain in occiput, said she felt she was going crazy.—Sensation of a band about the head.—Weak gone feeling in the stomach.—Felt scared and afraid something would happen. Trembled all over—Legs weak. This condition was brought on by a fright from seeing her little boy get injured. Gels given occasionally for two or three months cured this case.

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### PETROLEUM: A PROVING.

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BY C. M. BOGER, M. D.

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One dose of Petroleum 3m Skinner given for symptoms referable to the ankle produced the following symptoms: they began within twenty-four hours, gradually diminishing during the twenty-one days.

1. Heaviness of eyelids.
2. Aversion to being spoken to.
3. Frequent profuse urination; also toward morning.
4. Headache so severe cannot bear to open eyes.
5. Inability to think. Forgetful.
6. Stiffness of nape.
7. Heavy pressure over eyes and in occiput, with inclination to lie down.

8. Pain as if head would burst.
9. Closing eyes causes a whirling about in head, ameliorated holding eyes wide open.
10. Sick stomach aggravated every motion, with bursting sensation in sides of head just like train sickness which I have had.
11. Sleepiness, with heaviness of eyelids.
12. Horrible jerking pain in calf of right leg running upward; severe at knee.
13. Misspells words.
14. Mouth dry. Lips feel parched.
15. Heat in head.
16. Coldness of tips of fingers.
17. Shivering after urination.
18. Feeling as if fluids were drying up in body, and as if body were getting smaller internally, but expanding externally.
19. Chilliness of entire right side.
20. Coldness along spine.
21. Aching in right wrist.
22. Eyes feel hot.
23. Cramplike pain in right arm and right lower limb.
24. Cracking in ears.
25. Aggravation in morning.
26. Sensation as if right lower limb was turned inward.
27. Pressure in forehead.
28. Twisting sensation in head, spreading upward from occiput.
29. The parts of the head and face feel as if being drawn together toward the middle of the nose and then downward into throat.
30. Throat feels thick internally.
31. Tickling of left ear.
32. Frothy expectoration.
33. Hurried stool at 6 p. m., very offensive, of a strong sweetish odor.
34. Continual severe ache and sick feeling in occiput.

35. Petroleum seems to affect the base of the brain and ears.

36. In twelve days new symptoms appeared; a heavy, oily aromatic odor to urine, to body, to sweat.

37. Clutching pressure in pit of stomach aggravated deep breathing, with stiffness like a stick extending up into throatpit nineteenth day.

38. Twenty four hours after last symptom had dark, grayish green stool, containing little specks looking like black pepper.

39. Nineteenth and twentieth days had exciting, frightful dreams toward morning.

#### ARSENICAL POISONING.

Mrs. G. accidentally swallowed an unknown quantity of arsenic, probably less than thirty grains. She did not discover her mistake for an hour and a half, but fortunately the stomach was full. She now took mustard and water and egg albumen which quickly caused emesis. I saw the patient three and one-half hours after the occurrence.

During the three succeeding days the following symptoms developed:

Cutting over eyes, in temples, above ears and in cheek bones, this gradually passed into a dull tired feeling, felt most in facial bones, then followed symptoms of a cold in the head with a squeezing pain in the malar bones.

The face was bloated and red, she is normally very pale. Smell of the cooking nauseated her and she vomited regularly every hour, each attack was preceded by restlessness and accompanied by a sense of heat all over. Not thirsty, but when ordered to drink hot water she thought cold would do as well, but it did not seem to go down but was regurgitated, seemingly before reaching the stomach, upon taking the hot water, however, all went better, but she could not take much at a time as there seemed to be no room for it.

The stomach was full of gas and was forcibly eructated in quantities. Sharp ache across kidney region > heat, with very scanty urine. Tongue looked rough with a red spot near tip and a slight white coat.

**TUBERCULINUM.**

BY W. A. YINGLING, M. D., Emporia, Kansas.

It is a well established fact often observed by careful physicians that the suppression of cutaneous eruptions or skin diseases causes serious reflex conditions, and may be fatal. It is supposed by some that the curative action of a homœopathic remedy will not have this result, especially if given in a high potency and infrequently repeated, but such is not the case as seen from the action of Tuberculinum in this first reported case. In this prescription Koch's Lymph was used. While there is undoubtedly great similarity in the pathogenetic sphere of the various Tuberculinums, yet, in my humble opinion, I feel confident there is a difference and that it would amply repay a most careful and complete research. In the more brilliant results obtained in any of our remedies the finer distinctions are the basis upon which remedial selection must be made. In a rough way, I find Bacillinum better suited to acute manifestations of lung troubles, while the Tuberculinum Kochii is better suited to the chronic results of pneumonic troubles. In pneumonia the first remedy I think of is Bacillinum, unless there is plain indications for another, and in many cases even where Aconite, Bryonia, Belladonna, or some other remedy leads in the acute turmoil, I find Bacillinum soon comes in to rapidly finish the attack in very many cases. Since I have adopted this plan it is seldom a case goes beyond the first stages when called in time, the cough loosens up, the pain subsides, and the lungs are very rapidly freed from the accumulation and inflammation. In old people it acts like a charm. Most cases are convalescent in less than a week. Of course, I do not mean Bacillinum is a specific remedy for every case, but in those cases where the indications are not well marked and as a finisher of the case it is useful. The bovine form of this remedy has promptly relieved the incipient stages of hipjoint disease. That of the fowl is often curative of the results, especially where the lungs are



involved, of poorly treated cases of grippe or influenza. Tuberculinum Kochii I think of more often in tubercular conditions of the skin. In general consumptive conditions I have had good results quite satisfactory with all the forms of Tuberculinum, but usually select Bacillinum as preferable, possibly from the good results previously obtained. I have used the testicular Tuberculinum in but one case on the suggestion of Burnett, but without results—the usual result of a guess prescription.

There would be no more danger of a careful proving of the various forms of Tuberculinum on non-consumptive persons than that of any other remedy. I am fully persuaded such a proving would be largely remunerative of grand results.

From the results in these cases reported there is evidently a very friendly and complementary relation between Tuberculinum and Calcarea carb. In one case Calcarea removes the ill results of Tuberculinum, while in the other Tuberculinum completes the cure in which Calcarea was not sufficient. In both cases Psorinum was used in the first prescription as a starter to arouse the vital energies. I frequently make use of Psorinum in this way, but only in cases where a remedy is not clearly indicated. The indicated remedy must always be given when known with any degree of certainty, but where there is uncertainty or doubt I find Psorinum the best initial remedy unless the history of the case clearly points to some other nosode. As a general rule the nosodes are the best for nondescript and obscure cases. They will generally clear the case of cobwebs, lead to the curative remedy and very often be the curative remedy in the chronic form of disease.

In some cases the nosode will act curatively where the really indicated remedy fails. A case of sciatic rheumatism of nine years standing, after trying many doctors of all schools, electricity, massage, etc., presented the picture of Ammonia mur. almost in the exact words of the Guiding Symptoms of Hering, but did no more good than water on a duck's back. After much questioning she finally remembered

that twenty years before, about ten years before the sciatica began, she had a severe attack of the old fashioned itch. Psorinum promptly cured her. Within half an hour of the first powder she said she felt a decided relief. It was the only medicine that ever did make an impression on her sick condition.

Another feature is the repetition of the dose of Tuberculinum. In this my experience coincides with that of Dr. H. C. Allen. It is necessary to repeat more often than with some of the antipsoric remedies. My plan, adopted after a long experience in its use in chronic cases, is to select a medium potency from the 6m to 10m, give two, three or four doses twelve hours apart and repeat in single doses as the progress of the case seems to indicate in from seven to twenty-eight days, more often every one or two weeks. Waiting on the action of the remedy is not merely that there be *some* action, but a "strikingly increasing amelioration," as Hahnemann expresses it. He says waiting from forty to an hundred days "is rarely the case," showing it to be the exception rather than the rule. He further declares the best results may require repetition in intervals of fourteen, ten, eight, seven days, or even less, in chronic diseases. The size or bulk of the dose of a high potency cuts no figure, when within reason, but the potency is a very important question often difficult to decide. The small mustard-seed dose of Hahnemann was one of the very few errors he unwittingly committed, for when he placed the tiny pellet in a powder of sugar or milk the whole powder was soon medicated and became the size of the dose rather than the tiny pellet. The impulse to the vital force is the same whether a larger or smaller dose be given, and this accounts for the impunity with which small children can devour the whole bottle of medicated pellets prescribed for some one else. Had the child taken the same pellets at intervals the result would have been quite different. Hence, in the use of Tuberculinum, as well as other nosodes, experience has led me to repeat more frequently than some excellent members of this society, but, as I have before in-

timated, the resultant action of the previous dose must be carefully considered and no repetition should be made as long as there is a "strikingly increasing amelioration" of the case.

Sept. 15, 1902. Helen H., aged past ten. Rather a large child, fair, and inclined to be fleshy. Has had eczema since she was four weeks old. The skin becomes rough and hard, minute scales form and fall off. Patches become raw from very small vesicles. On various parts of the body and extremities, new places lately about the neck and under the chin and a new place in left groin and on left hip, itching, worse from handling it; burning and smarting. Always worse in Fall and Winter. Skin becomes rough, scaly, and hard to keep clean, must be kept oiled. Brownish discoloration of the skin over the scrobiculum, only in the Winter. Skin becomes soft and pliable in the Summer. Seems healthy otherwise. Cannot secure the family history. Psorinum 14m (Y.), four doses twelve hours apart.

Sept. 26. Generally much better, eruption nearly all gone.

Oct. 7. Itching and eruption worse again. The small vesicles break open and discharge. Averse to sweets, dislikes the blank pellets.

Oct. 18. Eruption remains the same. Itching worse when heated. Skin and face rough as usual in the Fall. Somewhat full under the eyes. Burns after scratching. Small blisters which exude water. Averse to fats, greasy foods, sweets.

Oct. 29. Eruption spreading. In groin parts stick together when leaning forward. Not quite so much itching. Vaccinated when a small child; again two years ago, took well. Malandrinum 3m (G).

Nov. 11. Some better. Place in groin is soft and well in the center with rough places at edges. There are now some places on chest below clavicle, but not so angry.

Nov. 22. No change at all. Itching worse at night, scratches till it bleeds. Tuberc. Koshii 6m (G), four powders twelve hours apart.

Dec. 4. Very much better in every way. Scarcely any eruption left except where she scratched herself. Slight itching only. Skin looks smooth all over.

Dec. 16. Very much better, only a very little roughness in a small spot under the chin. No itching. Tuberc. Koch. 6m, one dose.

Dec. 30. Continues to improve. No itching and no eruption except small place under chin which is now worse. Tuberc. Koch. 6m, one dose.

Jan. 8, 1903. For the past two weeks jerking and twitching of left hand, leg and left side of face and mouth so that saliva drools out, almost a paretic condition. Choreic movements noticed in reaching for something, lets things drop, can not handle left hand easily and so favors it. In walking throws out the left foot and leg. All seems to be on the left side. Slight numbness in calf of left leg and under left shoulder. Jerking principally in left arm, hand and shoulder and left leg below knee. Wants to change position, very difficult to sit quiet even at the table. Always has been quiet and composed. Jerking same in the early morning. Worse when trying to use the hand. No medicine.

Jan. 19. Eruption better right along, about gone entirely. Chorea same or worse. Lips twitch, eyes twitch more. Worse from fatigue and school work. Better on Sunday and Monday. Choreic movements same during sleep. Mygale las. 9m (F.), six powders, twelve hours apart.

January 28. Chorea is worse. Chokes on swallowing. Generally worse. Eruption remains well. Calc. carb. 40m (F.), four powders twelve hours apart,

February 9. Chorea some better, less in face and legs. Arm is better at times and has more control over it. Is worse in the morning. Slight roughness of the skin on the left side of face and a small spot on neck.

February 21. About same, no worse. Drags left foot somewhat and wears out that shoe more. Eruption less distinct. Calc. carb. 52m (Des.), one dose.

March 6. Some better. Drags foot less. More control

over left arm. Eruption all gone. Slightly worse in morning on arising.

March 28. Entirely over the chorea. Left arm and leg not so strong as right. No eruption, but skin not so smooth. Tuberc. Koch. cm (G.), one dose.

April 22. No eruption. Skin smooth and nice. Seems well in every way.

Aug. 15. Eruption is again showing itself on chest and in same places as before. Tuberc. Koch. cm (G.), two powders twelve hours apart.

Sept. 15. Eruption all well except in bends of elbows where there are vesicles that weep when rubbed. Some itching. The watery part is like it was when she was a baby and different from late years. Father had same on chest when a boy. No indication of the chorea. Tuberc. Koch, cm (G.), two powders twelve hours apart.

Sept. 26. Some better generally, but broken out in several small places on chest, neck and stomach. Less itching. Tuberc. Koch. 2cm (G.), two powders twelve hours apart.

Oct. 13. Old places all gone, but some new ones have appeared, not so bad. General health excellent. Tuberc. Koch. 2cm (G.), same.

Dec. 9. Has been approving right along. Still several places on body, but no new ones. Old places growing smaller, but are again itchy. Tuberc. Koch. 3cm (G.), one dose.

Aug. 4, 1904. Has seemed perfectly well. Is now aged twelve, last April. Chorea came back about a month ago. Left forearm was numb before it began. Now mostly muscular jerking of the thumb. Menses came in April, missed May, then just a showing. Slight eruptions inside of right elbow. Calc. carb. 52m (Des.), two powders twelve hours apart

Aug. 16. Better in some ways except in morning when first rising she is very nervous. Any noise or loud talking affects her. Passes off towards noon and is better the rest of the day. Combing her hair made her so nervous that it

had to be cut short. Eruption all gone. Calc. carb. 52m (Des.), one dose.

Sept. 13. Some better, but very slow. Calc. carb. 52m (Des.), two powders twelve hours apart.

Sept. 27. Is better and attending school and no worse from it. Arms about the same. Nervousness is less and she can sit quiet in study. Calc. carb. 52m (Des.), one dose.

Oct. 11. Improving slowly.

Nov. 2. There was a little eruption came on arms, but is better again. Menses regular. Is better in every way.

Nov. 19. Not much change. Following raking in yard was very nervous, shook all over, but it only lasted one day. Calc. carb. 5cm (F.), one dose.

Dec. 3. Not so well. Scrapes her foot when walking, catches and falls. Calc. carb. 9m (F.), four powders twelve hours apart.

Dec. 25. Is a good deal better in every way. Menses regular and profuse. Skin perfectly clear. A number of reports the same, without nervousness or eruption. Attending school and doing hard work. No aggravation up to this date, May 1905.

Here the lower potency, 9m, accomplished what the higher failed to do, but I am inclined to think a greater impression on the vital force by the administration of four powders would have accomplished the same work as did the 9m in four powders. This repetition is a very hard nut to crack and I am inclined to believe we often fail to get the desired results because we try to live to the ideal of one dose.

In the above case Calcarea was required to complete the work of Tuberculinum, while in the following case, which we will condense to save space, Bacillinum was needed to complete the work of Calcarea. This action shows the relation of the two remedies and that they are complementary to each other.

Nov. 6, 1900. Agnes M., aged 11, has had for some time chorea and is growing worse. Muscular twitchings and jerkings, movements of the fingers, hands and arms, worse at school, worse in left hand. Can be controlled by the will.

Neuralgic pains above left eye, mostly at night; better from rubbing, from vomiting. Laughs and cries easily, very talkative; goes all to pieces very easily. Suddenly turns from sad to gay. Eczema behind left ear, rather dry and somewhat cracked; used to discharge, but since the use of Cuticura soap there has been very little or no discharge. The sore gets dry. Does not sleep well. Noise seems so big some days. Had rheumatism when she lived in Denver, worse in the heels. Consumption on the mother's side. Father and grandfather had eczema on the left leg or on chest or arms. Feels that she must grasp or grip something with the left hand. Memory poor. Pain often in the back. Tired worn out feeling, wants to lie in bed in the morning. Easily fatigued. Despondency, cries easily. Wishes she had not been born. Moans and groans from sudden thought of headache or other troubles, easily appeased. Easily frightened. Apprehensive, fears some impending trouble. Awkward, strikes herself against things. Fear and dread of being buried alive.

Psorinum 42m (F), three powders at night, brought back the discharge behind the ear. Calc. carb. 40m (F) about every two weeks or at longer intervals as needed made great changes for the better in every way. She went from February to July apparently well, at which time she had a return of the ear trouble and chorea. In October she reported that she had been doing well, yet the ear trouble was again worse, but the chorea remained well. Bacillinum 6m (G), three powders at night soon gave relief and carried her over till the following June, when there was a slight return of the ear condition. Bacillinum 10m (G) was administered, four powders twenty-four hours apart, with entire relief. This was the end of the trouble, and as the mother has not reported any relapse I feel sure she remains well

**THE CHRONIC REMEDY.**

BY JOHN HUTCHINSON, M. D., New York.

As a rule the remedy that acts over a long period is also deeply-acting. This remedy will usually do all the work. One dose of *Calcarea ostrearum* in the proper potency, when administered to the adult patient whose condition indicates it, will cure the complaints and augment health for the remainder of life. A repetition of the dose may be demanded after a month or two, but rarely then, and certainly not as long as improvement is going on. This fact has been verified many times, and brilliantly so when the history of the case has shown that *Calcarea* was indicated in childhood but not given.

*Calcarea* is not only reconstructive then, but its effect persists over a very long period when not interfered with.

But profound activity and long continued action are not synonymous. It is not always true that the long-acting remedy acts most deeply. The character of the case under consideration alone will determine. Morbid influences arrive in the individual by devious paths, and each suppliant at the shrine of Homeopathy must present himself in utter loneliness. He has nothing to do with other complainants, for he resembles them only as *Aconite* resembles *Lycopodium* or *Thuja* or *Zinc*.

We can no more separate classes of remedies into arbitrary groups relating purely to acuteness or chronicity, than we can establish the gravity of a complaint by its diagnostic name.

A dose of *Belladonna* will dispel the *Belladonna* cough that it fail to recur, if at all, until weeks have passed, but in one sense we consider *Belladonna* a superficial remedy. Its chronic analogue, *Calcarea*, comes to mind instead for profound action. Yet the dose of *Belladonna* frequently acts long, while, conversely, *Calcarea* is often immediately effective in acute conditions, relieving pain in attacks of hepatic colic, for instance, with perfect promptness.



Let the symptom totality guide to any remedy, and that remedy will cure.

I am not a believer in the probability of banishing any case of illness with one dose of medicine, or with one kind of medicine. I do believe in the single remedy, in the single dose, and in non-repetition of medicine while the action of that already taken is still going on. There are doubtless numerous cases for which one remedy in the proper form is just what is needed, and all that is needed for cure. These cases, however, do not come in great numbers to one and the same physician. Why should they?

In the first place, the morbid states of humankind in this twentieth century have the factor of heredity in more pronounced form than at any other period of the world. In America the blood of our people is a mixture of nationalities, resulting in neurotic manifestations of complex variety. And even if this were not so, the difficulty in making a faithful homeopathic prescription is always positive. That prescription has involved not mere study, but trained perception, and an intuition of the order possessed by one Samuel Hahnemann.

It is not enough to know the symptomatology of remedies and of diseases. If we cannot take the case properly in all its essential spirit, in all its bearings from ancestral history down to the abnormal sensations of today, we cannot select the chronic remedy that will do the work successfully.

When, however, the right selection has been made, the physician's work is only well begun. He must then observe the effects of the medicine, discern how health is being restored, and make sure that in the habits of the patient nothing exists to thwart progress toward complete recovery, and the right remedy should not be interfered with.

As to the selection of a remedy that shall cover the case completely, psora, syphilis, and sycosis, as Hahnemann defined them, and as we understand them today, are most certainly to be borne in mind. The most acute, even

incipient conditions, will perchance elude the obvious remedy until the deeper antipsoric has been exhibited.

If we study carefully any individual patient we must surely gain an impression leading to the chronic aspect of certain morbid sensations, the time of their occurrence, the condition of their aggravation or amelioration. These characteristics may have existed so long that although certainly morbid, they are looked upon as the owner's unavoidable inheritance. It takes the logical and painstaking physician to convince the patient that abnormal physical and temperamental circumstance do not stand still. They fail to depart spontaneously, but they not only persist, they increase in force.

There is an expressive phrase that I have frequently heard from members of a large class of appreciative patients during treatment. While improvement is steadily progressing, though that phase of trouble which to the patient's mind is the important focus is apparently little modified, he will declare with sunny cheerfulness: "But I feel well in myself!"

There is a world of meaning in this. Such is the work being accomplished. The vital force asserts itself and declares for its native energy.

Only the chronic remedy can meet such an exigency, the remedy that reaches down to the great root of the disorder. That chronic remedy may be either Ipecac or Lachesis or Tuberculinum—some deep constitutional remedy or one that is employed most often for brief though sharply accentuated ailments. There is but one restriction to any selection—the remedy must fit perfectly the important elements of the case.

Again, the symptom totality is to be regarded with more than numerical judgment. The physician places a valuation upon each and every symptom in the totality. Those of highest value express the essence or spirit of some proved drug, and that is the remedy for the chronic disease. That remedy, chosen by this old, but sometimes forgotten method; that remedy demanded by the peculiarly deranged human system, will do its work, and will restore health.

**THE HOMEOPATHIC TREATMENT OF ULCERS.**

BY DR. GUY B. STEARNS, New York.

In presenting this paper on the Homeopathic treatment of Ulcers, it is not with any idea of giving an exhaustive treatise, but merely to record some practical observations and deductions that I have gathered in the treatment of such cases. Because of the comprehensiveness of my title, and the incompleteness of my data, I should hesitate long before writing such a paper, did I not feel that it is every man's duty to crystalize in some form all the knowledge he acquires through his individual efforts. So much valuable information, gained by physicians in their personal experiences, dies with them, because they do not consider it worth while to record isolated results. Viewed singly, such data may appear unimportant, but every generation produces its Hering, Allen or Clark, who gather up the fragments and incorporate them in the permanent literature of medicine.

My experience in the treatment of ulcers covers work in both schools. The different methods of treatment and results will be compared and contrasted, from which deductions can be made.

As a medical student in the old school, and during three years of interruption from my medical studies, I worked a great deal in dispensaries, and there made my first acquaintance with ulcers and their treatment. The procedures here were almost entirely local, consisting for the most part of topical applications, based on the theories of asepsis, anti-sepsis, and in some cases of an empirical specific relationship. The object of this treatment was to attack the visible manifestation of disease, and cause that to disappear, selecting those methods which were based on broad general principles.

The following summarizes the usual routine of treatment in accordance with these ideas: First, a thorough cleansing with some antiseptic solution, usually bichloride of mercury, perhaps preceded by peroxide of hydrogen.

Then the usual dressing of the limb followed, and the patient was told to report in two or more days. The choice of dressing depended on the kind of ulcer, its cause, duration, etc.

When of tubercular origin, Iodoform freely applied was a favorite prescription. In the laryngeal form, lactic acid. Ulcers of syphilitic origin usually called for some mercurial dressing; calomel, or a mixture of calomel and bismuth, or a wet compress of bichloride of mercury. If these failed, a dressing of lint saturated with a solution of potassium iodide and the tincture of iodine.

Sluggish ulcers, especially if the result of varicose veins, were treated with balsam of peru, or a mixture of balsam of peru and castor oil, or some preparation of the stearate or oxide of zinc. Excessive granulations were curetted, or cut down with silver nitrate. When very painful, they were dusted with acetanilid. If very offensive, bromine, 1 to 500 was used as a deodorant. When under these various dressings the surface became healthy or nearly healed, aristol was applied, and they were left alone for several days. Strapping, curetting, cauterizing with pure carbolic, scarifying, the use of various boracic preparations, calendula, electrozone, and many other mixtures, all had their place and were much used. Frequent changes from one dressing to another were necessary, for, though it was not difficult to get the ulcers fairly clean, no one dressing appeared to be sufficient to cure.

Although the results from this line of treatment were fairly satisfactory, when compared with what is usually expected and obtained, much was left to be desired. Patients were coming with ulcers to be dressed which had not been healed in ten years; some large as the hand, and almost devoid of sensation, others which had been healed many times, only to break down again and again, some nearly covered the anterior surface of the leg, and even encircled it. The only constitutional treatment ever given was on general principles, such as antisiphilitic drugs, and so-called alteratives.

The foregoing had constituted the basis of my knowledge of ulcers and their treatment, before I became a member of the staff of The Metropolitan Hospital, Blackwell's Island, a large charity institution, whose surgical side regularly furnished from thirty to forty cases of ulcers.

#### RIGID CLEANLINESS.

The first change which I made toward a better line of treatment was to establish a rigid asepsis. To this end all instruments were kept boiling in the sterilizer when they were not in use, and the hands of my assistants and myself were thoroughly scrubbed between each dressing. This measure alone was followed by decided improvement in results, showing that pus organisms have different degrees of virulence when transplanted from one individual to another.

This fact is paralleled throughout the vegetable kingdom, for it is a well-known fact that seeds will grow more vigorously when planted in a different kind of soil than that in which they are produced.

The next step was an attempt to select for each case a suitable remedy. Much could be said of the difficulties encountered here. The absence of literature on the subject, the lack of support, and even the opposition of colleagues, the trend of mind produced by bacteriological teachings and antiseptic training, my own inexperience in applying the homeopathic law, all served as barriers.

A few brilliant results in some well marked cases, and the friendly advice and assistance of a good Hahnemannian prescriber, to whose influence I owe all my homeopathic principles, led me to more determined and continued efforts in this method of treatment. A much simpler external therapy was used, together with an internal remedy carefully selected for each individual.

From the standpoint of prescribing, the cases came under three groups, Those with well marked local symptoms, giving more or less clear indications for remedies; those having few local, but presenting a very clear constitutional symptoms; and those giving very few characteristic symp-

toms, either local or general. The last were the most difficult to prescribe for. These patients were for the most part from the lower walks of life, and because of the difficulty in obtaining from them an intelligent expression of their symptoms, much prescribing had to be done from objective appearances.

The cause of an ulcer, pathologically speaking, furnished the least important indications, though it was an element which always had to be considered. The fact that an ulcer was of syphilitic origin, or the result of broken down varicose veins, was of less importance in the selection of a remedy, than sensations, modalities, and general constitutional symptoms. The previous treatment was often of most value, for by antidoting the effects of what had previously been done, cases would improve greatly. However, the selection of an antidote depended mainly on the symptoms present.

#### OPIUM IN PAINLESS ULCER.

In the cases presenting no characteristic symptoms except an absolute lack of re-action, Opium was one of the best remedies.

The typical Opium ulcer had a bluish base, with little discharge; and no pain or sensation when touched. The more chronic the ulcer the more Opium is indicated. Under the use of this remedy I have seen many cases, where no change had occurred in years, become healthy in appearance, with bright red granulations, and an increase in discharge, go a long way toward a cure. I always gave the 200th potency.

Pulsatilla was of value in the same kind of cases, and was often indicated after Opium Sulphur and Silica were also occasionally useful for arousing reaction, but the cases requiring them usually presented characteristic constitutional symptoms. Mercury disappointed me oftener than it helped, possibly because I used it in too high a potency, but more likely because I did not prescribe properly. The seemingly good indications were probably the result of previous treatment, since most of them had received some form of specific medication.

## THE TUBERCULAR ULCER.

Among the most troublesome of all were the tubercular ulcers. Some responded to the apparently indicated remedy, but others did not. Some got better for a time, and then ceased to improve, or after a short improvement, went back to their original condition. A dose of Bacillinum 200th often roused reaction again in such cases, and after its effects had worn off the antipsoric, which had failed before, would take hold. I have found Silica especially useful in this relation

The most brilliant results I obtained were in the cases of recent syphilitic origin. By recent I mean such as occur within eighteen months of the primary infection. All these had usually been given too much mercury, so the prescription was as much for an antidote as for the disease. I remember very well two cases in the hospital. Each had little round ulcers on the penis, one of seven and the other of nine months duration. Under Kali bi. 200th, both were entirely healed in ten days. In my experience, Kali bi. is more often indicated in this particular class of cases than any one remedy. Next in frequency, probably, comes Nitric acid, and after that, Hepar, Lachesis, Arsenic, Thuja, Silica, Cauticum and a few others.

Many cases were received at the hospital, which had been operated, weeks or even months before, for bubo. These had not healed, but were left with ulcers at the site of the old abscess, whose edges were hard, indurated, and ragged in outline. the result of the unhealed sinuses. In nearly all the cases that I observed, where the buboes were opened and no remedies given they did not heal as rapidly as the cases prescribed for and allowed to open themselves.

The Otis method of treatment of buboes, when successful, often resulted in their very rapid healing and disappearance. It, however, did not prove successful in the majority of cases. This method consists in opening the bubo with a very small incision, washing the cavity with hydrogen peroxide followed by bi-chloride of mercury, 1 to 2000 and then injecting it full with a warm emulsion, composed

of a ten per cent mixture of iodoform in vasoline. A spika bandage is then applied, and the patient kept in bed a week.

The same class of remedies I found useful, in ulcers following the cutting of buboes, as was usually indicated in syphilitic ulcers. In fact the slow healing cases generally gave a history of chancre.

#### CALENDULA IN PROFUSE SUPPURATION.

One class of cases, which did not come under the head of ulcers, and which was very hard to manage before I learned of a certain remedy, was infected scalp wounds. Pus would undermine the scalp and separate it from the skull for a considerable area, which necessitated shaving for several inches about the wound and laying the whole cavity open. One such case occurred, where a branch of the temporal artery necrosed, and the whole left side of the scalp had to be laid open in order to ligate. The incision was a little more than an inch to the left of the median line, and extended from the forehead to the occiput. The scalp had so separated from the bone, that the lower flap hung down over the ear, leaving the skull denuded. Neither the strictest asepsis, nor the most vigorous antiseptics modified excessive formation of pus. All external applications, including Calendula, failed to influence healing in the least. It went on in this way for several weeks with no signs of improvement. Prescribing also failed; until I finally decided to give Calendula internally. I took some of the same tincture which I had used externally, and ran it up to the 8th, and gave it in water every four hours. The result was marvelous. The pus changed from thick yellow, and very profuse, to a sticky, transparent, white matter. The healing took place so rapidly, that the scalp became attached in its abnormally folded position, before I realized it, and I was obliged to dissect it up three times and slide it along over the denuded surface, before it would cover the skull; and even then a wide scar was left. After that I never laid open an infected scalp wound, and rarely packed one, or even shaved more than around the immediate vicinity of the wound. Instead, if there were no special indications for any other remedy, I



gave some of the Calendula which I had run up, and watched the case get rapidly well.

I never used this remedy for suppuration in any other part of the body, but would consider profuse yellow pus and a moderate amount of sensitiveness an indication for it. It certainly proved to have a specific relation to wounds of the scalp, though it was not until lately that I found mention of this fact in Hering's Guiding Symptoms.

#### ASAFŒTIDA IN PAINFUL ULCER.

Asafoetida has such well defined symptoms in connection with ulcers, I often wished to prescribe it, but only one case gave me the opportunity. The result was brilliant. This case was a man giving a specific history. He had a very large ulcer on the leg. The edges were high, indurated, and blue in color. Both the ulcer and the surrounding tissue were exceedingly painful. It also had a thin, ichorous, greenish pus, very profuse and offensive. This description exactly represents that given of Asafoetida, in its relation to ulcers, in Hering's Condensed Materia Medica. I gave daily doses of the 200th. Improvement commenced from the first, and continued very rapidly, until the ulcer was so nearly healed, the man could no longer be retained as a hospital patient.

#### NUX IN TUBERCULAR KNEE.

Another most gratifying cure was that of a patient with a tubercular knee joint. The knee was nearly twice its normal size. On the surface were a dozen or more small openings. They were shallow, being more like ulcers than sinuses. Their round punched out character gave a pepper box appearance to the knee. From them exuded a very small amount of pus. The patient was a dark haired, wiry, nervous individual, who went on periodical sprees. He had been very earnestly advised that an amputation of the limb above the knee was the only safe course to follow. All his constitutional symptoms pointed to Nux vomica, and this remedy was given in the 6th, repeated four times a day. Later he was given the 30th. In a short time all the ulcers were healed, but the swelling was more gradually reduced.

I saw him three years later and there had been no further signs of breaking down, the only signs of disease being a slightly enlarged joint.

PSORINUM, BUT DID NOT KNOW IT,

I shall not soon forget two cases that gave me much trouble. They resisted all forms of treatment. One was an old syphilitic, with an immense ulcer on his leg, extending from just below his knee nearly to his ankle. It encircled two thirds of his limb. Covering this ulcer were irregular, unhealthy granulations, in places an inch high. From it came a profuse, greenish yellow, slightly offensive pus. The ulcer gave him no pain, nor was it sensitive to touch. Curetting, cauterizing, all kinds of dressings, and seemingly well indicated remedies, failed to improve the condition in any way.

SYPHILINUM WOULD HAVE WON.

The other was a woman who denied any history of syphilis. She had many very painful ulcers on the leg which looked as though they had been gnawed out by worms. The ulcers were about as long as a finger, and nearly as wide, with slightly undermined ragged edges. Some lay in straight lines and others were curved. Their bases were filled with unhealthy granulations. They discharged very profusely, a thin, dirty yellow, slightly offensive pus. They were extremely painful, especially at night, and the pain was much worse with the limb hanging down. Heat also aggravated somewhat. She responded slightly to Nitric and Fluoric acid, but it was only a temporary improvement. The next service curetted the ulcers thoroughly, and dressed them with a mixture of potassium iodide and tincture of iodine. Under this treatment they were nearly healed at the end of three months. This was the only case which I saw where the attempt at close prescribing was beaten by external methods.

Very rarely did I find it necessary to cauterize or curette excessive granulations. I have often seen them disappear, however, under the action of the appropriate remedy.

The class of cases which I encountered in the hospital differed from those one meets in private practice. They were more broken down constitutionally; usually as the result of dissipation, lack of proper nourishment, and poor home surroundings. The remedies corresponded to the people. Those most frequently indicated were found in the two larger types under the rubric, Ulcers In General, in Allen's edition of Bönninghausen's Repertory, such as Ars.

206 INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

Lach., Sil., Flour. Ac., Carbo Veg., Sec. and others.

However it was surprising what results were obtained from the remedies which are not supposed to produce this character of tissue changes. As, for instance, the tubercular knee cured by *Nux vomica*.

#### ARSENIC IN GANGRENE.

An unusually interesting case was that of a man over eighty years of age, who had moist gangrene in the great toe. His urine contained a high percentage of sugar. In answer to my questioning, he complained of great pain in the foot, but nothing further as to his subjective symptoms could be elicited. He was very garrulous and loquacious, going from one subject to another in the same breath. All of his objective symptoms were covered by *Lachesis*. I began by giving him the 12th, then the 30th, and finally the 200th, and under this remedy the urine improved, his strength increased, and he was mentally better. But notwithstanding all my efforts, the infection traveled up the plantar tendons to the heel. The toe being dead I disarticulated it at the second joint, and laid open the sole back to the heel. The terrible stench was, in a measure, overcome by moist dressings of bromine, 1 to 500. Later on, in spite of the remedy, the sugar began to increase, and the pains became burning in character, with an aggravation at 1 a. m. Then *Ars.* 30th was given every three hours.

It cleared the whole case, and in a few weeks the metatarsal bone amputated itself spontaneously in the middle, leaving a beautiful surface of healthy granulations at the

point of separation. The whole wound finally healed. The cure of diabetes in one so old, and the spontaneous separation of a long bone, in its middle as the result of gangrene, seemed to me very remarkable.

During my first few months service in the hospital I used the remedies supplied by the institution, but very few were above the 6x. I found, however, that my own 30th and 200th worked better, and during the last nine months I furnished all my own medicines, rarely prescribing below the 30th, and more often using the 200th, or even higher.

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### SOME VERIFICATIONS OF NUX VOMICA.

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BY D. E. S. COLEMAN, PH. B., M.D., NEW YORK.

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It is not my intention to impose upon you a lengthy paper, or to dwell upon cases other than those which seem to me impressive.

The first case I have to report came under my notice while I was serving as interne at the Metropolitan Hospital, Blackwell's Island, New York, and taught me the value of constitutional symptoms as compared with the simply local.

An employe of the hospital had been suffering from tertiary syphilitic ulcers of the knee, which, for over two years had defied all so called treatment (antiseptics locally and some internal remedy for luck). There were about twelve to fifteen deep round ulcers with regular margins and perpendicular edges, presenting a greyish floor and secreting a sanious pus. Pain and itching were absent. These ulcers covered the patella and surrounding parts, varying in size from one fourth to one-half of an inch in diameter and one-fourth of an inch or more in depth. There was not the slightest doubt about the diagnosis--a clear history of primary and secondary syphilis was obtained and the ulcers themselves were characteristic. The case was first seen by me while making rounds with my house surgeon. The man was not a patient at the hospital, he simply had his knee dressed in the ward. From the local symptoms we thought

Kali bichromicum was the remedy, but it did no good. Later he applied for my personal treatment which gave time to take his case properly. The following were his principal symptoms: hard drinking at least every pay day (once a month), the effects lasting several days; frequent inhibition of all kinds of drugs and mixtures; acne rosacea brought on by the abuse of alcohol; patient thin, quick, active. I concluded that Nux vomica was his constitutional remedy. This was given in the highest potency then obtainable at the Metropolitan Hospital drug store, the 6th decimal tablet trituration, (It is not my intention to have it appear as though the higher potencies were never to be had. Some years ago through the efforts of the Hahnemannian surgeon a very complete set of 30ths were placed in the hospital, and later more potencies were added by others and myself. Some of these had run out and had to be replaced) repeating one tablet a half hour before meals and at bed time. It is hardly necessary to say that all external treatment was discontinued. In less than two weeks the ulcers had healed, and over two years later when I heard from him (through a brother physician to whom I had related the case) they had not reappeared. A small boil was produced on the knee by the provings of Nux vomica, but no such condition as described. The constitutional symptoms alone pointed to the proper medicine.

The second case which may interest, occurred in an elderly lady sixty-eight years of age. Some years ago she began to be troubled with periodical dimness of vision and flashes of light before the eyes. A diagnosis of incipient cataract was given by one of the leading allopathic oculists. Later she became converted to Homeopathy and the diagnosis was confirmed by one of our best eye men. Last fall she became much worse and I advised that she revisit the oculist. His examination, made October 4th, reported: Contracted field of vision, paleness of optic nerves and fundi, arteries and veins diminished in size. Vision in the right eye 10-200 and in the left 15-30. This visual test was made while wearing correcting glass. He advised that I study

her case in its totality, mentioning the drugs which he had found most useful in this trouble. Her symptoms were these: she was dark, spare, irritable, over-sensitive, easily offended, thought people were slighting her, started at the least sound, was continually worrying and talking about her illness, her memory was defective. Sometimes headache all over head, or vertigo always worse on rising in the morning. Margins of lids were inflamed and itched; presbyopia; hurt and dazzled eyes to read or write; obscured vision worse from light during the day, growing better towards evening; flashes of light before the eyes; photophobia. Appetite poor, drowsy after luncheon, constipation sometimes present with ineffectual urging; painful blind hemorrhoids liable to appear with constipation. Pain as if tired in the right ankle.

Aggravation in the morning; from using mind; sometimes after eating; from cold air.

Amelioration in the evening; from being quiet, from heat. On the fifth of last October I gave her Nux vomica 30th to be repeated each night at bed time. This was continued until improvement was evident, then discontinued until improvement had ceased. On January 3rd she received a dose of the 200th, and on the 19th of February this was regiven. By March she did not complain of her eyes and I sent her to the oculist for a retest. His report of March 28th was thus: Field of vision, optic nerves, fundi and blood vessels normal. Vision in right eye 15-100 and in left 15-20. Atrophy of the optic nerve is mentioned in the clinical symptoms in Allen's "Hand Book," and while I do not wish to be on record as claiming that this almost hopeless condition was present, nevertheless we must admit that the symptoms were significant.

Examination June 15th: vision in right eye 15-100, left 15-15. Field of vision, optic nerves, fundi and blood vessels normal.

The power of Nux vomica to produce labor pains has been very forcibly brought to my mind. My first experi

ences were at the Metropolitan Hospital, where two cases presented the following symptoms: Mental irritability, but with a desire for pains; they were ineffectual. The desire for stool or urination did not appear prominently. Both patients were dark and rather spare. I administered one of the lower decimal tablet triturations, the exact strength I do not remember, and in less than five minutes pains were produced and labor speedily and satisfactorily accomplished. With the advent of the pains the mental symptoms vanished (reverse of Chamomilla).

At 2 a. m. one morning Morpheus was driven from my couch by a call from a brother practitioner who wished help. When I arrived he told me that the patient had been without pains for three hours and was growing very weak. He believed, notwithstanding that he is an excellent prescriber, that forceps delivery would be necessary. Patient was very irritable and had a strong desire for pains, which were most ineffective while they lasted. On examination it was found, although the head had not engaged and the os remained undilated, that the position was such to force one to conclude that delivery could be accomplished in a normal manner, if pains could be induced. Remembering past experiences, where similar symptoms led me to Nux Vomica, I was determined that it should be given a fair trial. The doctor agreed and administered the 6th potency. Again, in less than five minutes, pains commenced, and in a very short time (a little over an hour) the child was born. I think three or four doses were given, including one during the third stage. The mental symptoms disappeared when the pains were produced, as in the other cases.

One afternoon, several months later, I received a telephone call from the same doctor, stating that he had a bad confinement case and asking me to remain handy should he need help. He said that pains had entirely ceased, and that her symptoms were similar to the former case. Nux vomica had just been given. In about half an hour or less the patient's husband telephoned that I was not needed; that he was a "proud and handsome father."

Contrary to what is generally stated regarding the aggravation of the stomach symptoms immediately after eating, it has been my experience to find the aggravation a couple of hours later or just as stomach digestion is being completed. When the stomach is empty, relief comes (reverse of Anacardium). Eating also relieves, but the distress re-appears again in one or two hours. The following symptom appears in ordinary type in Allen's "Encyclopedia": "Pain in the stomach, as if beaten, shortly after eating, disappearing on eating." In Nash's "Leaders" this one or two hours after eating aggravation is given as the principal "key-note."

Nux vomica is considered more of a remedy for constipation, with the ineffectual desire for stool, of the passing of small quantities at each attempt, than for diarrhea. While one must admit this to be absolutely true, nevertheless I should be sorry to be prohibited from using it in the second trouble. I recall one patient who saved the large bottle I had given him and claimed he could ever after cure himself without me (I have used small bottles ever since). This he did quite a few times, and tried it with like success upon several friends. Doubtless this seems strange, but it is perfectly true, and would lead us to imagine that this remedy is oftener called for in diarrhea than is generally believed. The following symptoms appeal to me as "leaders": The pain and tenesmus pass off after a stool; the stool is very unsatisfactory. I give the 30th potency, one dose after each evacuation, and seldom have to repeat more than once or twice, if at all.

The fever symptoms of heat with chilliness on uncovering or on motion, I have verified with the 200th potency.

It has proven most useful to me, the characteristic symptoms being present, in lithemia. Diet is also necessary to success in these cases. I believe that it is generally better not to diet until some effect from a remedy can be seen, otherwise, we are unable to tell if there is simply amelioration from the diet or a curative action from the drug.



A short time ago I had a most satisfactory result in a lithemic case with the 200th potency led principally by the mental and physical sensitiveness; the roughness of the larynx with hawking of mucus from the fauces; the one or two hours after eating aggravation of the indigestion; the constipation with ineffectual urging; the aggravation from coffee. No change was made in diet. I always make a careful urinary examination to avoid mistakes, if possible, in diagnosis.

Many more pages could be written about this wonderful curative agent, for it abounds in leading symptoms, but the fear of becoming awfully tiresome is upon me.

Usually I give the 30th or 200th, often the 500th or 1000th potency; excepting in the cases cited above, but I would not hesitate to give any potency whether it be high or low. One case of indigestion did not react until I gave the 3rd decimal trituration, which cured.

I am well aware of the fact that a low potency of this drug will often palliate without curing, when some other remedy is indicated, but nevertheless I believe that some persons will not react to other than the lower attenuations; this though does not often happen.

It has been stated that *Nux vomica* acts better in triturations than in an alcoholic solution, but I have been unable to demonstrate this.

Lastly, I know that this is a much abused and too frequently used remedy, and I in no way claim to have escaped this tendency, but I am of the belief that no drug is more generally and oftener found indicated.

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## NATRUM SULPHURICUM.

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By RUDOLPH F. RABE, M. D. New York.

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This remedy; like *Lac Caninum*, seems to be little known to the majority of homeopathic physicians. This statement applies, of course, to those of the low potency persuasion, more particularly. Known commonly as

Glauber's salts or sulphate of soda, the drug is extensively used by stablemen in purging the long suffering horse. That a drug disease is or can be in this manner imprinted upon the animal constitution, the writer has no doubt and indeed believes that he has seen evidence to this effect. By our old school-friends, the drug is now but little employed and when used at all is given in one to four drachm doses. It is called a mild hepatic stimulant.

It is through the work of von Grauvogl that the most important use of the drug has been made known to us—namely, in many diseases which are greatly aggravated by dampness. In fact, this aggravation from dampness, living in damp places or from sea air, becomes its chief characteristic symptom and runs all through the symptomatology of the remedy. In the Symptomen-Codex, this does not appear, but the proving as given in the Guiding Symptoms, emphasizes this modality clearly. It is one which, whenever met, should always call the remedy to mind.

Mentally, the Natrum Sulph. patient is gloomy, irritable and depressed and seems to be unusually affected by music, even if lively. Sad thoughts run through his mind and the thought of death or self destruction is often uppermost. In fact, it is at times difficult for him to refrain from putting his suicidal thoughts into action. He despairs of getting well and does not like to be talked to, especially in the morning, when he is out of humor and dull until breakfast time. A loose stool relieves him of his sadness and he then may even become quite cheerful and happy. In the head we find much confusion and vertigo with a general dullness, heaviness and a feeling of stupidity. Boring pains are felt in various parts, chiefly in the frontal and occipital regions. Also feelings of pressure and drawing pains. Tearing in the occiput, frequently occurring. The frontal sinus seems to be affected, if we judge by the severe pressive pains in the forehead just above the nose and the application of the remedy to the catarrhal troubles with a damp aggravation at once becomes apparent. The mental symptoms are similar to many following upon injuries to the head

and here the remedy is credited with numerous cures. The writer, in consultation, saw a case of undoubted cerebro-spinal meningitis, apparently the result of an injury to the head, promptly and entirely cured with a single dose of Natrum Sulph. cm. In this case, pain in the occiput was severe and retraction and rigidity of the head, marked.

In the eyes we find burning and stitching pains and evidence of chronic palpebral inflammation with thick greenish purulent discharges. Leadens heaviness of the lids in the evening, reminding us of Sepia. Greenish discharges, purulent in character, seem also to be peculiar to the remedy throughout its pathogenesis. The nose becomes stopped so that the patient can hardly breathe through it, associated with coryza. Pains in the ears, stitching, during damp weather.

The teeth ache and are > by holding cold water in the mouth, like Clematis, Coffea and a few others. The taste becomes bitter and slimy with dryness of the mouth and the root of the tongue is heavily coated with a dirty greenish grey or greenish brown fur. The palate and tongue burn and smart as if from pepper, with a sensation of rawness; blisters form on the palate, which becomes very sensitive to food but is soothed by taking cold water in the mouth. The throat is sore with a feeling of contraction when swallowing saliva, worse by talking or swallowing solids. Dryness of the throat and hawking of mucus in the morning.

Loss of appetite with great thirst especially for cold drinks or ice-water. There is also a voracious hunger with a fasting sensation in the stomach. Nausea and hiccough, sour eructations and heart burn are common to the remedy, also vomiting of greenish water, of saltish sour water and of bile. The stomach feels full in the evening, with oppressed breathing, also a trembling sensation and faintness.

The liver is sore, swollen with sticking pains or sharp stitching pains when taking a deep breath, with a feeling of tension. Sensitiveness in the region of the liver when walking or when touched. In the abdomen the flatus rolls and rumbles about and becomes incarcerated here and there, with gripping pains and emission of fetid flatus. Aching in

the abdomen in the morning before breakfast with much flatus and great relief by passing same. Diarrhea of yellowish green water, with much flatulence, forcibly or suddenly expelled, and coming on in the early morning after rising; not as in Sulphur however, driving the patient out of bed. Stools are preceded by colic and rumbling. Diarrhea always worse in damp weather. The urine seems to be increased in quantity and burns when passed, and may throw down a brick red sediment, a yellow red or a yellow white sediment in the morning. In the Guiding Symptoms we find the double-marked statement; Nephritis scarlatinosa, but whether this observation has been verified or not, I do not know.

By von Grauvogl the remedy was considered to be an important anti-sycotic, ranking with Thuja, and this has been verified. On the genitals and about the anus cauliflower-like condylomata with oozing of an offensive moisture have been cured; and the cm potency in one dose, within a fortnight removed an entire cluster of venereal warts from the corona glandis, after Thuja, Cinnabaris and other remedies had failed. In old gonorrhoeas, the remedy is of value, with thick painless, greenish-yellow discharge.

In the chest, Natrum Sulph. produces oppression of breathing, especially when walking and relieved by rest. Asthmatic breathing, particularly in damp weather. Dry cough with stitches in the sides of the chest, much like Bryonia, the patient has to sit up and hold the chest with the hands.

The expectoration is thick, purulent, greenish. The remedy is of use in old cases of hay fever with asthma, where we find the peculiar aggravation from dampness and the characteristic pains and expectoration. In pneumonia, the remedy has occasionally served me well, when the inflammation was limited to the left lower lobe, with pains about the lower left ribs. In one case of broncho-pneumonia, localized in the lower left lobe posteriorly, in a woman of sixty-eight years, with a very puzzling absence of deciding symptoms, the localization and the history of an old asthma always worse in damp weather, determined the choice for Natrum Sulph., which cured promptly in a single dose.

In the neck and back it has numerous pains, with stiffness and drawing, pressure and sticking, all sufficient to suggest its use in spinal meningitis and indeed it is a wonderfully effective remedy. In the limbs, numerous twitchings are observed and many pains of a drawing or pressive nature. In the fingers; fine sticking pains are found in the proving and clinically, panaritium with relief of the pain out of doors, has been verified. With this the writer has not had any experience. The skin is found to be jaundiced, also affected with moist eruptions like eczema. Pemphigus-like eruptions are also found. Hering speaks of sciatic pains curable by Natrum Sulph. and the proving would seem to bear this out, for we find numerous pains in the hip joint, especially the left, with great restlessness and desire to move, yet aggravation from motion, particularly when stooping or when arising from a seat. The pains are worse at night and in damp weather.

To recapitulate, Natrum Sulphuricum is characterized by a marked aggravation in damp weather, by its thick greenish discharges, mental depression, thickly coated greenish tongue swollen sore liver, flatulence, morning diarrhea of yellowish stools, dry painful cough, asthmatic breathing, thick pus-like greenish sputa, inflammation of lower left lobe of lung, and general boring, tearing or sticking and pressive pains.

The remedies to be compared with Natrum sulph. are, in the mental symptoms, Aurum especially; in toothache, Coff., Clem., Bry. and Puls.; in the chest symptoms and diarrhea, Bry.; Thuja in sycotic diseases; in the hydrogenoid constitution, Diadema Dulcamara and Rhus. Sulphur and Natrum mur. are very similar. In liver trouble Magnesia mur. and Ptelea trif. are similar in the aggravation when lying on the left side.

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## THE USE OF REMEDIES IN LABOR PAINS.

BY DR. GRACE STEVENS, Northampton, Mass.

The student of drug action early learns that most medicinal substances have a selective tendency, that is, they affect one part of the body or one kind of tissues much more markedly than another. Thus, we think of Bryonia in relation to the serous membranes, Rhus tox. to the fibrous tissues, and Gelsemium to the nervous system, although each has a wider sphere of action than that. Hence it is only natural to expect that certain drugs should affect pre-eminently the muscle fibres of the uterus or the nerves controlling them and drug proving has shown this to be the case. For example, Ergot causes a contraction of all the involuntary muscles, but especially those of the uterus, while Caulophyllum produces a relaxation or an irregular contraction of the fibres. These contractions of the uterine muscles, forcibly compressing the sentient nerves distributed to them and producing extreme tension of the lower uterine segment and the os uteri, cause the pains of labor, and since drugs can modify the cause of the pains, it follows that they can also modify the pains themselves. The sufferings of labor, however, cannot be referred simply to this mechanical cause. The construction of the human body is so complex, the relation of the various parts to each other is so close, and the power of the mind over the body is so great that almost any abnormal physical condition or unhappy state of mind may influence the uterine muscle and therefore the progress of labor.

It follows that in the conduct of labor there is a place not only for remedies whose action centers in the reproductive system, but for those as well which so act on mind or body as to influence that system. This means that the obstetrician must have his materia medica as well in mind as any other specialist, if he is to do the best possible work with his case. He will not be content to sit by and watch a patient suffering from intense nervousness, nausea, or pain

of exaggerated or abnormal character, when he has at hand a harmless remedy which will relieve or at least lessen the suffering.

Dr. Guernsey's work on obstetrics contains a long list of remedies which may be useful in abnormal labor pains and it is from that list that I have chosen a few to consider with some additions from Dr. Yingling's "Accoucheur's Manual". There are times when the pains practically cease for one reason or another. Among the remedies then to be considered are the following:—

*Belladonna*:—With the general indications for the drug, as flushed face, dilated pupils, extreme sensibility to light, noise, touch, or jarring of the bed, throbbing headache, etc., the labor goes on slowly; the pains come on suddenly and disappear after a time as suddenly as they came. The os does not dilate readily. It remains rigid or there are spasmodic contractions and it is hot, dry and very tender. Naturally the remedy is usually indicated in a patient of a very sensitive, nervous type,

*Kal carb*:—The uterine contractions seem to be arrested by distressing pains of a sharp, cutting character across the lumbar region. There are also the characteristic stitching pains of the drug, which begin in the back and pass off through the buttocks instead of coming around in front. The patient is weak and chilly and complains bitterly of her back which she asks to have pressed. There is belching with relief.

*Opium*:—Is sometimes useful when the pains have been suppressed by fear or a sudden fright. The patient complains that the bed is too hot. The face is red and the eyes injected, but instead of the extremely sensitive state of *Belladonna*, we find a soporous condition and stertorous breathing. There may be also twitching and jerking of the muscles. The pains cease suddenly and coma sets in between convulsive paroxysms. What of susceptibility?

*Pulsatilla*:—The patient may be apparently healthy, the os dilated and everything pointing to an easy labor, but the uterus proves almost inactive. The patient is tearful

and wants all the windows open, because lack of air causes palpitation, a feeling of suffocation and fainting. The contractions, when they occur, are irregular. There are characteristic labor-pains which make her walk to obtain relief.

There is good authority for the statement that Pulsatilla can rectify mal-positions. T. F. Allen says that this power seems to have been proven beyond a doubt and another writer ascribes the occurrence of mal-positions to a relaxed condition of the uterus and of the muscles of the foetus, which he declares Pulsatilla will remedy.

*Secale cornutum*:—is another fresh air remedy, of, however, quite a different type. It is applicable to women who are debilitated by frequent and repeated child bearing. The patient is weak and cachectic, while the surface of the body looks shrivelled and feels cold. The pains are very weak or even suppressed and the patient has fainting fits which interrupt the labor still farther. Everything seems loose and open, but labor does not advance.

T. F. Allen gives warning against the use of this remedy where there is albuminuria, because, he says, in such cases it is apt to cause convulsions.

*Camphor*:—Is of use when the pains have ceased, the patient is blue and cold and yet cannot bear to be covered. The patient is very weak, restless, and anxious.

*Actea racemosa*:—Better known as Cimicifuga has its place here, as well as in some cases where the pains are too severe. Dr. Kent thus describes its indications:—"Shivering in the first stage of labor, hysterical manifestations through labor. Pains have all ceased or are irregular so that they do no good. No dilatation has taken place. But when the regular pains come on we have important symptoms. A pain comes on and it seems to be about to finish satisfactorily; it has been regular and prolonged until about two-thirds through, and suddenly the woman screams out and grasps her hips—the pain has left the uterus and gone to the hips, causing a cramp there and she has to be rubbed and turned over. This remedy will regulate the pains and when the next one comes it will hold on to the very end."



The *Cimicifuga* patient often complains that her pains are not in the right place' and after receiving the remedy feels that things are going better. The heart's action is sometimes irregular and ceases suddenly. There is dyspnea and impending suffocation. This medicine has been much abused by using it in large doses to obtain its primary action. A labor which is progressing slowly may undoubtedly be much hastened by the administration of drachm doses of the tincture, as is sometimes advised, but the physician who does this should remember that the secondary action of the drug is to produce relaxation and that he may have a post-partum hemorrhage to deal with. In some cases, too, where the remedy has been thus given, the resultant after-pains are very violent, so that the woman's suffering is really not shortened. One valuable use for this remedy where it is indicated, is as a preparative for labor. There the medicine is suitable, it relieves the dreadful nervousness that so often assails the pregnant woman and so modifies the first stage of labor as to make it hardly perceptible.

*Nux moschata*:--Pains slow and feeble or suppressed. Pains spasmodic and irregular. Fainting spells. Very drowsy and falls asleep between pains. Restless; better when moving about. Very dry mouth, with aversion to water. Women with dry, cool skin, who never perspire.

At its best, labor means a great deal of suffering, but at times the discomfort is increased by nausea or by pains that are irregular or seem to have no expulsive value. This suffering the women bears much less patiently, as a rule, than she does the regular labor pains and again the aid of remedies may be invoked to make her more comfortable.

*Chamomilla*:--We all know this patient and how hard it is to have the proper amount of sympathy for her, because she is so cross and uncivil. She is intensely sensitive to pain—it seems to her unbearable—and she weeps and shrieks and scolds in the most violent manner. The face is red or one cheek is red and the other pale. The os is rigid and the pains, which are spasmodic and distressing, extend down the legs, instead of staying in the proper place. There is

frequent emission of large quantities of pale urine with the pains.

*Gelsemium*:—has a variety of pains that are troublesome and not efficient for advancing labor. They shoot up instead of forcing down, or there are pains in the back which shoot up and the os is rigid. This remedy also has distressing, cutting pains from before backward, which seem to neutralize the labor pains. The os uteri is round, hard, thick, rigid and undilatable. The woman is stupid and apathetic.

*Ipecac*:—may prove invaluable when, with the constant nausea of the drug, there are sharp, cutting pains about the umbilicus, darting off toward the uterus. The face is very pale, eyes sunken with blue margins. There are suffocative attacks.

*Nux vomica*:—is one of the very uncomfortable remedies. The traditional *Nux* patient is the woman who lives a sedentary or indolent life and indulges in coffee or wines and rich food. I think, however, that we often find *Nux* patients among our poor laboring women, who work much beyond their strength and try to keep up on tea or whisky until their nerves are in a very irritable condition. The pains may be excessive or the labor slow and tedious because the woman faints with the pains. Generally, however, the characteristic indication is that with each pain there is a desire for stool or to urinate and this repeated urging becomes most distressing. Several of the remedies already considered might also be mentioned under the heading of "Pains too strong"—as *Bell.*, *Cham.*, *Nux.*, *Puls.* and *Sec.* each, of course, with its characteristic indications. Besides these, and among many others are:

*Coffea*:—The patient is in a very nervous state and extremely sensitive to external impressions, as noise or odors or to any excitement. The pains are very severe, but not efficacious and the suffering seems quite unbearable to the patient who weeps and laments fearfully.

*Conium*:—is to be thought of when there are scirrhoticities in breast or uterus. The os is rigid and the pains spasmodic

and there is vertigo, particularly on turning in bed. The exhaustion is great and there is complete sleeplessness.

*Caulophyllum*:—The rheumatic patient may find great help here. The pains are spasmodic and very severe, but the os is extraordinarily rigid and there seems to be no progress. On the other hand, the pains may be weak because the patient is exhausted. Still another use for this remedy is in the short, nagging, "do-nothing" pains that often precede real labor. I remember one case of this sort that was impressed on my mind during my hospital service. A young woman came to the hospital with the history of having been in labor for several hours. She had had one miscarriage, but this was her first full-term child. Examination showed the os dilated to about two fingers and a half, but still tense. For several days the condition remained much the same. There would be occasional severe pains, usually at night, so that the doctor, nurse and patient were all much disturbed, but examination would show little or no progress. I tried several remedies, but with no benefit till the attending staff physician told me to give three or four doses of *Caul.* 3x at one hour intervals. This I did in the afternoon and the patient and I had a good night's sleep. The next morning about eight o'clock labor set in and delivery was accomplished in about two hours.

The list of remedies that might be useful in labor at one time or another could be extended indefinitely, but I think I have mentioned those most often used, and when all is said, an obstetrical case must be studied as carefully as any other, if one would get the correct remedy.

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### PUERPERAL SEPSIS.

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BY DR. C. E. ALLIAUME, UTICA, N. Y.

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Mrs. A. I. I was called to this lady April 1st. She had been confined about 20 days before by a mid-wife.

The patient had a temperature of 101, pulse 120; abdominal tenderness very marked over uterine region; rather

profuse bloody lochia; thirsty and pain in the small of the back.

I found the uterus large, soft, and the os widely dilated. I sent her to the hospital and immediately curetted the uterus finding a large piece of membrane; and douched the uterus with bromine, solution 1 to 40, and soda bicarbonate 2 drams of each to the quart of water.

I gave Sabina 200. in water every hour. She improved very much for a few days, but the temperature would not go below 100. Vaginal and intra-uterine douches and S. S. enemata were given daily. Heat was applied over the abdomen and patient kept on a light diet. She felt very well, but upon examination I found a somewhat tender lump in the right of abdomen about in the region of the appendix. The stool being of a lumpy character, I thought this lump might be a fecal concretion so treated her accordingly; but the lump persisted and I decided it was an abscessed ovary and tube. On April 14 the abdomen was opened and we found the ovary abscessed, the tube much diseased and the distal end of the appendix adhered to the ovary. We removed the whole mass and the patient responded finely and improved up to the fifth day.

Then there was a decided chill and the temperature went to 103 in two hours. I went to the hospital and upon removing the dressings to inspect the abdomen found them soaked with pus.

The abdominal wound had become infected and a large abscess formed. During the removal of the ovarian abscess it was very slightly ruptured and a single drop of pus oozed out. Although the entire field of operation was well walled off with gauze sponges, this wound infection probably came from the escaped pus. I irrigated the wound twice daily for three days and then once each day, with bromine and soda solution.

A bromine solution is made in the proportion of one part of Bromine to forty of distilled water. Then I put one teaspoonful of bicarbonate of soda and one teaspoonful of the Bromine solution to each quart of water. This is an

ideal antiseptic, and I have seen most wonderful results where it has been used in foul abscesses and septic conditions in general.

Dr. M. O. Terry, of Utica, is the originator of this Bromine and soda idea. Echinacea was given this lady from the time of the abdominal operation until there was no more pus in the incision, and it seemed to be of considerable value in modifying the general effects of the septic infection.

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### NEPHREOTOMY IN PYONEPHROSIS.

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BY ALEXANDER C. HERMANCE, M. D., Rochester, N. Y.

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In September, 1901, I was called to treat a young woman twenty-four years of age, who upon examination presented the following history.

Two years previous, while riding in a crowded street car, she was forcibly squeezed or jammed against the door, the knob being pressed deeply into her side just over the left kidney. She experienced much pain at the time, but beyond a little soreness it did not trouble her much for several weeks following the occurrence, when she was again taken with sharp pains in the region of the kidney, coming in paroxysms and leaving her weak and exhausted.

The physician who attended her at this time diagnosed the case as renal colic. These attacks would occur about every four weeks and last several days when she would apparently recover. During this time there was no swelling, very little soreness on pressure, and no abnormal urinary indications. The several physicians, all allopathic, called at different times, varied in their opinion as to cause and treatment, renal colic, menstrual colic, ovaritis, movable kidney, malarial poisoning, and indigestion being some of the most prominent.

The attacks then appeared more frequently accompanied with swelling in the hypochondriac region and continuous sharp pains from which she obtained no relief, even from

the opiates administered. After a few days, pain and swelling would disappear and she would be comfortable again for a few days.

It was during one of these attacks some two years after the injury that she consulted me, and after several months of careful prescribing, and following a severe renal hemorrhage I decided surgical measures were necessary and called Dr. M. E. Graham in consultation. An exploratory incision was decided upon and the patient was taken to the hospital and the operation performed. The swelling which proven to be hydronephrosis contained a large amount of cystic fluid which was evacuated and drainage established. The patient made a good recovery as to general health, and a gradually closing of the wound by granulation was expected, but such was not the case. The urinary secretions continued to flow through the tube much to the annoyance and discomfort of the patient although experiencing no pain. For two years this condition existed without any apparent change. Then patient began losing flesh. The wound would close and swelling and pain continued until drainage was reestablished; a mixture of bloody pus and urine discharging. During all of this time the homeopathic remedy as seemed indicated was administered. I then advised the removal of the kidney and Dr. Graham was again called and advised immediate operation. This was performed April 13, 1905, by the lumbar method, the kidney being found in a highly suppurative condition. Her recovery was rapid and uneventful, temperature not rising above 101°. Pulse remained strong and regular. Normal micturation was established on second day after operation. In three weeks patient was sitting up and taking ordinary diet. At present time, May 15, she is ready to be discharged.

I would say in conclusion that in my opinion the homeopathic remedy greatly retarded the suppurative process, it being two years from the time of the first operation before actual suppuration began, and is it not reasonable to suppose and believe that the similimum administered in the early stages of the disease (Arnica for instance) would not have averted the operation altogether?

# THE MEDICAL ADVANCE

AND

## JOURNAL OF HOMEOPATHICS

A Monthly Journal of Hahnemannian Homeopathy

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

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NOVEMBER, 1905.

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## Editorial

### VACCINATION BY HOMEOPATHIC METHODS IN IOWA.

Iowa has no compulsory vaccination law. The question is left entirely to the Board of Health and its police power in the state, but the method of vaccination has never been legally defined. Three years ago in Des Moines, the homeopaths under Drs. Linn, Royal, Eaton and others carried the question of methods—internal by variolinum, or external by scarification and commercial vaccine virus—to the courts and won their suit by which the school board was compelled to accept a certificate of the new vaccination by homeopathic physicians.

There are three schools of medicine—the allopathic, homeopathic and eclectic—recognized by the state and taught

in the State University which is supported by general taxation, and the homeopaths claim the right and the legal privilege of using their own methods of prophylaxis not only against small pox but all other contagious diseases. They claim that one school of medicine has no more right to prescribe and enforce the method of prophylaxis than it has to prescribe the method of treatment. The allopathic school knows no prophylaxis for other contagious diseases and but one method of vaccination, while the homeopathic has not only a prophylaxis against scarlatina, diphtheria, etc, but has found a method of vaccination equally if not more protective and entirely free from tetanus and other serious if not fatal complications and it claims the right to use it. This is the whole question in a nut shell. The following is the decision and ends the third legal battle in Iowa with the same result.

This question which has been pending in Council Bluffs as to the legality of certain methods of vaccination, or as to the rights of the board of health to insist upon a specified method, was decided by Judge Macy yesterday evening (Oct. 20) against the position taken by the local board of health, holding that this body had no right to rule against the tenets of any recognized school of medicine. Briefly summarized, the fight was for recognition by the homeopaths of a method of vaccination practiced and recommended by them, relating to internal treatment with medicines, instead of the ordinary treatment by scarification of the patient's arm. The state board of health and the Council Bluffs board of health claimed that the internal method did not fill the requirements and refused to recognize the treatment as official.

The trouble over the vaccination question started early last spring, during an alleged epidemic of smallpox (two cases) and was originally a contest between the board of health on one hand, insisting on the vaccination of every pupil, teacher and janitor in the public schools, and the school board on the other hand, resisting what was at first declared to be a radical and arbitrary order. The question as to the form of vaccination entered into the situation after the fight was well under way, and succeeded in complicating and holding up matters for final adjudication until the present time. After it became apparent that the local board of health, under the authority of the state board, had power to enforce the vaccination mandate, it was learned that two homeopathic physicians of the city were claiming to render subjects immune to smallpox by an internal treatment, without resort to the scarification method



When the internal system was brought to the attention of the members of the board of health they decided that this method would not pass muster. For the purpose of resisting the application of the vaccination order the school board cast its fortunes with the internal advocates—that is, declined to pass upon method, and left the enforcement question to the board of health.

At this time the matter was taken into court, the board of health asking for a mandatory writ to compel the school board to enforce its orders, while the school board asked for a restraining order to prevent the health board from interfering with the conduct or welfare of the schools. Judge Green, in passing upon the issues, held that the board of health had power to enforce its mandates, but did not take cognizance of the question of methods. His ruling allowed the application for the mandatory writ. The question was still further presented to Judge Green as to the rights of the internal advocates on an application of Mr. Canning and others, patrons of the school. In this instance Judge Green modified the order for the mandatory writ, but did not adjudicate the mooted question of methods.

The case decided by Judge Macy, Oct. 9., was a continuation of the action of Canning and others against the board of health, and in this instance the school board entered a disclaimer as to interest in the outcome, expressing a willingness to be guided by the ruling of the court. While the exigencies or epidemic presumed to have existed last spring are conceded to have passed away many months ago, all parties were anxious to have the matter determined definitely, as a guide to a possible future recurrence of the situation.

Judge Macy holds that the board of health has no right to formulate and enforce an order for general vaccination, except in case of an epidemic; that the board of health could not specify and define as against any method approved and recommended by any school of medicine; that any rules of discrimination formulated by the state or local board were against public policy. The mandatory writ in force against the school board to enforce the vaccination order was absolutely dissolved, but Judge Macy did not wish this to be construed that the board of health was without power to enforce vaccination orders in an emergency, but that in enforcing these orders certificates of immunity must be recognized, if coming from authorized persons, without regard to personal prejudices as to methods.

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### “OUR FRIENDS ACROSS THE WATER.”

The Editors of our British contemporary the *Monthly Homeopathic Review*, two of the best known writers in our school in Great Britain, appear to have been “touched” by the audacity of some enterprising editor this side of the Atlan-

tic, who has attempted to procure contributions from his English colleague without asking permission of the aforesaid editors. This is a strange conception of editorial duty or professional courtesy to come from free trade England. At this distance it is very difficult to determine how our British colleague will interpret this dog-in-the-manger threat, warning or objection, if he dare write for an American magazine. But here is the Editorial:

Our colleagues on the other side of the Atlantic are generally understood to be 'cut-', and we wish to be on as fraternal terms with them and with their journals as we possibly can be. But we draw the line when we learn, on the best authority, that the editors of at least one well-known American journal have written to one of our colleagues on this side to give them a list of English doctors to whom they may apply for contributions. Now, as we number less than three hundred homeopathic practitioners in the United Kingdom, and America can reckon about twelve thousand, we think it is too much of a good thing for the latter to endeavor to get contributions from Englishmen for American journals. With the *Monthly Homeopathic Review*, the *Homeopathic World*, and the *Journal of the British Homeopathic Society*, it requires all our talent to adequately fill our respective pages. We would therefore caution those to whom America may make application to consider whether it is not their duty to adequately contribute to English journals before sending over their contributions to another country. Fraternity of feeling may go too far, and become a loss instead of a gain to the cause, by subdividing too much our resources. We need hardly say that any such contributions sent to American journals would remain unknown on this side of the water, as few American journals are taken here, and the *Review* would not feel itself called upon to reprint them.

That the *Review* has some difficulty in securing original articles there is no doubt. Its pages speak for themselves, for in them there are more "scissored articles" than in any journal that comes to our table and we doubt if it always secured "permission to print" them. Its contemporary the *Homeopathic World* does not appear to suffer from lack of original contributions. Is there not something wrong or disjointed in the narrow view of the duties of the editors of the *Review*? We had always supposed the *Review* was published in the interest of a common cause, irrespective of national boundary lines or of latitude or longitude. Some of the ablest writers in current homeopathic literature are

to be found among our British colleagues and if the editors of the *Review* would do a little more work and less grumbling the editorial outlook would be brighter and their original contributions doubled. Brave American Editor!

### THE WEARY HOMEOPATH.

A writer in the *Medical Century* complains that the August number which contained a symposium on the "Propagandism of Homeopathy" was not timely. He thinks it should have had a number of articles containing the therapeutic indications for the prevailing summer diseases—fevers, diarrhea or dysentery. That the following months should have the experience of some of our best men in typhoid, rheumatism, bronchitis or diphtheria with remedies most frequently called for and their symptomatic indications. That as winter sets in a number should be devoted to pneumonia etc, *et genus omne*. He wants the experience of the older men in the treatment of the prevailing diseases, his successes and failures. In other words he wants some one to do his work for him, to aid him in his hard cases, and be partly responsible for his failures.

What a conception of Homeopathy and the duties of its representatives! Read a few paragraphs in the *Organon* my dear doctor and learn to walk alone, to rely on your law of cure and not on the ipse dixit of an older or a younger practitioner. Learn to properly take the case, how to select the remedy and how to use it after it has been selected. But above all learn that no man or woman, no matter how old or experienced ever saw your patient, and that you must treat every case of illness on its individual merits. That alone is Homeopathy exemplified.

### BARON KOMURA'S EXPERIENCE.

The recent illness of the Japanese statesman, the Peace Envoy, in New York on his return journey from Portland, must be a most humiliating spectacle for our regular (?) colleagues, if we may believe the reports given the daily press by his medical attendants. With a lack of unanimity

on diagnosis noted in the following dispatch we can easily perceive the difficulty attending the selection of a therapeutic agent which depend on the diagnosis.

Baron Komura's illness was diagnosed yesterday morning by Dr. Francis Delafeld as the first stage of typhoid fever. Dr. Pritchard, who has been attending the Baron since his illness commenced a week ago, adheres to his original diagnosis that the patient is suffering from inflammation resulting from gall stones, and Dr. Brewer, who was also called in, thinks that it may be liver or kidney trouble.—*N. Y. Times*, Sept. 14, 1905.

It seems strange that among the diverging opinions not one of the consultants even suggested appendicitis or ectopic pregnancy. In the meantime the Baron was assured of a protracted stay in New York, until the peremptory command of the Mikado to return to Japan settled the question.

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### COMMENT AND CRITICISM.

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

WENDELL PHILLIPS

(Second Installment Concluded.)

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BY GUERNSEY P. WARING, M. D., H. M., Evanston, Ill.

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The cause for this confusion in the medical profession, also the remedy promising the best solution and the most permanent results, will receive only brief consideration at this time in the following subdivision of this installment.

GET BACK TO THE PEOPLE WITH THE HOMEOPATHY OF  
HAHNEMANN.

Hahnemann lived ahead of his time. He promulgated a system of medicine almost universally rejected by the doctors of his day.

Only a few faithful followers supported the new system, while the master of the great art of healing lived.

Europe started the good news of similia, and America responded to the proclamation,—America, so receptive to new

thought and new systems, re echoed again and again Hahnemann's announcement to the world.

That Hahnemann lived ahead of American times is also self-evident. American civilization, made up from every nationality on the globe, has in it all the religions, cults and systems known to the world.

Homeopathy came as one of the sojourners. Brought by its friends, and cherished by a few true followers of Hahnemann, the new system of curing the sick seemed to have gained a welcome haven.

But America, with its so-called advanced civilization, civil liberty, religious freedom, boasted democracy and free education, has, and is still, turning its back upon much golden truth, given to the world by our forefathers.

Commercialism, with its dollar standard, rather than truth with its character of everlasting grandeur, has been America's superficial ideal. Fakes and failures, wine and wealth, graft and gain, style and stunts, pools and politics, characterize America's superficial progress; and the practice of medicine shares a part of the infection. The confusion of the medical practice today in which fads, fallacies, dishonesty and duplicity constitute an alarmingly large part is but a natural product of the commercial craze of the present time dominating as it does every department of life. Truth is loudly calling "halt," "about face," "get back into line;" principles and right must prevail. Roosevelt with his big stick forcefully calls for a "fair deal." Bryan, the great Commoner, shouts from the Platte "get back to the people."

In politics, in the church, in society, in the ranks of capital in the turmoils of labor, in every distinctive class or phase of life, the cry can be heard,—"get back" to a permanent, sensible, and orderly life, and anchor in the everlasting truth.

What about the profession of medicine? What truth has it for a basis? Whither are we drifting? What goal in the near beyond? What about Homeopathy, and its truth? What has the past century done in its further promulga-

tion? What are we doing now, and what are we going to do? These are vital questions, to which there can be but one answer; as in other departments of life, so in medicine, so with Homeopathy; we must get back to the truth, back to the principles and philosophy promulgated by Hahnemann, and demonstrated by his consistent followers.

The careful observer understands, with but little qualification, that Homeopathy is being disgraced, betrayed and abandoned by the so-called homeopaths who are servile devotees of a modernly commercialized anti pathic system. A large portion of the laity, who desire and ask for Homeopathy, receive in return only a bastard variety consisting of crude poisons, scientifically? classified as Anti-arthritic, Anti-nephritic, Anti-parasitic, Anti-pyretic, Anti toxic, Anti-chlorotic, Anti neurotic, Anti phlogistic, Anti-rheumatic, Anti zymotic, administered in heroic doses; all *anti*-pathic, as the names chosen by the venders indicate.

An automobile, a hypodermic, and a hand-case of serumtherapy, may be a business getting outfit, a successful commercial fad; but it surely represents no enduring truth, and cannot be palmed off for Homeopathy much longer. Hundreds and thousands of people are already in revolt. They are awaking to the realization that they are being worked to the limit; consequently, dozens of no medicine cults are thriving. Doctors, for dollars, misrepresenting the true mission of the physician, as given in Section one of the Organon, are scandalizing a noble profession, and disgusting the laity.

Such doubledealing, imposition, and truthless teaching and practice is reaching its limit. The call is going forth to return to the "camp fire," to get back to fundamental principles, to reclaim, if possible, the wanderers, and lead the oncoming students of medicine, and their future patients, into honesty, frugality and truth.

This crusade is to open the way for just such work. I am sure we do not fully appreciate the opportunity. The laity, already aroused and organizing for self protection against this truthless imposition, is more susceptible to education today than ever before.

The pendulum of human nature swings from one extreme to the other. It is now swinging away from heroic and indiscriminate anti-pathic drugging; the opposite extreme will naturally be no drugging; but my good colleagues, don't you see that when the pendulum is at rest it will be poised very near the truth given us by Hahnemann? viz.—the single remedy, with the material poison eliminated, given in the smallest dose, sufficient to cure, and selected by the law of similia to remove the cause,—not to palliate the result of disease, the very essence of Homeopathy.

The old way of trying to advance and promote Homeopathy by educating doctors is pretty nearly an ignominious failure. My plea in this exhortation is for the true representatives of Homeopathy to "get back" to the people with the truth given us by Hahnemann.

As previously stated, we all know by observation that the moment the patient knows the kind of treatment he wants, and why, he has done forever with the fixers and the mixers who administer poisonous drugs in heroic doses. The modern drugstore, commercialized as it is into vending proprietary nostrums and compound tablets with the modern anti-pathic doctor acting as agent, has outlived to a great extent its usefulness, and is nearly, if not fully, as great a foe to the human race as the saloon; and I repeat, that the day of indiscriminate drugging is rapidly passing. The people, with a little help, readily see the folly and wickedness of using crude and poisonous drugs at any time, or in any form, (excepting certain emergency cases). Cure and health are not promoted thereby; but sickness, disease, and chronic invalidism commonly result.

If every Homeopathic physician who knows the truth, and is trying to practice consistently with such knowledge, would do his or her full share in educating the masses, the demand from the people for Homeopathy, straight and true, would soon be irresistible, and the so-called "scientific" puddlers and muddlers in medicine would be out of business. I say soon; it might be ten or twenty-five years, even if it

be fifty years, the first half of the twentieth century would show a far greater advancement for Homeopathy than is credited to the nineteenth century.

We all recognize and acknowledge as to be a fundamental principle of democracy, that true reforms, in advancing civilization, come from the people. Then why not give more time to the education of the people, than to the doctors? So long as the people submit to being faked there will be a premium for fakirs; but when the people know what is best for them, what they need, and demand a "square deal," they will get it, and not before.

This is an opportune time for a crusade, and I propose we begin immediately, having this two-fold purpose in view, viz.—

First, the exposure by publicity of the pretending homeopathic practice, and public institutions which in their duplicity substitute compound tablets, serumtherapy and palliative crude drugs for homeopathic treatment.

Second, to sufficiently inform and educate the laity regarding the principles and practice of Homeopathy, so that they can easily know a true Homeopath, and distinguish between him and the fraudulent mixer who now claims to represent Homeopathy.

Every true desiple of Hahnemann, should promptly join such a crusade, and get into, and stay in, the missionary field for Homeopathy. Get back to the truth, as Hahnemann gave it to the world, and pass it along to the people. The common people, who heard the great Truth Giver gladly, will hear any truth giver gladly; while the scribes and pharisees, and the politicians in "commercial" medicine, will "pass it up," as they have long since been doing.

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### DR. WARNING'S CRUSADE.

Syracuse, N. Y. Oct 23—1905

EDITOR MEDICAL ADVANCE:—

The September and October numbers containing the beginning of Dr. Waring's Crusade against the various pathies other than Homeopathy, are valuable and have been



read with interest. They are prompted by an earnest desire to advance the truth; whether his method succeeds time alone will tell.

I acknowledge that the need of reform is a burning question, is exceedingly great; but when has a sinner ever been moved to repentance by pointing out his sins? He usually sees the sins of his fellow man far the most clearly. Or as Cowper says: "All men think all men mortal but themselves."

Aside from that point I welcome the effort of the doctor toward reform. But I do not welcome the effort to foist upon the profession a new society. While we still have one that stands for all the knowledge we can bring to bear upon Homeopathy and all the experience that its best and truest exponents have time to prepare—the International Hahnemannian Association.

S. L. GUILD-LEGGETT M. D.

[COMMENTS:—From what we know of Dr. Warnings Crusade we do not think he is anxious to form a new society so much as to have a common ground where every homeopath whether now a member of existing societies or not can unite in a common cause, the advancement of a better and more successful Homeopathy. Many will not join the A. I. H. or I. H. A. for special reasons of minor detail which to them seem sufficient, but they might be induced to join some organization with these objects in view. Why not become Associate members of the I. H. A. ? But the great object is work, either in or out of the harness, for the common cause: ED.]

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### HOW I TREAT MY TYPHOID CASES.

Toledo, O., Oct. 10, 1905

EDITOR MEDICAL ADVANCE:—

If anything were necessary to emphasize the burning need of reform in the teaching of our homeopathic colleges and of interest in the crusade of Dr. Waring for a better and purer practice of Homeopathy, it is the enclosed from the

September number of the *Medical Counselor*. How the editors of a homeopathic journal, all teachers in a homeopathic college, could publish such trash, as the homeopathic treatment of typhoid is incomprehensible.

And by reference to Polk's Directory I see that Dr. C. H. Murphy and Dr. H. C. Allen and yours truly are graduates from the same college, The Cleveland Homeopathic! The college must be teaching "liberal Homeopathy" if this be a specimen of what it turns out in the twentieth century.

Sorrowfully, S. E. C.

BY C. H. MURPHY, M. D.

I can best outline my treatment of these cases by describing a case that recently came under my care.

G. W., male, aged 25, came to my office on July 23rd. He complained of severe pain in the back and soreness of the muscles; dull heavy pain in the back of head. The temperature was 102 and pulse 120; tongue heavily coated and furred. At this time I ordered a light diet—milk and beef broth principally; prescribed a tablet composed of merc. dulc.  $\frac{1}{6}$  gr. and podophylin  $\frac{1}{6}$  gr. each hour until the bowels moved freely, and the following:

R Verat vir., gtt. xx.  
Gelsemium lx, gtt. xx.  
Aq., oz. jv.

M. Sig. Teaspoonful every one to two hours.

I heard nothing further from him until the afternoon of July 30th, when I was called very hurriedly to the patient's home. Found him with temperature of 104 and pulse of 140; face flushed; eyes had glassy appearance; pupils were contracted; great capillary congestion with dark spots on the left side of the neck and face; tongue heavily coated, dark brown—dry and red at tip. Tongue tremulous when protruded. Had very sore throat and dry hacking cough with sharp shooting pains through the lungs; there was considerable soreness and tympanites of the bowels, but only a slight diarrhea; he was exceedingly nervous and apprehensive.

At this time we ordered tepid baths of soda water (dr. j to each quart of warm water) every two hours, followed by a hot alcohol rub. To the bowels we applied the hot turpentine emulsion and comp. clay dressing to the throat—front and back, and prescribed:

R Baptisia, gtt. x.  
Gelsemium, gtt. xx.  
Aq., oz. jv.

M. Sig. Teaspoonful every hour. Also twenty grains of sodium sulphite every four hours in a glass of hot water.

The tongue cleared in three days and became red, dry and parched. Extreme prostration; stupid and unconcious; diarrhea, great thirst were all present. Prescription now changed to—

- B Muriatic acid, 1x, gtt. x.  
Rhus tox. 3x, gtt. v.  
Aq., oz. jv.
- M Sig. Teaspoonful every two hours alternate with ars, 3x.  
When the delirium occurred it was controlled by—
- B Hyoscyamus, 1x, gtt. xx.  
Passiflorr, gtt. xxx.  
Aq., oz., jv.
- M Sig. Teaspoonful every one to two hours.

For the troublesome bronchial irritation, bryonia 1x was incorporated into the prescription. As convalescence set in, diarrhea checked and consciousness returned, china gtt. x every four hours was given.

The diet is to my mind the main question and must be restricted to liquids entirely. Solid extract of beef, malted milk, mutton broth, oyster soup and milk was the main form of nourishment. No solid food was allowed until the temperature had been normal for eight days. Then solids were given very sparingly, milk toast, soft boiled eggs, rice and tapioca being used to start with. We cannot place too much stress on this question of feeding. Many a case has been on the road to successful recovery only to suffer a disastrous relapse from being given solid food too soon. Shaft-burg, Mich.

COMMENTS:—This is an example of pure unadulterated empiricism, even if by a so called homeopath, a graduate of a homeopathic college and the case published in a homeopathic journal. There is nothing homeopathic about it except the names of the remedies, and what object has been attained by its publication is beyond our ken, except as an illustration of how not to do it. It cannot be that our Detroit colleagues, by the publication of such a case, mean to endorse it as the homeopathic treatment of typhoid or anything else. How much better and far more eloquent a blank page would have appeared, as a plea for "copy?" that, at least, would not have disgraced the pages of a professed homeopathic magazine, and caused ever reader to hang his head in shame. Or is this the method the *Counselor* has adopted to convert Dr. Murphey to Homeopathy? We would suggest that this Alma Mater induce him to take a P. G. course before he publishes another paper. It emphasizes the necessity of Dr. Warning's Crusade.—ED.

## NEW PUBLICATIONS.

**Manual of Operative Surgery.** By John Fairbairn Binnie, A. M., C. M. (Aberdeen), Professor of Surgery, Kansas State University. Second Edition, Revised and Enlarged, with 567 Illustrations, many in Colors, Pp. 665, Flexible full Morocco Cover, Gilded Edges, Round Corners. Philadelphia: P. Blakiston's Son & Co., 1905. \$3.00 net.

This book is just what it professes to be, a manual of operative surgery, a concise, practical work for the student and busy surgeon and with its numerous and timely illustrations it will prove an invaluable guide. One of the best evidences of its popularity is that a complete edition was exhausted in six months, and a second edition, revised, enlarged and improved by suggestions of friends and the criticism of the reviewer, was called for.

Yet the original plan of the author has not been changed, all reference to ligations, amputations, genito-urinary, rectal surgery, and the operative surgery of bones and joints fully given in every text-book has been omitted. The main object of the author apparently has been to give a practical description of operative surgery and to outline the procedures on the living patient, not on the cadaver, hence its value as a pocket consultant. It has been adopted by the United States army and has been very well received abroad, especially in England. It will be well received everywhere if once examined. There is a good index to the work and taken all in all this is one of the best manuals published and we earnestly commend it to our readers.

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**International Clinics:** A Quarterly of Illustrated Clinical Lectures and Prepared Original Articles. Fifteenth Series: Vol. III, 1905. Philadelphia and London. J. B. Lippincott Company. Pp. 300. Price \$2.00 per year.

The first 40 pages of this number contain an illustrated article on The Therapeutic uses of Röntgen Rays by Dr. Johnson of the Western Pennsylvania Medical College, Pittsburg. The illustrations show the result in acne, lupus,

tubercular ulcer, carcinoma, sarcoma, etc., but while the showing is good, will cures made from without in ever be permanent, is the question yet to be decided. There are many valuable papers on diagnosis and kindred subjects; and how it is possible to furnish four such volumes on live medical topics in one year for \$2.00, is something of a mystery to the uninitiated. Instead of subscribing for the *Record* or other similar Journals, we think a subscription this coming year to *International Clinics* will be far more satisfactory.

**Blakiston's Physician's Visiting List For 1906.** The fifty fifth year of its successive, and successful publication will be ready for distribution on and after Nov. 15th. The advantage of ordering *now* is that your order will be placed on file and filled immediately upon the publication of the book. THE PHYSICIAN'S VISITING LIST is a book of original entry; a simple, plain statement of a year's work that may be kept with a minimum of labor. The New York *Medical Record* has stated that "for completeness, compactness, and simplicity of arrangement, it is excelled by none in the market." Each year the demand for it becomes greater.

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### NEWS NOTES AND PERSONALS.

**Dr. Harvey Farrington**, Associate Editor of the MEDICAL ADVANCE, has removed to 4623 Greenwood Avenue. Hours until 9.30 A. M. and 5 to 7 P. M. Telephone Drexel 2394.

**Dr. Thomas A. Cheal**, 3610 Sacramento St., San Francisco, has recently met a sad bereavement in the loss of his wife. He has the sympathy of the ADVANCE and his many friends of college life.

**Dr. R. H. Von Kotsch**, Professor of Surgery in Hering Medical College, was caught in the recent Stockyards strike and his practice practically ruined. As a teacher of Chemistry he was very successful, but for the last four years he

has given the classes of Hering College one of the best practical courses in operative Minor Surgery ever given in Chicago. He has located in Cassopolis, Mich., and we commend him as a successful physician and a practical surgeon.

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Dr. F. V. Bryant, (Hering 1905) of Burmay, Okla., writes: This being the opening day of the autumn semester at Hering inspires me to send you a word of encouragement in your noble work. Pure Homeopathy is helping me to cure the sick and I am trying to help it in its beneficent work. I am doing a very successful practice. What once seemed a therapeutic dream, has become a therapeutic reality.

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#### IN MEMORIAM.

Dr. Morris Wiener, died at his home in Baltimore Oct. 11th, aged 94, probably the oldest homeopathic physician in America.

Dr. Wiener, was born in Berlin, in 1811, and was the son of a wealthy and cultured merchant. From his birth he showed marked talent for learning, and his father personally conducted his early education. He was a hard working and earnest student even when a boy, and before he entered college he had delved deep into modern and classical teachings. In 1839 he graduated from the University of Berlin with the degree of doctor of medicine, and a few years later he received the degree of doctor of philosophy. Upon leaving the university he engaged in journalism in Germany.

When a young man Dr. Wiener paid a visit to America, and after a few years of successful literary work for German newspapers, he decided to come to this country again. With a friend he went to New Orleans and there started what was perhaps the first newspaper published in the German language in the South. After spending two years there he came to Baltimore to take the position of managing editor of the *German Correspondent*. He was an ardent sympathizer of the South, and during the critical times before the outbreak of the war he wrote impassioned articles

standing up boldly for the Southerners' claims. In 1861, when the climax came, he withdrew both from the management and the editorial policy of the *Correspondent*.

During the years 1860 and 1861, through the influence of the late Dr. McManus, he began to practice Homeopathy and became both an enthusiastic supporter of similia and a successful practitioner so that in a few years he had a large and lucrative practice. But his large practice did not detract from his fondness for literature and he continued to write for German papers and periodicals in New York and other American cities for many years. He was better known in literary than in medical circles, was the author of many poems and novels some of which in German are destined to permanency and one of his plays was produced before the Royal family in Germany.

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### FOR SALE.

Hahnemann's *Materia Medica*, 1 volume, 1846.

Hahnemann's *Organon of Homeopathic Medicine*, 2nd Edition, 1843.

Hahnemann's *Organon of Homeopathic Medicine*, 3rd Edition, 1849.

Hahnemann's *Organon of Homeopathic Medicine*, 4th Edition, 1869.

Hahnemann's *Lesser Writings*.

Hahnemann's *Chronic Diseases*, 5 volumes.

Ruckert's *Therapeutics*, Translated by C. J. Hemple, 1846.

Bönnighausen's *Therapeutic Pocket Book*, 1847.

Ad. Lippe's *Text Book, Materia Medica*, 1866.

Hartmann's *Acute and Chronic Diseases*, 5 volumes.

Jahr's *Mental Diseases*, Calloway.

Gregg's *Diphtheria*.

*Homeopathic Treatment of Alcoholism*, Gallivardin.

Hayward's *Taking Cold, cause of half our diseases*.

Minton's *Uterine Therapeutics*.

*Comparative Materia Medica*, C. Hering.

*Intermittent Fever*, Lord.

Hering's *Guiding Symptoms*, 5 volumes.

Draper's *Intellectual Development of Europe*.

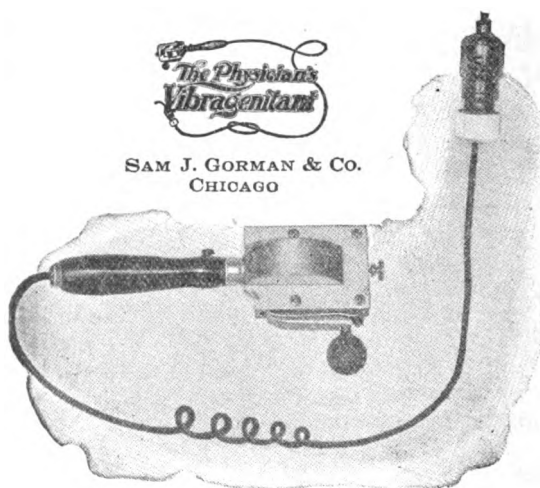
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# THE MEDICAL ADVANCE

AND

## JOURNAL OF HOMEOPATHICS.

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### A CASE OF LEPROSY

BY MILTON RICE, M. D., Hilo, H. T.

This case came to me April 6th, 1905, after having been examined by a number of men of the other school, some microscopically, all of which pronounced it a case of leprosy. The case however was only in its incipient stage. After a careful examination I was able to confirm the former diagnosis, but unlike those that preceded me, I was able to assure the family that there was hope for the boy.

Male, age 17 years;  $\frac{1}{4}$  white and  $\frac{3}{4}$  Hawaiian.

Parents living and in good health, and no history of leprosy in the family. This portion of the history is always more or less uncertain however among these people, as they do not readily admit the presence of this disease among them if they can avoid it, as they consider it more or less of a disgrace.

Up to eight years of age he was in good health.

Vaccinated at six.

Since eight years of age he has been troubled almost constantly with boils.

For the past year has had much itching over the body, but no eruption,

Itching aggravated on getting heated, and at night.

Two years ago anesthetic spots appeared on back of both wrists. This spread slowly until it now covers lower

third of the arms. This same condition also appeared on front of thigh just above knee, right leg, and covered an area about the size of a mans hand. On the buttocks this same condition was present to the extent of about three inches square, and on the left side the skin was thickened and bright red in color.

About two years ago, while attending school in Honolulu he lived for about a year in the same house with a cousin that was a leper and who has since been sent to the settlement in Molokai. I chanced to see this case there about five months ago and found the disease i. a very mild form. Admitting leprosy to be contagious, which I very much doubt, I do not believe that contact in this instance could have had the slightest bearing upon the case. for two reasons.

*First:* Because the time between contact and development was too short, and

*Second:* Because the case with which he came in contact was of too mild a nature. Sulphur em. one dose.

May 30th, 1905. Sensation very much improved on forearms and on thigh, and on buttocks slightly improved and redness disappearing.

The itching over the body has entirely disappeared.

Soon after the first prescription was taken he reports that numerous sores appeared. I was unable to learn the exact nature of these, but I presume that it was some kind of an eruption. This has all disappeared however. He feels well in every respect. Placebo.

August 21st, 1905. Reports by letter that sensation has returned to all parts of the body that redness on buttocks has disappeared and that he feels entirely well. Placebo.

In reporting this case I have in mind several important features. First, and to me of the most vital nature is the psoric manifestations of the case. Without this clearly defined, I am frank to admit that I should never have thought of Sulphur. The symptoms of anesthesia etc, upon which the diagnosis was based, I think would not suggest this

remedy. I am not aware that in the provings of Sulphur, local anesthesia of the skin has been brought out at all; yet here is a condition wherein this symptom is one of the most marked features, disappearing almost at once after this remedy is given. Again, it appears that this prescription and its results should go a long way towards settling the question as to the probability of a micro-organism as a causative factor in this disease. Here is a disease teeming with the bacillus of Hansen showing improvement immediately after taking a single dose of a remedy so highly attenuated that it could not possibly have any anti parasitic action except in an indirect manner.

I refer to this phase of the question because in my esteem it is upon the solving of this that the progress in the treatment of leprosy largely depends.

The allopathic school which, through its representatives in state and national health boards has control of practically all avenues through which research can be carried on officially, has failed utterly to get beyond this "bug question" in recent years. All their efforts of every nature have grouped themselves about this one central idea, until of course progress along essential lines has been out of the question.

Our congress at its last session appropriated a considerable amount of money to be expended in the erection and maintenance of an elaborate laboratory and hospital at the Molokai settlement for the purpose of a thorough study of every phase of leprosy. I doubt not but much good will be accomplished as a result of this, as really comparatively little is known about this disease after all. But knowing the theory in vogue and the general trend of the minds of the men who will naturally be called upon to engage in this work, one can readily foresee how little progress will be made along the most important line, namely that in which the afflicted one is interested; and what a pity. It is however this "bug idea" that will render the work impotent. In dispelling this fallacy in my opinion lies our most important duty to mankind. In this we can never hope to

succeed unless we urge the matter in season and out of season. Such a reform will never come without it because one naturally feels that it is inevitable. This idea has a very strong hold upon so-called scientific thought of today. To acknowledge itself in the wrong in this matter would necessitate an entire change of front of the allopathic school. While they have turned many a summersault in the past hundred years, I am of the opinion that they are going to die hard this time. For our encouragement however I shall take the liberty to quote from an article by the editor of *The American Journal of Dermatology* of St. Louis, Dr. Martin. This article was the summing up of his observations in connection with the study of leprosy under Prof. Hansen of Norway and Sweden, the discoveror of the leper bacillus. These observations cover a period of about thirty years by men that have made this subject a life work and should therefore carry weight. \* \* \* "Dr. Sand has been in charge of the institution at Troughjem thirty years, and Dr. Lee has been in charge of the "Home" at Bergen twenty years. Both of these gentlemen told the writer that they had never known a healthy person to contract the disease by coming in contact with leprosy patients. In other words, they did not believe that the disease was contagious. These views surprised the writer, as he knew Dr. Hansen, who is at the head of the leprosy management in Norway, was the father of the lepra bacillus, and professed to believe in its contagious tendencies."

At another point Dr. Martin says: "In 478 marriages between lepers and non lepers, only 15 cases appear where husband and wife were attacked. This gives a percentage of non-infections of about 97. When we consider that the outbreak occurs mostly at the age of marriage, that is from 20 to 40, we cannot avoid the conclusion that leprosy, as a rule, is not conveyed from individual to individual by constant contact. It is generally accepted that the disease is caused by the lepra bacillus, but the only reason for this belief is found in the constant presence of this bacillus in the disease. No well authenticated case of its production

by inoculation has ever been recorded, and that is the only reliable means of deciding this question”.

In examining the reports of investigators during the early history of the disease in this country I am surprised to find how near these men came to the real truth regarding the matter of contagion, etc. In each and every opinion expressed the idea seemed to prevail that the disease could not be contracted unless there was a strong predisposition in the person to the disease. One investigator expressed the positive opinion that the most obvious predisposing causes are: “Syphilis and its nearest cousin, scrofula.” Another gives heredity as a predisposing cause. To me this seems only another way of saying that the miasms that Hahnemann tells us about are the real cause after all. Remember that all these views were expressed long before the present ideas of micro-organism as a cause was much thought of. Had this view not become so deeply rooted, who knows but real progress might have been made long ago.

In the treatment of this disease it is easy to see that all these men were groping in the dark, without a single idea, law or rule to guide them. In all the reports upon this phase of the subject, but one man advanced an opinion (the merest accident of course) that possessed the remotest possibility of accomplishing any good in the direction of a cure, and that was many years ago, and during anti-microbe days. This man reported that Arsenicum appeared to be the only remedy that had any curative action at all. To a homeopath it is easy to see in what conditions this remedy would be indicated. Either in the early stage when we so often find that dry scaly eruptions so characteristic of this remedy, or else in the later stage when we have the gangrenous condition of this disease. All these however are oftener covered by the deeper acting anti-psorics, such as Sulphur, Psorinum, Silicea, etc. As a matter of fact, Sulphur oftener than any other. That to me is further proof of the correctness of Hahnemann's position as he states it in his Organon, in

section 80 that, "Psora, as a chronic miasm, is of incalculably greater significance than either of the above-named chronic miasms (meaning syphilis and sycosis)".

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### SOME CASES OF DIARRHEA.

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BY GRACE STEVENS, M. D., Northampton, Mass.

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In treating cases of diarrhea, I have been very much helped by Dr. James B. Bell's little book on the subject. It is of the greatest service in differentiating remedies, for it always pays to take the necessary time to find the right remedy in these cases, as well as in all others. The disappointments I have had, where the first remedy given did not work, have been sufficient proof that nothing was gained by hasty prescribing.

CASE I. On ship board. Miss E. H. called me to her state-room one evening, and said that she had had diarrhea for several days, but not knowing that there was a homeopathic physician on board, had been taking some hot medicine offered by a fellow passenger, but without any relief.

The stools were watery and nearly white, painless, and did not cause exhaustion. Patient had suffered from sleeplessness for several nights.

The only remedy in Bell's Homeopathic Therapeutics of Diarrhea which has absence of exhaustion is Phosphoric acid, and this has also the white, watery, painless stool. Phosphoric acid 200. The next morning my patient reported that she went to sleep very soon after taking the medicine, and slept all night. She had no more diarrhea.

CASE II. Miss M. H. For several days has had diarrhea coming on about four o'clock in the afternoon. The stools are large, very thin preceded and accompanied by flatulent pain, and followed by relief. There was nothing especially characteristic about the case except the time of aggravation, and this led me to give Lycopodium 200 which brought speedy relief.

CASE III. Miss T. M. The case developed at the mountains where the air was very cool night and morning, and hot during the day. Stool large, brown liquid fecal, preceded by cutting pain and feeling of nausea, accompanied by much flatus, and followed by great thirst. On farther questioning, I found that the patient was fairly comfortable while she remained quiet in bed, but if she moved about her room or went to her meals, the attacks were renewed. One dose of Bryonia 200 was followed by prompt improvement, and in a few days the patient was able to take long walks.

CASE IV. Baby, 3 months old. Stools—eight or ten a day—large, of greenish mucus and indigested food, foul in odor and very excoriating. The child was suffering much from flatulence, and was very peevish and restless, wanting to be held or rocked continually. As he was being fed on malted milk, I ordered Eskay's food to be substituted, and gave one dose of Chamomilla 200.

This was about 10 A. M.

Before night, the mucus had largely disappeared from the stools, the child slept well during the night, and from that time improved rapidly.

Doubtless much of the gain in the last case was due to the change in food, but the indications for Chamomilla were so clear, that I felt sure the remedy did good work too.

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## DIAGNOSIS AND SYMPTOMATOLOGY

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BY W. J. HAWKES, M. D., Los Angeles, Cal.

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*Diagnosis:*—While the old school, by making an exact diagnostical knowledge (which is impossible) the basis of their therapeutics, go to one extreme and err in that direction, a portion of our own school, attach no or too little value to diagnosis, and thus go to the opposite extreme, and err in that direction. There is a better middle path; and, permit me to say in all modesty, but with strongest conviction, the only true path.

To point out the error of the first extreme, it is only

necessary to say that it is impossible to know the nature of "disease", which is only life morbidly acting; it is the natural functions of the organism turned by some morbid influence, some shock to the nervous system, from the right to a wrong working; and pathology only shows us, too often by a very dim uncertain light, some of the results of disease, or, more properly, disease action.

The old school makes a study of a case of these uncertain results of the morbid action of an unknowable dynamic cause, calls it pathology, generalizes from it, gives its various forms various names, (diseases) and proceeds to build up a system of therapeutics, and calls this science—scientific! A Scientific certainty upon an unscientific uncertainty! It is thus they make too much of it and commit the greater error.

Some of the adherents of our own school, as was said before, take the opposite extreme, and make too little of pathology. While symptomatology is the real science of therapeutics, yet pathology forms a very important part of symptomatology itself. As, for instance, we find indigestion, a pathological condition, the cause of which we locate in the stomach, liver or bowels, suggests a certain group of remedies as affecting especially those organs; and thus the great field of the *Materia Medica* has a corner fenced off, so to speak, in which we may feel tolerably sure of finding the particular remedy for a given case, and thus save valuable time, and increase the chances of finding the right remedy. In this manner pathology becomes a part of symptomatology.

But a knowledge of pathology—the ability to diagnose disease—is essential in another part of a physician's duties, and especially in these days of the bitter opposition of our opponents of the old school. Suppose, for instance, you were called to a case, and you pronounced it typhus fever—the friends will insist on your giving it a name—you treat it a few days but the patient does not improve, but gets worse; the friends become alarmed. It may be that they are recent or only half-converts to our mode of practice



they weaken and send for your professional enemy, who pronounces the case one of spotted fever. The friends are horrified and tell him you were treating the patient for typhus. He shakes his head and tells them it was all wrong, the patient has been treated for the wrong disease, it is now too late. etc. Thus you are charged however, unjustly, with causing the death of the patient, even though the remedies given were those you would have selected had you called the case spotted fever. For the true homeopath always selects the remedy according to all symptoms of the case; and it really matters little to him in a case so close as this, what the disease may be called. But you have irretrievably lost caste with that family and all whom they can influence.

This may be an extreme case, but such mistakes are liable to occur in diagnosing between many diseases (so-called). If we are confident of just what the disease is according to the books, when the patient or his friends ask us "what is the matter with him, Dr.?" we feel confident ourselves and reply with that feeling and air of confidence, which inspires a like feeling in them. And this feeling of confidence which we have inspired in the patient, sets his mind at rest, makes him hopeful and trusting, and really is a therapeutic measure. For we will find in practice, (the most positive of us,) that there is no one thing more trying to the physician, and injurious to the patient, than lack of confidence of the patient in the physician; this, of course, more especially in fevers and other acute affections. If a physician knows what he is about, if he be at all positive and manly, he feels confident, and inspires the same feeling in all around him, even if he speaks not a word; and when he has done this, he has gained half the battle.

At all events, we must always be positive in what we are obliged to say. The more positive and consistent a physician is, other things being equal, the more successful he will be, and nothing adds so much in that direction as a feeling that he knows just what the matter is, and what the remedy.

*Etiology:* It is well, if possible, to always ascertain the cause of any morbid condition we may be called upon to treat. For the very evident reason that it must be removed or avoided. Like causes under similar circumstances, produce like results.

If we are called upon to prescribe for mania a potu, our Opium, or our Nux vomica, or our Bryonia may remove the distressing symptoms now present, but if the patient continues to drink alcohol in excess these remedies cannot keep the rats in their holes, the spiders on their webs, or the snakes in their dens. Tolle causam.

If you are called to prescribe for a young man, with pimples all over his face, dark rings around his eyes, memory weakened, ambition gone, all manliness fled; who shuns society, and, most unnatural of all, especially female society. Tell him he must stop it! Reason with him; show him that he can never be a man until he ceases being a beast, nay, worse than a beast—what beast so wrecks himself, excepting only man and his next in evolutionary order, the monkey?

Reason, pride and will are the only powers to save him.

Tie his hands, and leave his will, his pride, his reason dormant, and you will not have removed the cause. If after you have roused his pride, awakened his reason, stimulated his will, tied his hands, and yet he pollutes God's mockery of an image, castrate him! You will thus at least preserve his hair! Eunuchs never get bald. At all events remove the cause. And to remove it, you must first find it.

*Symptomatology:* This is the culmination of all the aids to therapeutic knowledge. It is what preeminently distinguishes us from all other schools. It is the science of learning the sphere of action of each drug, individually and relatively with other drugs of similar action. It is that part of therapeutics, a thorough knowledge of which enables us to not only draw out all the symptoms of each case, but which also enables us to recognize the picture thus drawn, and apply the appropriate remedy.

We understand by "Symptomatology", not the prescribing for an isolated symptom here and there; but for the totality of the symptoms in a given case. And that includes all evidences of disturbed healthy action of whatever kind.

The word "symptom" is used in its widest sense, as all words should be used, excepting when their meaning is limited either specifically or by implication. Any evidence of departure from the healthy physiological action is a "symptom". If there be no such evidence, there will be no symptoms; if there be no symptoms, there will be no evidence of disease, and in this case at least, "no news is good news". Perfect health is defined as an absolute and happy unconsciousness that we have organs within us working actively all the while. Whenever there is any disease there will be "symptoms" in the shape of uncomfortable feelings or unnatural actions. But a knowledge of pathology is conveyed to us through "symptoms" and through them only. Consequently, whatever shows us a pathological condition becomes part of our "Symptomatology." And thus you will see that all that pertains to the cure of disease, hinges upon, substantiates, and is substantiated by, this cap-sheaf, keystone, and foundation wall of therapeutics, "Symptomatology."

Like all other valuable acquirements, it requires earnest, patient effort and close study to attain to a knowledge of the characteristic symptoms of each remedy. Of course the distinguishing symptoms of a remedy, those which mark its difference from all others, its characteristics, must necessarily be few. But they are extremely valuable, and until one has some considerable knowledge of them prescribing accurately and scientifically is very difficult and discouraging, and is likely to drive the beginner to reprehensible routine, polypharmacy, alternation, etc. Take up any work on *Materia Medica*, read over and compare the symptoms of two or more drugs. The first and casual reading confuses the mind because of the vast number of symptoms common to many drugs. It is only by re-reading

carefully and comparing closely, as you read, the symptoms which are not common, the distinguishing symptoms, those which are characteristic of one drug as compared with all others, that order is brought out of apparent chaos, and the mind begins to be satisfied. Each remedy will be found to possess one or more symptoms possessed by no other; also others which it possesses in common with other remedies, but in a greater degree, etc.

Now, considering the large number of medicines and the infinitely greater number of symptoms, a large proportion of which are common to many remedies, it becomes apparent at once that it is simply impossible for the human mind to remember them all or even a considerable proportion of them, if it attempted to carry all the important symptoms of every drug. It seems to me, then, that the best way, in fact the only way to acquire and retain a useful knowledge of the *Materia Medica* in the mind, is, after reading and acquainting ones self as thoroughly as possible in a general way with the scope of a given class of remedies then to learn by heart—commit to memory—the few leading or characteristic symptoms of each remedy. This can be done with comparatively little labor. And it has been my experience that once one has found a clear characteristic, almost invariably the other symptoms belonging to the remedy will follow. They are really "Key-notes", as Prof. Guernsey has appropriately named them; and, once struck, the whole tune harmoniously follows. It is like the distinguishing characteristics between individuals. John Smith and Sam Jones and Wm. Robinson have each a nose, two eyes, teeth, hair, a white skin, etc. Each has all the general features of a man. But that is not all, Smith's wife, Jones' sweetheart or Robinson's mother-in-law, needs to know. If it were, then Smith's wife might go to bedlam with Jones; Jones might court Smith's wife; and Robinson might throw some other man's mother-in-law out of the window. On close inspection we find that Smith has blue eyes, red hair and a pug nose; Jones has black eyes, brown hair and a Roman nose; and Robinson has black eyes and hair and an acqui

line nose. These are some of their distinguishing characteristics, and are the features which enable friends to know them as individuals.

Of all the countless millions of the earth's human population, no two are so exactly alike that those well acquainted with them cannot tell which is which. Within the limits of the 5 by 8 inch oval of the human face, are nearly two billion different and distinguishable features. So with the characteristic symptoms of our remedies; however much alike they may be in a general scope, there is still one or more feature peculiar to each remedy, and the more accurately we know these peculiarities, the more successfully will we be able to prescribe.

It seems plain, then, that a knowledge of both these branches is necessary to the best success of the physician. Keeping in mind always, that the great object to be attained is the correct selection of the particular remedy for each individual case of sickness. This is best aided by a knowledge of the characteristics of each remedy.

All of the other branches, in so far as they are of use to the physician in healing the sick, are subordinate and auxiliary to this.

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### A MISMANAGED DIARRHEA.

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By W. H. FREEMAN, M. D., Brooklyn, N. Y.

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H. M., age 1 year. Has been under the care of another homeopath since birth and has taken much medicine for his "crossness" but without benefit.

For two weeks has had summer-complaint and has been steadily growing worse.

The treatment has consisted of barley-water with Glyco-thymoline by mouth, and by enema to wash out the bowels; and different homeopathic medicines mostly in alternation—one of the last being labeled *Podophyllum*.

He was weaned when seven months old because mother's milk turned green and made him very ill, after the doctor

had cured (?) the mother's piles with "Pyramid Pile-Cure." He has been fed since on boiled milk and various patent foods up to the beginning of the diarrhea.

The symptoms elicited were as follows:

Peevish and cross since birth.

Screaming all day, sleeping fairly well at night.

Insists on being carried and walked with continuously.

Bites every one at every opportunity, mothers arms black and blue.

Eyes half open and ghastly expression during sleep.

Intolerance of clothing, wants to be uncovered and undressed.

Stools frequent (28 in last 15 hours), brownish; painless; and much flatus during.

Aggravation 4 to 5 A. M., and on waking.

Amelioration by rubbing stomach.

Ravenously hungry, screams for food and remains unsatisfied after eating.

Greatly emaciated; sallow skin.

Has four teeth; gums swollen and tender.

Adhesions of prepuce and retained smegma (freed with a probe).

At first glance the selection of the similimum for this case seems easy; but under no other circumstances are symptoms so deceiving.

It is a truism that "*the most difficult cases to handle are those which have been unsuccessfully treated by other homeopaths.*"

Homeopathic drugs, in whatever potency given, strongly affect the sick; and when improperly given will do the most harm when partially similar.

The crude and dissimilar allopathic drugs do not, as a rule, essentially change the characteristics of the case (at least not to the same extent); whereas improperly selected homeopathic drugs tend to strongly implant drug characteristics, thereby rendering the selection of the true curative remedy exceedingly difficult and often impossible.

Analysis shows the following:

Eyelids half open. † Aes., Cham., Lyc.,  
 Desires to be carried. Rhus, Sul., Verat.  
 Eyes open during sleep. Lyc., Sul.  
 Biting. Verat-alb.  
 Stools brownish. Aes., Lyc., Verat.  
 Intolerance of clothing. Lyc., Nux, Sul.  
 Ugliness. Cham., Lyc., Nux, Sul., Verat.  
 Screams all day, sleeps all night. Lyc.

The question arises, which and how many of the above remedies have been given by the last physician?

Lycopodium is the remedy which covers best, all the symptoms; Chamomilla which is its antidote comes next in order of preference; but the history and the analysis would justify the suspicion that both have been abused.

Sulphur and Veratrum come up for consideration but seem to have only a superficial relationship to the condition and they probably have been abused also.

Nux vom., 200. A dose every two hours until six doses are taken. [Antidated for the drugging?]

Next morning, or twelve hours later, the stools are less frequent; but the general condition is worse.

Lycopodium 200. A dose after every stool, continued for twenty four hours; after which mother reports the child worse than ever though he has had but twelve movements in 24 hours. She does not think he can live much longer and is nearly distracted. There has been a change in the character of the stools however which are now greenish, slimy, and smell like rotten eggs.

Chamomilla 30. Every hour until improvement begins and then every two hours. Marked improvement after the second dose, the child going into a peaceful sleep (day time) with eyes closed. From now on the recovery was rapid.

The medicine was stopped after taking for thirty six hours. At the end of three days more a dose of Chamomilla 1 m., was given for remaining irritability, with relief.

The stools became normal two days after beginning the medicine. The barley water was then changed for "Carn-

rick's Lacto-Preparata" and this after a few days was changed gradually for pure, raw, cow's milk by substituting each day an ounce of the latter for one of the former until at the end of a week he was taking six ounces of raw, unmodified milk every three hours. The quantity of milk was now gradually increased until at present date two weeks from beginning of treatment, he is satisfied with and perfectly digests  $\text{Æxi}$  every three hours.

Recovery seems to be perfect, he is now walking again and is putting on flesh rapidly.

The first two remedies were given enough time to act before changing.

The more rapid the disease the quicker the action of the remedy. In such cases beginning improvement is soon manifested when the right remedy is given, provided the potency is not too high or too low.

Improvement begins always in the mental state first and progresses from within outward and from above downward. Any other form of improvement is spurious.

My diagnosis of the miasm at work in this case was Sycosia and if Chamomilla had failed, Medorrhinum" would probably have been the next prescription.

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### AN OBSTETRICAL TRAGEDY.

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BY STUART CLOSE, M. D. BROOKLYN, N. Y.

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We all have experiences occasionally, during the course of our professional work, which are out of the ordinary, and which are of interest aside from their technical aspects. Such an experience I propose to relate to you, briefly, because it embodies the most remarkable series of harrowing and tragical events that ever came under my observation. What malefic combination of occult influences existed at the birth of the principals in the tragedy, or what evil spirits plotted against their happiness in after life I leave for the astrologers and mystics to decide. I can perceive some of the moral and spiritual influences which entered into the



case, and dimly see the hand of retributive justice in some of its intermediate outworkings; but its beginnings and endings in eternity are beyond me. These are and must remain in the counsels of the Most High.

The occurrence is recent—within the last year—but my acquaintance with the principal personage dates back many years.

The young man, B., has been my friend and patient for nearly twenty years, during which period I have been his family and personal physician, except for the short period hereafter to be mentioned. His parents were unhappily married—his father a dissolute, selfish and immoral man, but his mother one of the noblest, most faithful, self-sacrificing, long suffering and patient women I ever knew. Her three fine sons, of whom my friend is the youngest, are the pride and joy of her life, and to her good influence they owe all that they have and are.

My friend B. is not without his faults, but he is on the whole an exemplary young man, of kind disposition, sunny temperament, and more than average ability. At one time he contemplated taking up medicine as a profession, and entered upon the study under my tuition. In a few months however, the superior attractions of a business career which had been presented to him, led him to cease his studies. In business he has been signally successful, and at the time of the sad occurrences which I shall relate was in receipt of a large income.

The story of doom begins with his engagement to a beautiful and talented girl, some four years ago. They were a handsome pair, devotedly attached to each other, and the pride and admiration of all their friends. Fortune smiled upon them, their happiness knew no bounds, and the date of their wedding was set. Within a month of that date and the fruition of their hopes the beautiful fiancée was stricken. By the explosion of a lamp she was horribly burned, and her affianced husband, who was with her, severely injured in his attempt to extinguish the flames. After lingering six weeks in agony she died. The shock

and anxiety so profoundly affected the young man that for a time it was feared he would go insane. In the course of time, however, he recovered. A year or so later he became acquainted with a charming young widow, whose wealthy young husband had died, also about a year before, of typhoid fever, after less than a year of happy married life in the luxurious home they had fitted up for themselves.

A common grief drew the pair together in a sympathy which soon ripened into love. In a few months they were affianced, and not long after I attended the quiet wedding. Again the fates seemed propitious and life opened auspiciously before them. An elegantly appointed home had been prepared and together they put their sorrows behind them and began their lives anew. About this time the machinations of a female relative of the wife temporarily removed them from my professional care and placed them in charge of the allopathic physician who had attended the young wife's former husband during his fatal attack of typhoid fever, and that in spite of the fact that his treatment of that and other cases in the family had been severely criticised. In due course the young wife became pregnant, and the physician referred to was engaged, in spite of the pleadings of the husband, who wished me to serve, to attend her in her approaching confinement. In the seventh month of her pregnancy she contracted a cold which developed into an attack of bronchitis with asthmatic symptoms. (She had been a victim of hay fever). The attack was considered lightly and routine palliative measures were employed, but without benefit. For several weeks she was unable to lie down in bed and suffered much from dyspnea. The ninth month was ushered in with an attack of "sore throat," which was diagnosed first as tonsillitis and later as acute catarrhal laryngitis. In spite of vigorous local and general treatment she rapidly grew worse, aphonia came on and dyspnea increased until life was threatened by orthopnea and exhaustion.

At this stage, at two o'clock in the morning of the eighth day of the attack, the attending physician was dis-

missed and the case was placed in my charge. He had diagnosed the condition as edema of the glottis, and was using distressingly heroic measures, including spraying the throat with adrenalin. My examination revealed extensive diphtheritic membrane covering the greater part of the fauces and extending downward beyond the reach of vision, probably invading the larynx and trachea. The appearance and location of the membrane, the hoarse cough and the tough, stringy character of the mucus discharged, indicated Kali bichromicum, of which I gave one dose of the forty-five thousandth potency of Fincke. Six hours afterward, in a violent paroxysm of coughing, she expelled the largest membranous cast of the respiratory organs I ever saw, if not the largest on record. It was a perfect tubular cast of the larynx, trachea and right bronchus, seven and a half inches long, and of the thickness and color of white cotton flannel. The expulsion of this cast, attended by a slight hemorrhage, gave immediate relief of the breathing, and the patient was able to lie down.

During this time, however, labor pains had come on, though confinement was not due for nearly three weeks. Remedies failed to stop these, their frequency prevented sleep and dilation proceeded steadily. The patient grew weaker, the heart showed signs of failure and returning hoarseness, cough and pain in the throat indicated that the membrane was reforming. In view of the rapid and feeble heart action and the great exhaustion, consultation was called and it was decided to terminate labor instrumentally in order to save the heart strain. The patient was prepared for operation, I administered the anesthetic (chloroform) and my colleague applied the forceps. She bore the anesthetic well, but in the too rapid delivery of a large child she was badly lacerated. A living but cyanotic child (the cord was wound twice around the neck and was freed with great difficulty) was delivered and resuscitated. An operation for the repair of the ruptured perineum and the control of local hemorrhage was quickly performed, and the patient was made as comfortable as possible, while we continued treatment and hoped for the best.

The rapid heart action, which had become stronger under the anesthetic soon began to grow weaker and more rapid, and the pallor and the expression of the face showed that the end was approaching. Twelve hours after delivery she died, thus ending another act in the tragedy. The baby seemed quite vigorous, considering the long duration of the mother's illness and the malignant character of its last phase. A trained nurse was provided for it and every expedient that science and solicitude for its welfare could suggest was resorted to. For a few days it seemed to thrive. Then gradually its digestion failed, it grew weak and more emaciated, until finally—and there is a somewhat remarkable coincidence—it died on the twenty-first day at the exact hour and minute corresponding to its birth.

The baby lies beside its beautiful golden haired young mother, the pretty home is vacated and sold, and the triply bereaved father ponders over the mysterious dispensations of Providence—which are beyond human comprehension.

The preliminary bereavement of each of the parties; the sinister rupture of long established and happy professional relations by the interference of a meddler, the subsequent ineffective treatment and series of diagnostic errors, the vital exhaustion from long unrelieved suffering, the malignant type of diphtheria unrecognized for nearly eight days the torture of heroic local treatment, the dyspnea and orthopnea, the reforming membrane, the septic condition and accompanying tachycardia, the premature labor, anesthesia, instrumental delivery, fetal cord complication, ruptured perineum, operation for repair, shock and final cardiac paralysis constitutes the most formidable group of adverse conditions I have ever met in a single case. The remarkable action of Kali bichromicum in causing the loosening and expulsion of the enormous membrane at such a late stage makes one wonder if the patient's life could not have been saved if she had received the remedy earlier. In fact there is hardly any juncture during the progress of the destroying angel until the last when it does not seem as if his steps could have been arrested, and the final catastrophe averted.

**THE DIAGNOSTIC POWER OF SILICEA.**

BY MARY V. A. MAXSON, M. D., Chicago.

I was recently called to attend Mrs. Mary Mitchell, who had suffered for about a year with severe pain in the joint of the big toe of her right foot. It was swollen and thickened like an enormous bunion. The attacks of pain came on paroxysmally and without any apparent reference to weather or exertion. For days the pain would be very severe, throbbing, stabbing, and subsiding again in a few days.

June 9th or 10th, 1905, the pain became so excruciating, and the foot so badly swollen and inflamed, that she entered Cook County Hospital for treatment, being without means to employ a physician. She says it was operated upon three times, but without success. The pain and swelling now involved the entire foot, and on July 14th she was carried into the operating room and informed by the attending surgeon that the foot must be amputated to save her life; that it would never be any better until amputation was performed.

To this she positively objected, and although urged by the attending surgeon, Dr. Curtlet, who strongly insisted that it was the only thing to save her life and frankly informed her that if she would not submit to the treatment which he recommended as the only alternative, under the circumstances, she must leave the hospital at once; he also ordered the nurses to do nothing further for her. She remained without further attention through the day, and in the evening two neighbors called to inquire for her, and when informed of the decision, kindly assisted her home.

Being the physician of one of the ladies, I was called to examine the case, and found the foot inflamed and badly swollen up to the ankle joint, pus was flowing freely from the wound, which was very sensitive to the touch, and with its dark red, purplish appearance certainly looked like a case for the surgeon.

The throbbing pain, extensive swelling, intense red-

ness and free discharge of pus, with the history of the case from the beginning, seemed to call for Silicea, which was given in the 1000 potency. Five powders were prescribed, one to be used each day.

The foot commenced very slowly to improve; the inflammation and the swelling decreased daily, and the amount of pus grew perceptibly less. August 15th a small piece of glass was discharged, and following it came a mass of tough tissue, the size of a kernel of corn, with which, undoubtedly, the glass had become encysted. The foot now readily healed, and she was discharged cured September 1st, able to resume her usual duties. So much for the diagnostic and surgical powers of Silicea 1000.

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### THE PREPARATION FOR CHILDBIRTH.

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W. H. LEONARD, M. D., Minneapolis, Minn.

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In wisdom God created the heavens and the earths. Thus was the preparation for the existance of the human race.

This is undoubtedly the true translation of the first verse of the Holy Book.

In further reading in this Book is found the statement that "God is Love". It is more than a striking inference which must be readily accepted, that in an Infinite sense, the source of our being is "Love and Wisdom." Man being in the image and likeness of his Maker is in a finite sense the same.

The philosophy of existence from Being through woman, or the female, is that of all existences in the universe. The basis of this theory is the utmost integrity, the Truth, the Infinite Truth, the Divine Love and Wisdom coming down to ultimates—the every day materiality. So may be found the general truth, "Life is sacred because life is the manifestation of Divinity."

There should be a mutual and deep consideration of the sacredness of life on the part of husband and wife who

are about to be concerned in bringing to quickening a new human being. The motive and integrity of both are concerned in the success of this life. If the parents are pure and healthy, and are well advised concerning the marital vows, the preparation is well commenced, and there is little for the physician to do. Unfortunately it is otherwise. The sexual instinct is misunderstood, abused, over-wrought, bringing weakness to the parties concerned both physical and mental, wearing each other out to below the normal strength, which is an unfit condition for reproduction. The motive of the Creative power is to produce perfect results, and such will be when there is perfect environments and conditions. Responsibility falls upon the parties concerned and every thinking human should have a better knowledge of their beginning. Every true physician should be a biologist in the highest sense that he may be a teacher to all who may wish to learn of their origin—the preliminaries of a new life and of all life.

The physician is called upon to meet conditions in the mother and father which are constitutional, being in families of each for generations. In accordance with our law of cure, we may eradicate these perversions that the child may be free from these inherited taints. Here is the field for the good work to be accomplished towards the perfection of the race. The gospel of health is in the right beginnings—in the fountain of life. Let the children be well born and this is a good beginning.

The chronic miasms are to be thoroughly studied as indicated by Guernsey in his first text-book in our school in this department. His "key note" is only another expression for the right remedy for the present miasm. We cannot afford to depart from the principles laid down by the fathers of our school. The dynamics that produce diseased conditions and that of our remedies must correspond. The law of similars is true.

A case to illustrate:—Mrs. E. F. T. aet 27—known to her physician, the writer, since about her teething period—not a strong child, took all the diseases incident to child-

hood and had them decidedly, but with good home surroundings and a strictly homeopathic treatment, came through them without any complications. At the closing up of her school days she had an attack of typhoid fever. This was the test of her constitutional ability to endure the crisis of her life. Being of a psoric diathesis, it was a severe ordeal, the anti psoric remedies were resorted to and used, according to the principles ruling in this chronic miasm; the reaction was slow but a complete recovery was the result. In a few years she married. Then was expected another test of her endurance, the friends were anxious. After a time pregnancy. The stomach was the first to be considered. Morning sickness was bad for a time, but gradually gave way under the remedy indicated. Then great fear of albuminous urine, as there had been some serious cases in the neighborhood. Regular and frequent examinations of the urine, which is requisite in all cases of pregnancy, kept us posted in this direction, and at the same time was the occasion to recognize any symptoms needing attention. The principle remedy in this case was Psorinum. She had a perfectly normal labor with no abnormal incidents following. After two years and a half. mother and child are in perfect health. There is nothing unusual about this case, and the object of writing the paper is to call attention of obstetricians to the specific constitutional care of mothers. The necessary environments as good air and proper food should be well considered, but last and not least is the remedy for the chronic miasm present, the teaching of the masters should be well studied. As is the faithfulness of our work, so is the outcome a success.

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### TUBERCULOSIS IN ITS RELATION TO THE PUBLIC.\*

BY BENJ. F. BAILEY, M. D., Lincoln, Ne.

Thirty years ago the victim of tuberculosis was a hero or a heroine. Today he is a leper. And now the public press is exploiting typhoid as a contagious as well as an in-

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fectious disease, and the typhoid patient will soon be also a leper. Is this a necessity, or is it born of the desire of the medical profession for an autocracy or is it a failure to qualify our exertions with mental balance and scientific certainty?

Let us consider the facts concerning and the necessities on account of tuberculosis, and then with these points well in mind we may perchance arrive at fairly good conclusions as to the best methods for public education and protection.

The vitality of the tubercular bacillus varies in different mediums. Serum cultures average about six months, while glycerine cultures average only six or eight weeks. Dried sputum averages to lose its vitality in about three months, though rarely it may retain virulence for six or seven months. In fluid media virulence is retained for from ten to sixty days. This retention of virulence being doubtless influenced by the many saprophytic forms of bacilli.

A temperature of 55 degrees cent. kills in six hours; of 60 degrees cent. in one hour, of 90 degrees cent. in two minutes. And most fortunately the bacillus of mammals is more easily destroyed than is that of birds, and Pasteurization only destroys when brought to and retained for a time at or near the boiling point. Cold does not easily destroy bacilli, and they may retain their virulence for six weeks at a temperature of 10 cent.

Corrosive Sublimate is unreliable for sputum destruction, even in strong solution, on account of the protection afforded by the rapid formation of the albuminate of mercury by contact with the surface sputum. It takes a 5 per cent solution of carbolic acid 24 hours to prove efficacious, and then only when repeatedly stirred. Alcohol in free quantity is as quickly efficacious. Direct sunlight kills in from a few minutes to hours, and reduced sunlight in two or three days. Within the human body the vitality of the bacilli found in the human being are not capable of further growth.

To propagate the disease the bacillus in its virulent state must attain location and kindly soil. Hence, first, how does it leave its original habitat; and second, how does it acquire an entrance to its new abode?

Notwithstanding Koch's statement of 1901, the weight of evidence indicates that infection of the human being does take place from the milk often, and from the meat rarely, of the bovine. Although it is equally probable that bovine is more virulent than bovine infection of man, and vice versa, that infection from human to human is more virulent than from human to bovine. Still further, it is reasonably well established that human infection of the bovine becomes increasingly virulent, as it passes from bovine to bovine, and that human infection from bovine becomes increasingly virulent as it passes from human to human. It is altogether probable that primary intestinal tuberculosis in children is usually caused by infection from milk, and it is also probable through the recent study of the Mayos, that primary abdominal tuberculosis is much more common in the adult than has been supposed. It has been estimated that from 5 to 7 billion of bacilli may be the daily production of one tubercular patient. And yet Tyndall, Naxgéli, Buckner, Kümmler, and many others have demonstrated that air expired (not coughed) from tubercular patients, is germ free, and that in the simple act of respiration bacilli do not and will not become freed from moist mucous surfaces. The danger rests in sputum which is so dried as to be miscible with the dust of the air, or conveyed by flies.

As we have stated, the virulence of even dried sputum is time limited, and when reached by sunlight, remarkably limited, while in alleys, area-ways, dark rooms, hall-ways, etc., the time limit is much longer; and yet the bacilli saturated houses of medical lore in which mysterious infections have taken place after years of freedom from tubercular cases, are an absurd result of ignorant theorizing. Careful investigations by Rembold, Kurger, Castner, Martin, Kirchner, Cornet and others, have demonstrated that tubercular bacilli in dust are only found in localities frequented by tubercular patients, and that only for from a few hours to three to six months, after occupancy. The same vary according to light, and the aerobic conditions. Feces and urine play a very unimportant role in infection. Infection takes

place through the skin, which may not be macroscopically abraded, and through the mucosa. If infection through the skin, the first of lymphatic glands to be reached will be the first point to be in pathologic evidence, while if by inhalation, the lungs will doubtless be the source of primary disease and hence pathologic interest; while if taken by the alimentary canal, the mesenterics will be first in evidence, and if per vaginal mucosa. we may fear for the fallopian tubes, ovaries, peritoneum, etc. The injury of any site common to infection renders such site more probable to infection.

The consideration of heredity may be brief, as it is altogether probable, and in fact seems definitely established, that infection is not a matter of heredity proper, but only of association.

We have now considered the bacilli, their habitat, their virulence, their vitality, their method or infection. It is now meet to consider the effect of this bacilli and their infection upon the human race. The human race has had epidemics of small pox, of cholera, of yellow fever, and other plagues that were sporadic in location and limited in duration. They have fought these boldly, and to a large extent efficaciously; but they have had one plague even since before the days of Christ—the great white plague—which has been almost universal in distribution, omnipresent as to time, scientifically avoidable and more fatal than all the epidemics and wars that the world has ever seen. And yet today this great white plague of tuberculosis, will, we know, this year, cause the death of more than one million people. It will cause the death of not less than 150,000 people in the United States. It will cause the death of one third of all that occur between the ages of 15 and 35. It slays the neglected innocent, it slaughters the innocent bread winner. Hunter says: "The extent of the white plague, is one of the best tests of a high or low state of society. Where the death rate from tuberculosis is greatest, there ignorance prevails."

And yet, since it was first authoritatively demonstrated

by Koch that tuberculosis was an avoidable disease, over two million deaths on this continent have been caused by the disease. And we know that each day of the world three thousand and each minute two of its people give up life upon the altar of this insatiable old druid. Of the 70 million people of our own fair country, unless something radical is done, 10 millions will die of tuberculosis, and that too we may almost say in the heyday of youth. We know that the death rate from this disease in cities of over 25 thousand inhabitants is twice that of the rural districts. In Paris the death rate is three times as great in the poorest as in the well-to-do quarters. In the first ward, near the Battery in New York City, 14 times as many people die of tuberculosis as in a ward adjoining Central Park. In one room there is a record of five deaths in seven years. In one block a record of 265 cases reported in nine years and Mr. Ernest Poole, who carefully investigated the conditions, believes that 500 cases would not have overstated the truth.

Dr. Herman Riggs, the medical officer of New York, says that there are 30,000 cases of tuberculosis in New York City. This means, you know, that there are 30,000 foci for the dissemination of infection.

Now these are just the cold facts about the terrible results to the people, of this disease. But these results do not seem to move the public much in these practical days. Had it been a scourge that had interfered with commerce, or tended to destroy an industry, the country would have been up in arms, and long ago this scourge would have been a thing of the past. But in as much as the lives of the people are of less importance, and their loss less convincing than matters of financial venture, let us consider the actual cost to this country of the present condition of tuberculosis.

It is an admitted fact, as stated by Dr. Riggs, that the average cost to prepare a man for usefulness, is \$1500. That this is simply in the nature of a loan by the government, the people or parents to the developing young men and women of our country; that inasmuch as there are 10 thousand people dying every year in New York, it means that

New York has an actual loss of \$15,000,000, and that the cost of their nursing, food, medicine, attendance and loss of productive labor, which as figured as additional to the original investment of \$1500 in each human being, amounts to 8 millions more. Upon the same basis it is estimated that the annual loss to the United States from tuberculosis is \$330 million.

This you will remember is an annual loss. You will remember that the crop of consumptives of this year furnishes at least an equal crop for the next year; and Dr. Pryor very tritely says that if we would cure this disease "we must care for the consumptive in the right place, in the right way, and at the right time, until he is cured; instead of as now, in the wrong place, in the wrong way, at the wrong time, until he his dead." It will be cheaper.

Now having considered the bacilli, their virulence, their vitality, their habitat, their methods of infection, the results to the people of such infection in lives and dollars, there comes to us the question: And what shall we do to prevent all this?

Ruskin truly says, "People would instantly care for others as well as themselves, if only they could imagine others as well as themselves." He again says, "A great nation does not spend its entire national wits for a couple of months in weighing evidence of a single ruffian's having done a single murder, and for a couple of years its own children murder each other by their thousands or tens of thousands a day, considering only what the effect is likely to be on the price of cotton and caring no wise to determine which side of battle is the wrong; neither does a great nation send its poor little boys to jail for stealing six walnuts and allow its bankrupts to steal their hundreds of thousands with a bow, and its bankers rich with poor men's savings to close their doors under circumstances over which they have no control; neither does a great nation allow the lives of its innocent poor to be parched out of them by fog fever and rotted out of them by dunghill plague, for the sake of sixpence of life extra per week to its landlord, and then de-

bate with driveling fears and diabolical sympathies whether it ought not piously to save and nursingly cherish the lives of its murderers."

Mr. Jacob Riis says "You can kill a man with a tenement as easily as you can kill a man with an axe."

We must first unfit the common habitation of the individual that is most commonly affected by the disease, for the growth of such an individual as may be prone to the disease. The agriculturist on attempting to raise his profitable crop of verdure and thrift does not let the weeds and trees grow until the fall that he may destroy the seed, but he cultivates the soil, destroys the weeds, and makes the soil unfit for its growth, so that it may not destroy the healthy young lives about it. So it is our duty, when we know that without question the bacilli of tuberculosis, if ejected into the outer world under conditions in which they are exposed to sunlight and fresh air, will meet themselves with an early death, and not be preserved to cut precious young lives short; when, I say, we know these to be facts, is there any excuse under Heaven and known among men, why dark hallways, dark rooms, narrow alleys, and crowded tenements should exist? There is only one excuse, the excuse of a desire for financial profit. The man who builds and rents such property in the light of perfect knowledge, is a murderer by consent just as truly as he who uses the sand-bag in the dark or the gun-shot in the back. And the city which fails to pass ordinances governing the construction of buildings so that such conditions may not exist, is officially guilty of contributory negligence and should be a party to trial for the crime of murder of the innocents.

It is purely a matter of private gain. Shall the private gain of the individual be set against the enormous public loss of \$330,000,000 per annum, to say nothing of the ruined lives, the broken hearts and the bankrupt homes?

Another habitat of the bacilli is the public school and university. In nearly all cases the educators of our country are fighting against imperfect accommodations, hygienic defects, and being obliged to put up with all of these condi-

tions because of an unwillingness on the part of the authorities to furnish that which is necessary to build and launch the young life in full strength and vigor for prolonged usefulness. This should be corrected, and it cannot be corrected by gymnasiums, by physical culture, or by athletic sports, unless the rooms in which they pass most of their time are hygienic, and unless their hours are arranged so that they may have a proper time for rest as well as work. And again all these provisions amount to nothing if the child is to be sent back to sleep in a home which lacks everything in the hygienic sense that we have asked and perchance provided for the school.

Again the great manufactories and department stores of our country are furnishing a great number of recruits from the very flower of our country. This for two reasons, first because of overwork and confinement in illy fitted buildings and rooms, of young people who have not yet reached their full stage of development; and secondly, while securing large returns and making millionaires of the owners, thousands of these young employes are forced to work at so low a wage that they are driven to eke out a financial existence in crime and dissipation which end in no small proportion of cases in the wasted cheek and hectic flush of the tubercular. These are the principal habitats, evidently designed and built for the reinforcement of the forces of the great white plague. Every one of them avoidable and still subject to a long continued fight for a development of the police forces of each separate state. I most heartily believe that were it possible for the health of the people to be conserved by the federal government and not by the individual states, tuberculosis today would be at a minimum. We all appreciate that when the army and navy and marine corps are called in to fight epidemics, it means something: that they are not entangled by local influences, but that they see only conditions and cope with those conditions regardless of the individual,

Therefore, in the light of these facts, we should strike at the root of this trouble, and should first attempt to re-

move these conditions which tend to develop and perpetuate the constitutions which furnish good ground for the location and culture of the tubercular bacilli. That we are all infected by tubercular bacilli, if infection means that they have sometimes come our way, goes without question. That immunity is more apt to exist, and usually does exist in those in perfect health, is too true to leave chance for discussion.

Having taken up this fight, it remains for us to care for those who are already infected, to protect others from them, to protect them from the bacilli and its inroads. There are two methods for accomplishing this end: The first is by isolation, by perfect air for respiration, and by proper medical treatment. And we may as well at once, in considering medical treatment, do away entirely with the search for germicides and aim entirely at the establishment of immunity. The second method is where financial conditions and intelligent surroundings permit, instead of isolation, trained care and nursing. This trained care and nursing should aim at the same results as utter isolation. To bring about these conditions, isolation demands public sanatoria and trained care demands educated nurses; and the sooner nurses have to be registered with the state, and the county is free from ignorance and superstition, the better for the people. The press has recently been full of Behring's address at the recent tubercular congress. Undoubtedly the report was exaggerated. Nevertheless it may be possible that Behring will yet develop an anti-toxine which will produce immunity from the tubercular bacillus. But mark: In as much as he or any other man seeks for some method of producing an immunity, thus allowing the human system time to acquire nutrition and return to a normal condition, insomuch is there a possible hope of success. No serum or no drug is, or ever will be of use in tuberculosis that is not designed to aid in restoration to normal conditions without regard to the bacilli. And no serum and no drug will ever cure tuberculosis after it has reached a stage in which dead products are pocketed in the liver or other great organs of



the body, these dead products in themselves being more fatal in their results than the original bacilli. And being so located that except for the kindness of nature they can neither be found or reached by the surgeon.

And after all, the conclusions of all this paper are simply that when pure, fresh air and the clear sunlight flood the habitat of the bacilli, be it either in the dust of the room or the street, in the economy of the human being, or wherever, the bacilli must die; and dying, before so late that the damage is too great for repair, if it be in the human economy, the patient may be restored to health. If it be in the obscure corners of hitherto virulent foci, no new cases will develop therefrom. And it is possible to accomplish in tenements, schools, factories, dwellings, everywhere, all this, if the people are kind and money may be spent for the purpose. Upon your soul and upon my soul rests the responsibility of restoring our fellows now and to come. And that I would suggest that this society, in annual session, pass a resolution, appoint a committee, and take steps to educate the public opinion and to provide for the establishment in this state, of a State Sanitarium for tubercular patients, I will even go farther; I will be one of one thousand persons in this state, to give \$200 each to establish such an institution.

Ah, my friends, it seems to me it belittles us to send hundreds of thousands of dollars to foreign countries for missionary work to save souls, while by our own careless neglect and the careful expenditure of a reasonable amount in our own country we are sending thousands of souls out into the future with the mark of a murder by their fellows. And to just so great an extent as we fail in our public duty as citizens, to just such an extent have we been accessories to the crime. We send the Peace Commissioners to the Hague to attend the great Peace Conference which shall bring Peace to all the world, and prevent the war slaughter of thousands who under present warfare go quickly and without suffering into the great unknown. Let us in doing our duty to our fellows in relation to the great white plague

save many more thousand from a lingering, torturing, suffering death while we bring to the world that Peace which is greatest of all—the peace that touches the heart of all the world: which saves to the father and mother their child, and permits the child to see the parent grow old and ripen as the growing grain; and at last wrap the drapery of his couch about him and lay down to pleasant dreams, in peace; yea, in the “Peace that passeth all understanding.”

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### NOTES FROM THE MISSOURI VALLEY SOCIETY.

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#### The Genesis of Carcinoma with some Hints as to Metastasis and Recurrence.

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BY JAMES G. GILCHRIST, A. M., M. D., Iowa City. Iowa.

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The following is a mere synopsis, as the doctor spoke without notes:

In the very outset of our studies of the genesis of malignant growths—or all forms of tumor, for that matter—we must start with the conception that the origin, the beginning of the morbid action is strictly and purely local. Years ago I taught and believed differently, but experience and systematic study has convinced me that such teaching was wrong. Nature is always prodigal in all her operations, and it is very seldom that we meet a typical process, particularly in the higher organisms. So we find that the first step in the formation of a tumor is an exudation of reparative material, in response to a traumatism, but far, very far in excess of the demands. That this is local is shown by the fact that similar conditions may occur in other parts of the same body, and no such results follow. In an orderly repair the excess of this exudate, after what is needed for cicatrization has been used, would be absorbed. So in the case of a tumor this is what happens. The exudate is all organized, and a new tissue is laid down, which, if the final result is typical, will be an innocent tumor; if embryonic, a sarcoma; if teratomatous, a carcinoma. In other

words, the kind of tumor resulting depends upon the degree and kind of organization; one being an exogenated physiological activity, another a disorderly formative process, still another, an abnormal perversion. Now the point of value to which all this leads is this: The initial impulse is a demand for repair in response to a lesion, and that a tumor in the beginning stands as a modification of scarring.

Furthermore all tumors, no matter what their after character may be, have a stage of innocency. During this stage there are no evidences of very morbid action outside of the tumor itself. Later, in the case of malignancy, the symptoms all point to dispersion from this center, and secondary growths appear in remote parts, carried thither by the lymphatics and the blood. When this stage is reached as far as surgery is concerned, and the natural history of the morbid action, the patient is doomed. A man who attempts to treat a tumor by any other means than surgical removal, reaches a conviction of failure, only when some evidence of dispersion, implication of near parts, or degeneration of the tumor become evident. Then he has waited too long, as far as surgery is concerned.

This leads to another practical consideration: While there is no doubt that remedies can cure and have cured all forms of tumor, the consequences of dispersion, in malignant cases are so awful and horrible, that no man is justified in exposing his patient to such risk. During the innocent stage, all tumors should be surgically removed from the body.

Another consideration: The active elements in metastasis or dispersion are the younger portions: the whole tumor-tissue is of low organization, easily becoming necrotic; the youngest of the elements are not only the most energetic, but they are of small magnitude—hence they may be present far beyond the boundaries of our incisions, and not to be detected. Now recent experiences by many eminent men, have led to, two at least, rather startling propositions. First, that suppuration in operative wounds for carcinoma and sarcoma is often a promise of cure, no recurrence, as the necrobiosis seeks out and destroys minute elements,

too small and few to be detected by any means at hand. Such has been my experience, as far as observation has been made. Second: very extensive, mutilating operations, like Halsted's, for mammary carcinoma, by reason, probably, of the traumatism involved, and yet not of a character to cause necrobiosis, acts as a stimulant to these migratory elements outside of our incisions, and hasten or confirm the tendency to secondary organizations. We know that metastasis and recurrence have taken place, and not seldom, after the most extensive removals.

Now the practical therapeutic point in all this, it seems to me rationally suggested, is that the only treatment for a tumor, is removal by surgical means, and secondary operations for recurrences, when ever the case is operable. All other measures are not only of questionable value, but they waste time which we cannot afford to lose. In inoperable cases we find a field for non-surgical methods, and possibly, in course of time, may thus develop some reliable therapeutics less severe.

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### RETAINED PLACENTA.

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BY DR. A. MCNEIL, San Francisco, Cal.

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I was called, Feb. 11, 1905, to see Mrs. C. She had an abortion ten days before. Since then constant hemorrhage not profuse. Violent pains all over, especially in left ovary < by slight motion. No fever or putrid discharge. Gave Bryonia 30, one dose.

Feb. 12. The pains relieved.

Evening of the 13th pains returned but not so severe as at first.

Feb. 14. Passed a portion of the placenta, not decomposed. My predecessor had used the curette and said that he had got all of the afterbirth. This was followed by great relief of the pains and flow.

Feb. 16. Return of symptoms she had before abortion, especially liver spots. Sepia 30.

Feb. 21. Had over-exerted herself and brought on a return of her pains for which I gave Bry. 12m, one dose. Since then has done well.

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## THE PRESENT STATUS OF HOMEOPATHY.

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BY JOSEPH FITZ-MATHEW, M. D., West Sound, Wash.

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Editor ADVANCE:—I was introduced to an allopath, who, upon learning I was a homeopath remarked. "Oh! Well, there is not much difference between us now." The men who are practicing Homeopathy, in the true acceptation of the term, are those only who are following in the footsteps of Hahnemann's chosen disciples, and so far, in the light of modern medical science, they still find Homeopathy intelligently applied, superior in its results to any other treatment; and it is a demonstratable fact that in their daily practice they are curing or greatly relieving morbid conditions in which others have failed. But in some localities it has become as difficult to find a genuine homeopath as it is to obtain unadulterated food which can be profitably adulterated.

These eclectic-homeo-mixers are the ones which Dr. Osler has very ungenerously taken as representing Homeopathy to-day when he truly says: "They must find themselves in a very anomalous position; their practice is not consistent with their profession." I have no wish to indulge in harsh animadversions because I realize that the fault is to be placed upon their alma mater. They have been crammed with all the ologies necessary to a complete medical education but with a mere smelling of Homeopathy at the hands of teachers who are themselves not genuine. Such clinical demonstrations as they get are mostly in the hospitals of the regulars, and they are launched with the belief in the insufficiency of Homeopathy and under the glamour of the up-to-date specifics and serum-pathology of the dominant school. When in their practice they are confronted with cases which only a thorough knowledge of materia medica and the dual

action of our remedies would enable them to successfully prescribe for, they must perforce resort to some means to hold their patients and relieve their sufferings—they have not the faith born of clinical experience, and it is much easier to resort to analysis and stimulants than to hunt for a “similimum”—they do the best they know. They hold a diploma from a college called “Homeopathic” and must call themselves homeopathic. I have yet to hear of any student who has the advantage of association, teaching and clinical demonstrations with and by a master-homeopath who has become a back-slider. No student with ordinary perceptive faculties could witness the clinical demonstrations of a Lippe, an Allen, et multes alii, without recognizing the marvelous and beneficent action of our remedies, when rightly applied.

It is this clinical demonstration supplemented by a proper knowledge of materia medica that is required to give the student the ability to prescribe and the faith born of experience—every student should have at least twelve years hospital experience under a master homeopath before he is qualified to practice for himself. I mean in the wards of a homeopathic hospital, or as assistant to an expert with a large private practice. There are apparently about 20 colleges holding charters as homeopathic colleges, some of them undoubtedly mere commercial enterprizes, flavored with a little Homeopathy as a “bait” and a side issue—the goods they turn out are not true to name. “Upon their heads be it.” A young man or woman pays to be taught Homeopathy but is turned out a mongrel. Conceding to every medical practitioner the right to use his own judgement, if he can rely on it, he has no right to impose himself upon a patient who calls for Homeopathy if he is eclectic in his practice. We who are Hahnemannians must take some step to distinguish ourselves from those who are systematically violating the principles of Homeopathy and dragging it down to their level.

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**TWO CENTER SHOTS.****WARTS AND CORNS: CAUSTICUM**

Dr. A. A. Pompe, Vancouver, Washington, reports a cure of Warts and Corns that greatly surprised an allopathic colleague:

A young woman had painful warts on the ends of two or three fingers, also painful corns of fifteen years standing. I suggested that I give her a powder to cure those warts, when she asked, "Will it also cure the corns?" I replied that I did not know; I never have cured any corns, but it could be done with the little pills. Well, yesterday morning, I learned that the warts all fell off, and at the same time, or some days later, the corns disappeared also. That was simply luck, as far as the corns were concerned, but it created a marked surprise and made a deep impression on the family.

I gave the woman Causticum 200, one dose only. She was of dark complexion, rigid fibre, and very bright and snappy mentally.

**CHRONIC OCCIPITAL HEADACHE: CARBO VEG.**

A boy, six years old, has had terrible headaches for four years, on whom the skull had been trephined for relief, for supposed brain pressure but without result. The severity of the pains finally resulted in complete loss of speech. The paroxysmal headache returned every three or four days, always at seven or eight P. M. in the back of the head and continued for two or three hours with intense severity.

The father, an allopathic physician, had done and tried everything known to medical science, except homeopathic medicine. I heard of the case and offered my aid, which was gladly accepted. He has not had a single headache since I gave him Carbo veg. 200, twelve weeks ago.

The simillimum was effective and curative after Surgery had done its best.

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# THE MEDICAL ADVANCE

AND

## JOURNAL OF HOMEOPATHICS

A Monthly Journal of Hahnemannian Homeopathy

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

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We believe that Homeopathy, well understood and faithfully practiced, has power to save more lives and relieve more pain than any other method of treatment ever invented or discovered by man; but to be a first-class homeopathic prescriber requires careful study of both patient and remedy. Yet by patient care it can be made a little plainer and easier than it now is. To explain and define and in all practical ways simplify it is our chosen work. In this good work we ask your help.

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DECEMBER, 1905.

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## Editorial

### THE LIBEL ON THE STEGOMYIA.

Hahnemann's trite maxim, old yet ever new, that: "The first and sole duty of the physician is to restore health to the sick," is followed by one of almost equal significance. viz; "The physician is likewise the guardian of health, when he knows what causes disturb it, what produce and keep up disease and can remove them from persons who are in health." Hence in the opinion of the founder of our school the prevention of disease, either sporadic or epidemic, is second only to its cure.

Now that the recent epidemic of yellow fever in New Orleans with the diverging opinions of eminent sanitary



experts as to cause, and the equally differing opinions theories and methods both prophylactic and curative, has passed into history, may we not in candor and justice enquire if the masculine mosquito or feminine mosquito either or both is the distributor of yellow fever or other infectious maladies. Of course this is not the first time in history that the female is accused of sowing the seeds of death.

In Havana and Santiago the sanitary corps of the U. S. Army cleaned up the cities and eradicated the yellow pest before the experiments with the mosquitoes were thought of; showing very clearly that filth is the germ producing cause. Mr. James M. Barker, C. E., of Merrill Wis., in a recent letter to the *Chicago Record Herald* says:

In the month of March 1854 I was in the City of Lima, Peru, where yellow fever was epidemic and raging fearfully. It was local, and of local origin, and confined to that city and Callao, its seaport. At that time there was no yellow fever nearer than southwestern Brazil, and too far away to be carried to Peru in any way, so it must have originated in Lima and become epidemic there, as conditions were, and without the help of the mosquito. Now, mark this. The mosquito and mosquito are not known in this section of Peru, from the fact that climatic conditions are unfavorable for them, and in this connection, it is safe to say there is no kind of insect, bird or beast in any country that originates and scatters yellow fever. It is spontaneous in origin, arising from accumulations of certain kinds of organic matter under abnormal conditions, and thereby producing putrefactive fermentation, and when in its most malignant state there arises from it an "aeriform essence" which, if respired by a person whose organs of digestion and assimilation are in a receptive condition, this subtle principle will at once find lodgment in the system, and yellow fever will soon follow. If not stopped at once by heroic action it becomes epidemic.

The spontaneous starting of yellow fever is similar in action to the starting of a fire spontaneously through the combination of certain kinds of material carelessly or otherwise placed under conditions favorable for such action. It would be just as reasonable to say the cause of the fire was a mosquito, or some kind of a fire microbe, as to say the mosquito is the cause of the origin and spreading of yellow fever.

It is generally acknowledged that in the recent epidemic, scientific research has failed to fix the responsibility upon the mosquito or any of her family. Sanitation will do for New Orleans and the South what it did for Cuban Cities. Remove the filth and you remove at once the cause of yellow fever and other contagious diseases.

**HOMEOPATHIC STATISTICS WANTING. WHY?**

Dr. Alfred S. Mattson, of Omaha, recently made the following pertinent enquiry in regard to the comparative mortality in pneumonia:

Can you give me any statistics bearing on the mortality per cent in pneumonia in the homeopathic institutions of Chicago and any figures comparing the results between our treatment and that of other schools. I am anxious to be able to assure myself and show to others that at a straight laced Homeopathic Hospital the mortality showing will indicate a good margin between that of the so-called "regular," or the type of the homeopathic institution at present predominant in our school. Help me if you can.

To this Macedonian cry for help we were compelled to plead ignorance of the existence in Chicago of any such statistics, or of any hospital under homeopathic control in which the practice would warrant comparative tabulation. It is mortifying to be compelled to make such a plea, but it is the truth so far as we know. But in Cook County Hospital where the homeopaths have ample opportunity for the tabulation of comparative statistics not only in pneumonia but in all other diseases, medical and surgical, no results of which we can boast have been given the profession. On another page, in Dr. Waring's paper, will be found a record of the practice in the homeopathic wards conducted by Dr. H. V. Halbert, Professor of Medicine in Hahnemann Medical College, and his Colleagues Drs. Wood and McDonald.

After a study of these cases our correspondent perhaps may be able to answer his own question. At least comparative statistics based on such an exhibit, is not what he is in search of. They verify the claim however, made by Dr. Quine in his lecture "Why I am not a Homeopath," that few professed homeopaths practice Homeopathy; that they have abandoned if they ever knew, the methods taught and practiced by Hahnemann and that only a name prevents a union or amalgamation of the schools. To think that leading members of the faculty of "old Hahnemann" should attempt to palm off such empirical rubbish as homeopathic, in Cook County Hospital, seems almost incredible. Shades of departed greatness! What would Smith, Shipman, Small,

Ludlam, Hoyne, Gee and the other founders of "Old Hahnemann" say or do if such liberal (?) Homeopathy had been practiced in their day? What would statistics based on such liberal (?) treatment be worth?

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**"THE GREAT AMERICAN FRAUD"**

After years of ample warning by the profession both in person and through the medical press, that the persistent use of patent medicines was one of the most prolific sources of chronic disease, the public is being aroused from its apparent indifference to all appeals by the effort of some magazines to expose the frauds in the manufacture and sale of patent medicines. The series of articles in *Collier's Weekly* by Samuel Hopkins Adams is one of the most effective and convincing exposures of the "patent medicine humbug" ever attempted by an American magazine, and should be read by every physician that he in turn may disseminate the facts presented therein after a long and difficult yet a very thorough investigation. He lays special emphasis upon and reiterates the facts well known to every intelligent physician that the entire business of the secret nostrum fiend is based upon "fraud, exploited by the most skillful of advertising bunco men". And it is not alone the poor and ignorant who are deceived by these "bunco" advertisements, for thousands of educated people, even professional men and women are to be numbered among their dupes.

The "testimonials" appear to do the work, and the method of obtaining them is often as amusing as it is original and ingenious. The case of the "three distinguished temperance workers" who advocated the use of a well advertised brand of whiskey, is in point. The author carefully looked into the personal history of these "temperance men" with the result that one would not sell his "testimonial" but gladly accepted ten dollars "to have his picture taken". Get a copy of *Collier's* and look at the pictures.

Of these testimonials Mr. Adams says: "The ignorant drug taker returning to health dips his pen in gratitude and writes his testimonial. The man who dies in spite of the patent medicine—or perhaps because of it—does not bear

witness to what it did for him. We see recorded only the favorable results; the unfavorable lie silent. So while many of the printed testimonials are genuine enough, they represent not the average evidence, but the most glowing opinions the nostrum vender can obtain, and generally are the *expression of a low order of intelligence.*"

But the deliberate trick by which the manufacturer secures the co-operation of the daily and weekly press in fighting hostile legislation is only equalled by the magnates of our great life insurance companies. This clause is printed in red letters: "It is mutually agreed that this contract is void, if any law is enacted by your state restricting or prohibiting the sale or manufacture of proprietary medicines." This of course compels the papers to take the part of, or to fight, the battles of the nostrum men in order to save their "ads" and their business. The details of some of the more prominent of the patent medicines will next be given and their composition exposed. But there is too much whiskey in most of these nostrums to have their use seriously affected or curtailed by any exposure of their deadly composition. The whiskey will sell them.

Now Uncle Sam in the person of Mr. Yerkes, commissioner of internal revenue, proposes to take a hand in the nostrum business by requiring manufacturers of, and dealers in, patent medicines to pay a license as liquor dealers. According to this ruling the druggist who sells certain proprietary medicines must take out a saloon license, by which the Government will share in the profits. By *Collier's* exposure as by the insurance investigation the "bunco men" may take a long needed vacation for the benefit of the business and the people.

To every homeopath the effect of this continual drugging with secret nostrums and proprietary medicines has a deep significance. It not only masks and changes the symptom picture, but complicates the chronic ailments to such an extent that a cure is slow and difficult if not impossible. Hahnemann had to contend with the evils of drugging for 75 years ago in the *Organon* § 74 he says:

Under the class of chronic diseases, we have unfortunately to reckon

## MEAT EATING; EXPENSIVE, OFTEN UNNECESSARY. 753

those numerous fictitious maladies of universal propagation, arising from the long continued administration by the allopaths, of violent heroic medicines in large and increasing doses, from the abuse of calomel, corrosive sublimate, mercurial ointments, nitrate of silver, iodine, and its ointment, opium, valerian, cinchona bark and quinine, digitalis, sulphur and sulphuric acid, long continued evacuates, etc. etc. by which the vital power is unmercifully weakened if it be not entirely exhausted by the continued assaults of such destructive influences.

§ 75. The most distressing and unmanageable chronic maladies affecting the human system are those induced by the unskillful treatment of the allopathists (in modern times most injurious) and I regret to say, that when they have attained a considerable height, it would seem as if no remedy could be discovered for their cure

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## MEAT EATING; EXPENSIVE, OFTEN UNNECESSARY.

Professor Chittenden, Ph. D., Sc. D., L. L. D., of the United States Department of Agriculture, by nine months' careful experimentation on six university and medical men, twenty men from the army hospital corps, and eight university athletes, has settled beyond all question the fact that they have actually gained in strength, in spirits, and in improved health by largely cutting down the amount of their food, so that none of them cares to return to his former diet. These experiments seemed to have well established that butchers' meat is quite unnecessary and that by making our food simpler and purer we can largely gain in both health and happiness.

Persons having doubt on this subject will do well to write Professor Chittenden, of the United States Department of Agriculture, Washington, D. C.  
GEO. T. ANGELL.

The results of these experiments have both astonished and convinced many people, lay and professional, that meat eating is not necessary to maintain health and physical or mental strength. The finest specimens of healthy physical manhood or womanhood we have ever seen had never eaten meat from childhood; meat was repulsive to them. It is also a well recognized fact that when a person who eats large quantities of meat has an acute inflammatory disease, pneumonia, rheumatism, etc. it is always serious, often fatal, when otherwise it would not be, and many patients cannot be cured of some diseases while they indulge in meat. We trust these experiments of Professor Chittenden will be repeated on a larger scale, for we have long been convinced that cancer, tuberculosis and other malignant diseases were

aggravated or maintained by the excessive use of animal foods. We eat not only too much meat but *too much of everything*, for health.

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**The National Society For Clinical Research** proposed by Dr. Walter Wesselhoeft at the Niagara meeting of the A. I. H. is being organized at the Homeopathic Hospital in Boston. Dr. Wesselhoeft writes;

The organization of our hospital staff with its quarterly changes of service and the absolutely independent course of each visiting physician and his attendants stood in the way of systematic and united action. Yet we have determined to make a beginning. Dr. Maurice W. Turner, Dr. Stephen H. Blodgett and myself are to begin in April on a course of comparative therapeutics. Dr. Blodgett to treat every third case entering the medical side of our hospital on the strictly expectant method, so far as the use of drugs in any form is concerned; Dr. Turner to follow the course of strictly Hahnemannian Homeopathy using exclusively high potencies; while I am to confine myself to the lower attenuations with the liberty to make use of palliatives and the empirical remedies of the old school in cases where they are habitually used, e. g. in hopeless cases; generally, in advanced heart affections with lost compensation (Digitalis), in malaria (Quinine) etc.

The cases are to be distributed equally between us, the records carefully kept, with the indications for every prescription fully noted, all observations minutely taken down and the results so set forth that they shall appear as the most valid possible evidence of the affects of treatment or its failure either to afford relief or positive and enduring cure.

If the entire medical staff can be induced to give Dr. Wesselhoeft a loyal support on the lines laid down for clinical research and comparative therapeutics, the results will be far reaching and beneficial to the homeopathic profession, and the Massachusetts Homeopathic Hospital may be as well known in the future history of Homeopathy, as Bunker Hill. In Cook County Hospital, Chicago, no better opportunity for comparative clinical research was ever offered in the history of our school, had not our clinicians deserted their colors on the firing line. "We met the enemy and we are theirs."

## COMMENT AND CRITICISM.

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

### **HOMEOPATHY vs. ANTI-PATHY. CRUSADE EXHIBIT NUMBER ONE**

(Third Installment.)

BY GUERNSEY P. WARING, M. D., H. M., Evanston, Ill.

(NOTE. The series of papers begun in the September issue declaring "war upon anything and everything un-homeopathic" has thus far only laid the foundation, and outlined the plan of crusade, dealing mostly in generalities. We now come to specific charges and statement of facts, giving the time, place and name—when, where and who—definitely locating the responsibility for at least some of the sham, duplicity and dishonesty in the so called homeopathic practice.)

#### "GIVE PUBLICITY TO THE SHAMS"

"A chiel's amang you takin' notes,  
And faith he'l print 'em."

President Roosevelt, during his recent tour through the South, is reported to have said in a public address, in reference to the shams in public life, that, "The conscience of our people has been greatly shocked by recent revelations. There is, I think, in the minds of the people at large, a strong feeling that a serious effort must be made to put a stop to the cynical dishonesty and contempt for right." \* \* \* "There are men who do not divide actions merely into those that are honest and those that are not, but create a third division, that of law honesty, or that kind of honesty which consists of keeping clear of the penitentiary." \* \* \* "It is hard to reach astute men of this class, save by making them feel the weight of an honest public indignation following deserved publicity."

The *Outlook* thus announces a leading editorial on the front cover page in its issue dated October 21st:

"Shall we hoist the Black Flag? Are we becoming a nation of hypocrites? If we cannot be honest, let us at least stop pretending to be what we are not."

The editorial closes with this earnest appeal: "Let us purge ourselves of dishonesty and hypocrisy. The country is weary of scandals in high places, of shams and humbugs among the eminently respectable."

Editor Hearst, Tom Lawson and Tom Watson are vieing with each other in exposing by publicity the rascals in high finance and political life, and the people say "more power to your elbow."

The people's verdict in the recent November elections astonished the world, by renouncing the graft, bossism, shams and frauds of our perverted political system, and electing candidates independent of political party machinery.

The literary magazines, and a large majority of the daily papers, are falling into line to publish the truth, desirous, as they always are, to keep near the trail of public progress demanded by the people.

#### SHAMS IN THE HOMEOPATHIC PROFESSION.

And now let it be repeated again, "while these crusades and reforms are being pushed towards permanent results in other departments of public life, no more opportune time will ever come than the present to make public the shams, duplicity and dishonesty which has brought, and is still bringing, Homeopathy into discredit and disgrace."

The following exhibit, taken from the records of Cook County hospital, Chicago, though referring to a single institution, is a fair sample of the anti-pathic treatment being substituted for Homeopathy in other public institutions.

Cook County Hospital, one of the largest charitable institutions in the world, receiving last year over 22,000 patients, has opened its doors to various branches of the medical profession on equal terms—the allopathic, eclectic and homeopathic departments—each having its own medical staff, fully controlling the treatment and responsible for the work done under its supervision.



At the present time the general medical staff of the homeopathic department is represented by the following eminent gentlemen; Drs. H. V. Halbert, F. W. Wood and A. R. McDonald. They are prominent physicians of Chicago, each one filling an important professorship in the Hahnemann Medical College and Hospital; Dr. Halbert having for years remained at the head of the chair of Practice and Clinical Medicine in that institution.

The cases selected without discrimination for this exhibit are all recent and taken from the records on file, abstracts having been carefully made to give prominence only to the symptoms, diagnosis, treatment and results. No better Homeopathy could be found in the hospital records than that given in the following collection. The parenthesis [ ] is used to designate remarks and criticisms not included in the case records:

## A CASE OF GASTRITIS.

Exhibit I.—J W., age 30. Admitted Aug. 16, 1905.

Taken sick eight days ago, weakness and general soreness of the tissues, especially the back, abdomen and limbs.

Does not care to move.

Feverish all the time.

Felt cold and chilly yesterday.

Soreness in chest, with feeling of heaviness and weakness. No pain. Difficult breathing on exertion.

Occipital headache; poor appetite; bowels constipated; pupils dilated.

DIAGNOSIS: Gastritis. (Pneumonia).

TREATMENT: Aug. 16, Castor Oil ʒss, (½ oz.)

Aug. 16 to 21, Gels. 3x, m. v., q. i. d. (5 minims 4 times a day).

Aug. 18, Calomel, grs. ij (2 grains). Sodium bi-carbonate (grains x).

RESULT: Improved; discharged.

Attending Physician, DR. A. R. McDONALD.

[The use of Calomel with a mild alkali was a very common allopathic prescription thirty years ago. Among modern, intelligent allopaths it has fallen into disrepute].

## DIABETES MELLITUS.

Exhibit II.—F. H., age 49. Admitted Aug. 14, 1905.

Weakness and aching in back, which is constant while awake; aggravated when moving about and in wet weather.

Urinate six to eight times daily; once or twice at night.

Passes large quantity, pale color, containing 2 per cent of sugar.

Considerable thirst.

Appetite very good; can eat anything.

Fond of sugar and candies.

Feels weak in legs and staggers when walking.

Bowels constipated, move every two or three days after hard straining.

Stool dark colored, large and hard.

Night sweats. Lost 20 pounds the last two months.

Patient is tall, bony, poorly nourished. Had gonorrhoea and syphilis 15 and 20 years ago.

DIAGNOSIS: Diabetes Mellitus.

TREATMENT: Aug. 16 to 25, Mag. sulph. (Epsom Salts)  $\text{℥ss}$  ( $\frac{1}{2}$  oz.) every a. m.

Aug. 18 to 25, Codeine, grs. ss ( $\frac{1}{2}$  grain) t. i. d. (3 times a day).

Aug. 22, Calomel, grs. ij (2 grains). Sodium bi-carbonate (grs. x).

RESULT: Improvement. Discharged by request Aug. 25, 1905.

Attending Physician, DR. H. V. HALBERT.

[Nearly every case, from pleurisy to typhoid fever and diabetes, gets the all-powerful, apparently ever indicated, Epsom Salts; in this case followed by the out-of-date Calomel and Soda powder. Codeine has some pathological relation to saccharine urine, but none to the other symptoms. Evidently but one pathological symptom used].

#### TYPHOID FEVER.

Exhibit III.—Mary M., age 20. Admitted June 25, 1905.

Has had soreness across abdomen.

No appetite; bowels too loose.

Aching of back and lower limbs.

Slight headache; face dull, purple, flushed.

Sleep poor, lies quietly in bed in a doze.

Eyes closed or partly closed most of the time.

Tongue red and dry.

Lips dry and cracked, slightly bleeding.

Temp. 102 to 103.

**Diagnosis:** Typhoid.

**Treatment:** June 23, Mag. Sulph. 32. (1 8½.)

June 28 to July 14, (19 days), Methylene blue .12  
(12-160 of 2 grain—about 2 grains) q. i. d. 4  
times a day.)

Castor Oil 4. (about 1 dram) t. i. d. (3 times a day.)

June 30, Methylene blue increased to .8 (about 5  
grains):

July 4 to 17 (13 days), Whiskey 16. (about ½ oz.)  
every 4 hours.

July 14 to Aug. 4 (21 days), Echinacea .4 (6 minims)  
t. i. d.

July 22 to Aug. 28 (35 days). Castor Oil 4. (1 dram),  
t. i. d.

Aug. 19, both ankles became inflamed and swollen.

Aug. 19 to 28, Sodium salicylate grs. x. q. i. d.

Oil of Gaultheria applied to joints.

**RESULT:** Recovery (instead of a cure).<sup>¶</sup>

Attending physician, Dr. F. W. WOOD.

[Indicated remedy not given. Single remedy not re-  
spected. Minimum dose not used. Crude, unproven drugs  
administered. No signs of Homeopathy. It may be allo-  
pathic, it may be bad eclectic or poor physio-medical treat-  
ment, it might be old woman's domestic treatment; but it is  
*not* scientific and it is *not* homeopathic.]

#### CEPHALALGIA AND HEMORRHOIDS.

Exhibit IV.—A. W., age 28. Admitted Aug. 16, 1905.

Sharp, cutting pain over right eye; begins in the morning and is  
worse through the day. Amel. by pressure.

Appetite poor; bowels constipated.

Hemorrhoids for ten years; protruding during stool; little pain.

Tongue, thick yellow coating, with imprints of teeth.

Gums blue, saliva increased.

Had syphilis three years ago.

**DIAGNOSIS:** Cephalalgia and hemorrhoids.

**TREATMENT:** Aug. 16, Phenacetin grs. v, Caffeine citrate grs. ij  
(2 grains).

Aug. 18 to 21, Gels. 3x; m. x. every 4 hours, Pot.  
iodide grs. x, t. i. d. (3 times a day).

Aug. 21, Codeine gr. j, (1 grain).

Aug. 21 to 26, Bry. 2x, m. x. (10 minims) q. i. d.

Aug. 22, Mag. sulph. (Epsom Salts) ℥i, (1 oz.)

Aug. 23 to 26, Spigelia 2x, m. x. q. i. d.

Aug. 23, Mag. sulph. ℥i, (1 oz.)

Aug. 26, Mag. sulph. ℥ss (½ oz.)

**RESULT:** Improved. Dismissed by request:

Attending physician, Dr. F. W. WOOD.

[No apparent effort to meet the symptoms with the single remedy, according to the homeopathic law. No confidence displayed in what was used, for it was always accompanied by one or more old school remedies. To call such treatment homeopathic in a public institution is a fraud on the public and a hard blow to the homeopathic art.]

#### RHEUMATISM.

Exhibit V.—Ruth S., age 11. Admitted July 23, 1905.

Well nourished and plump; dark eyes and complexion.

Attacks of rheumatism the past three years.

Left ankle and right wrist swollen.

Sharp throbbing pain, agg. from motion, pressure, at night, and by uncovering.

Skin is red and hot to touch.

Sleep restless on account of pain, which becomes worse in the afternoon and continues all night.

Pupils dilated; tongue coated white.

Heart having visible impulse; pulse 120, regular, hard and full  
Temp. 100.6.

**DIAGNOSIS:** Rheumatism.

**TREATMENT:** July 23, Mag. sulph., (Epsom salts) ℥ss (½ oz.)

July 24 to Aug. 1, Sodium salicylate grs. v, every 4 hours.

**RESULT:** Discharged. Improved.

[This anti pathic treatment was followed by the usual serious complication, as recorded later].

Returned to the hospital Aug. 14, 1905.

Pain in wrists, hands, left shoulder and upper part of the spine.

Pains worse at night from motion and touch.

Wrists and back of both hands swollen; soft, red and hot; sensitive to touch, inability of motion; pupils dilated.

Slight systolic murmur over apex of heart.

**DIAGNOSIS:** Rheumatism and mitral regurgitation.

**TREATMENT:** Aug. 14 to 15, Bry. 3x, m.x. every 2 hours.

Aug. 15 to 25, Sod. salicylate, grs. v, q. i. d.

Aug. 15, Mag. sulph. ℥ss (½ oz.)

Aug. 14 to 19, Oil of Gaultheria (oil of wintergreen--methyl salicylate) applied to the inflamed parts daily.

**RESULT:** Improvement. Discharged by request.

Attending physician, Dr. A. R. McDonald.

[Bryonia, doubtful if indicated in this case, is given only one day's trial. Sodium salic., an anti-pathic drug, given 10 day's trial, with local applications thrown in to hasten palliation and suppression, which will probably result in more serious complications than followed the first treatment. A routine prescription of Bryonia for rheumatism when not indicated by the symptoms of the patient will never result in a homeopathic cure].

**PLEURISY WITH EFFUSION. RHEUMATISM; MITRAL REGURGITATION,**

Exhibit VI.—A. K., age 40. Blacksmith. Admitted Aug. 20, 1905.

Came in weak and languid; fever some days before; no appetite.

Has sharp pain over left side of chest, agg. by coughing.

After entering developed symptoms of uremia; was in a stupor, but could be aroused to answer questions.

Urinous odor of the breath and body.

Face besotted and somewhat cyanotic.

Eyes closed, pupils contracted.

Tongue, thick, dirty, white coating.

Lips thick, heavy and cyanotic.

Left side of chest bulging with effusion.

Respiration heavy, labored and stertorous.

Apex beat of heart in third interspace to right of nipple line.

Urine contains hyaline casts.

Pulse 120, regular, rather small and weak. Temp. 101 to 104.

**DIAGNOSIS:** Pleurisy with effusion.

**TREATMENT;** Aug. 20, Mag. sulph. ℥ss (½ oz.)

Aug. 20 to 22, Pot. citrate grs. x, every 4 hours. Infusion of Digitalis ℥i (1 dram) every 4 hours.

Aug. 20 to Sept. 4, (14 days) Strych. sulph. 1-60 of a grain 4 times a day.

Aug. 21, Strych. sulph. gr. 1-30 hypo.

Fortified oil ʒj (containing 1 drop Croton oil).

Aug. 21, 66 oz. of greenish yellow fluid withdrawn.

**RESULT:** Recovery. Discharged Sept. 4, 1905.

Attending physician, Dr. H. V. HALBERT.

[This is a case of pleurisy in a robust man, and would have probably recovered with good care without medicine. Recovery would surely have been hastened by a remedy selected according to the symptoms. Not one homeopathic remedy was used. A saline purge began the treatment; a hydrogogue cathartic continued it; strychnine, with no possible relation to the case, was injected, and a diuretic prescribed purely upon a pathological theory, and all failed so completely that surgery stepped in to relieve the situation.]

#### TYPHOID FEVER AND ABSCESS OF THE HIP.

**Exhibit VII.**—S. K., age 23. Laborer. Admitted Aug. 9, 1905.

Sick past eight days with general aching and soreness; headache; diarrhea, with soreness in the abdomen.

Appetite poor, though he has thirst.

Sleep restless, is drowsy but not stupid.

Tongue, thick, white coating on dorsum; red along edges and tip.

Pulse 96, full, soft and regular. Temp. 102.

**DIAGNOSIS:** Typhoid fever and abscess of hip.

**TREATMENT:** Aug. 10 to 17, Gels. 1x, m. x. every 4 hours.

Castor oil, 1 dram 5 times a day continuously.

Aug. 17, weaker and stupid, with nervousness. Temp. 103 to 104.4.

Aug. 17 to Sept. 15, (32 days), Tinct. Bapt. m. v. every 4 hours.

Aug. 18, nervous, picks the bed clothing, gets out of bed.

Aug. 19 to 23, Guaiacol carbonate grs. ʒ, q. i. d.

Aug. 27, Morph. sulph. † grain, hypo.

Sept. 7 to 17, Silica, ʒx, grs. x, every 4 hours.

Sept. 8 to 27, Elixir, (iron, quinine and strychn.) q. i. d., with whisky and cascara.

Sept. 18 to Oct. 6, (18 days) Arg. nit. 3x, q. i. d.

**RESULT:** Recovery. Discharged Oct. 9, 1905.

Attending physician Dr. F. W. WOOD.

[Eight weeks' treatment. Four homeopathic remedies

administered without being sufficiently indicated by the symptoms of the patient—notice their accompaniment—Gels. 1x with Castor oil 4 times a day, perhaps to rush it along the alimentary tract to overtake the typhoid germ. Bapt. with Guaiacol c., Morph. Elixir and Cascara. Silica 3x with iron, quinine and strychnine 4 times a day, with whisky and cascara for dessert. Arg. nit. 3x obliged to run the same gauntlet. Homeopathic remedies given in this empirical and routine fashion mixed with such hodge-podge crude anti-pathic drugging cannot be allowed fellowship with Homeopathy, and Homeopathy must not be charged with the responsibility of this sham, duplicity and dishonesty.]

## MITRAL REGURGITATION, ETC.

Exhibit VIII.—M. M., age 75. Admitted Aug. 13, 1905.

Began three months ago with burning pain in stomach, some vomiting and swelling of the feet.

Appetite poor; bowels normal.

Sleep good first part of night, after that wakeful.

Wakes with smothering sensation; dyspnea on exertion.

Patient is of bony frame, poorly nourished, weak physically.

Talks slowly and with difficulty, as he seems to have trouble with expiration.

Tongue pale, rough and coated white.

Pulse 96, very weak, slightly irregular.

Feet, legs and thighs edematous; pit on pressure.

Skin rough and dry.

DIAGNOSIS: Mitral regurgitation, nephritis and senility.

TREATMENT: Aug. 13 to 25, (12 days). infusion of Digitalis ʒi, (1 dram) every 4 hours, Potassium citrate grs. x, every 4 hours.

Aug. 14 to 25, Mag. sulph. ʒss (½ oz.) a. m. and p. m.

Aug. 25 to 26, Strych. sulph. gr. 1-30 q. i. d.

Aug. 26, Atropine gr. 1-100 hypo.

Aug. 26 to 30, Strych. sulph. gr. 1-30 hypo. every 4 hours.

RESULT: Death, Aug. 30, 1905.

Attending physician, Dr. H. V. HALBERT.

[The death of this patient is charged against the homeopathic department of Cook County Hospital, and not even a

routine homeopathic prescription made, unless Mag. sulph. (Epsom salts) is regarded by the medical staff as a "mixer's" polychrest. Instead the failing heart was spurred to extra exertion, the enfeebled kidneys forced by a diuretic and the bowels scourged by a powerful dose of salts. Then an effort made to neutralize the disastrous results by powerful stimulating drugs injected directly into the blood. Does this represent what our "progressive" brethren call "scientific medicine"? Is this the liberal teaching recently demanded by the managing officials of our homeopathic colleges? Is it a fair deal? Is it honest to charge this treatment and death to Homeopathy?]

#### PLEURISY WITH EFFUSION.

Exhibit IX.—Marcus M., age 49. Admitted July 22, 1905.

Wakens every night at 1 a. m., unable to get breath; throbbing in left chest and sensation of band about chest. Gets up at once, walks about till relieved, then sits in chair the rest of the night.  
Agg. lying on left side.

Appetite poor; desire for sour food.

Slight dyspnea on exertion, sits up in bed to relieve breathing.

Tongue large, red and rough; trembling.

Bulging of left chest due to pleural effusion over lower half; friction rubs over the lungs; marked arterio-sclerosis.

Pulse 100, regular, full, hard; no heart lesions; albumen in the urine.

DIAGNOSIS: Pleurisy with effusion. Tubercular signs.

TREATMENT: July 22, Mag. sulph.  $\zeta$ i, (1 oz.)

July 23 to Aug. 17 (25 days), Potass. iodide grs. x,  
t. i. d.

July 31, chest tapped, 34 oz. of fluid removed.

Aug. 2, Sodium phosphate  $\zeta$ i (1 oz.)

Aug. 4 to 11, Bry. 2x, m. x. every 4 hours.

Aug. 12 to 17, Elixir of I., Q. and S., q. i. d.

Aug. 14, Codeine gr. j. (1 grain).

RESULT: No improvement. Discharged by request Aug. 14. —

Returned Aug. 19, 1905. with following additional symptoms:

Dry, barking cough at night.

Sensation of something at lower end of sternum which he could not cough up.

Petid odor of breath.



Feels stiff and sore; is restless, but as soon as he moves he feels sore and wants to sit down; emaciating.

Pleural effusion over lower half of both lungs.

Apex beat of heart displayed downward and to the left.

Feet, ankles, legs and thighs quite edematous.

Skin white and tense, pitting on pressure.

Urine contains albumen and casts.

**FURTHER DIAGNOSIS:** Mitral regurgitation and nephritis.

**TREATMENT:** Aug. 20 to 24, Potass. iodide grs. x, t. i. d.

Aug. 20, Mag. sulph. ℥ss (½ oz).

Aug. 22 to 24, Rhus tox. 3x, m. v. q. i. d.

Aug. 22, Codeine gr. j, (1 grain),

Aug. 24 to 27, Infusion of Digitalis ℥iij, (3 drams) every 4 hours, Potass. citrate grs. xv, every 4 h's.

Aug. 24 to 27, Mag. sulph. ℥ss (½ oz.) a. m. and p. m.

Aug. 25 to 26, Strych. sulph. gr. 1-30, every 4 hours; alternating every 2 hours with Infusion of Digitalis and Potass. citrate.

**RESULT:** Death, Aug. 27. 1905,

Attending Physician, DR. H. V. HALBERT.

[Died in the Homeopathic (?) Department of Cook County Hospital, without homeopathic treatment. A shame and a disgrace to the homeopathic profession that such practice and results are being charged up against Homeopathy. Notice the senseless treatment of this case; from July 22 to Aug. 14 there was "no improvement," and the patient returned to get the same "Mag. sulph. Potass. iod., Codeine," etc., with slight variation, which had failed before, but is repeated until the poor fellow died. What chance had Bryonia and Rhus tox., even if indicated, bombarded as they were by anti-pathic crude drugs? His chances for "recovery" would likely have been better if he could have had good nursing and no treatment. But homeopathic remedies administered by a *homeopath* can cure such cases, and are doing it continually.]

**NOTE**—To be continued in the February issue, when cases treated homeopathically and cured will be given in comparison.

#### COMMENTS AND OBSERVATIONS.

From this display of sham Homeopathy the following

comments and observations may be added as a fitting conclusion.

FIRST:—A homeopathic remedy when given in a routine way, for the disease *per se*, but not indicated by the symptoms of the patient, can never produce a cure, and such practice cannot be called Homeopathy.

SECOND:—The best results claimed in above cases are "recovery;" no cures are recorded. Homeopathy *cures* in all curable cases; cures the patient first, then the "disease" is nil, and recurring attacks rare.

THIRD:—Although such an announcement may cause much surprise and deep regret, yet the fact and truth stand out clear and plain, that Homeopathy is not represented in Cook County Hospital; that the so-called homeopathic department is only one of the present day "shams."

FOURTH:—The symptoms sought for and recorded were more for diagnosis and anti pathic treatment than for the selection of the homeopathic remedy; directly contrary to one of the cardinal rules of prescribing viz, "*symptoms of most value in the selection of the remedy are of least value in the diagnosis; hence, symptoms of most value in diagnosis are of least value in the selection of the remedy.*"

FIFTH:—It may be said that the prescribing in this exhibit is partly by internes instead of the attending physicians, but who are the internes? Where do they come from? Every one at the present time in the department in question is a recent graduate of the late Chicago Homeopathic or Hahnemann Medical College of Chicago; pupils of the self same professors composing the medical staff as above given. Can it be expected that the stream will rise higher than the source? Educational institutions that turn out mixers cannot escape the responsibility of the results and disasters of the mixer treatment.

SIXTH:—The "sham, duplicity and dishonesty" displayed in the above Exhibit can be accounted for in only one of two ways, either the hospital management and the physicians involved do not know what Homeopathy is, or they are recklessly and wilfully perpetrating a sham in the

name of Homeopathy, which at least approaches a crime, upon the health and life of innocent patients. Let us be as charitable as possible and think they do not know any better, and continue to push this crusade of education until true Homeopathy will be better known and understood. Then it will be demanded by the people, and become the universal system of practice. Are not our allopathic colleagues warranted in saying we do not practice Homeopathy, do not follow the teaching of Hahnemann, or have abandoned *Similia Similibus Curantur* as a guide in therapeutics?

Many faithful friends have already responded to the call by sending their addresses and promising hearty support in this crusade for True Homeopathy, but still there must be many more to hear from. There will be important information for you later, by mail. Be sure that your name is on the list in time—*The Critique, Crusade Series*.

### HOMEOPATHY "IS NOT BUILT THAT WAY."

In the September number of the *Medical Century*, Dr. E. E. Lusk makes a strange request. Unusually strange, because he is a professed homeopath and writing to the editor of a homeopathic journal. The doctor is evidently looking for an ideal treatment of disease, which he will never find outside the Hahnemannian camp, and then will have to go to the Organon, which he evidently has overlooked or forgotten, or never even heard of during his college days. He hopes that homeopathic physicians shall be recognized on the same basis of equality as members of the older school, and then pleads for his ideal:

"But while hopefully anticipating that day may we not constantly long for and expect that our journals, vanguarded by the *Century* and others of its class, shall serve up to us a menu not consisting of one article of diet? Meat is good, but to make a dinner that is relished best one craves other viands to eat with the meat, and also one wants the food best suited to the season. Like bread and meat the dissemination of Homeopathy is always seasonable, but one does not look for papers on the treatment of summer diarrhea in children in December but in July and August.

The writer is one of the younger members of the *Century* family.

and so, perhaps, is not qualified always to judge as to what is best for him, but even a baby knows when it is hungry. Now, brothers, and especially you older ones, don't you think that in order to make the Century most helpful it would make a more nourishing diet to send in papers for publication that will meet the immediate needs of us youngsters? If you know the best way to treat diseases that are due to arrive in October or March or August, don't you believe that it would be a good thing to tell the rest of us how you obtain success?

A medical journal, it seems to the writer, should be a medium for the propagation of useful knowledge, the instruction of the profession in the best and most scientific methods of fighting disease; and who is so well qualified for the work as the old wheelhorses, the men who have grown gray in the fight?"

COMMENTS:—If some kind friend would switch Dr. Lusk from his mistaken ideas of Homeopathy on to the main track, he would not ask some of the "old wheelhorses" to teach him "the best way to treat diseases." Horace Greeley once said that the "best way to resume specie payment was to resume," and we may apply this to the request of Dr. Lusk. The best way to treat diseases that may arrive at any time is to treat the patient that is afflicted; remove the symptoms by the similar remedy and thus cure the patient; the diseases will take care of themselves. The "old wheelhorses" have no secret which the young man may not enjoy. Truth is the same yesterday, today and forever. Homeopathy is the same today that it was in 1840, when Hahnemann was doing his phenomenal work in Paris. The symptomatology of our remedies is just as effective today as it ever was in the cure of the sick. The elements of Euclid's Geometry, written 300 B. C., are the same elements that we are using today. The law of similars has existed since the dawn of creation, and it can be applied today by the Hahnemannian expert, whether he be a recent graduate or an "old wheelhorse," just as the young man can demonstrate the 47th proposition of the first book of Euclid as well as his mathematical teacher. The facts of a science do not change with every changing wind, and the therapeutic facts in the science of Homeopathy are stable, unchangable, immortal. All that is required is to know how to use them. Everything is easy, Dr. Lusk, if you only know how. This knowing how to

correctly take the case, knowing how to select the similar remedy and how to use it after selection constitutes the difference between the Hahnemannian and the homeopath, between the artist and the bungler.

### YELLOW FEVER PROPHYLACTIC.

Many years ago the Hon. Casey Young, member of congress from Memphis, Tenn., told me that he and many others escaped from yellow fever, which had been prevailing to a terrible extent in Memphis, by simply wearing powdered sulphur in their shoes. In one instance he had a large number of gentlemen in his offices and advised them in regard to this matter, and every man who accepted his advice escaped the fever, while quite a number of them who did not had it.

And I have heard that agents of the Howard Benevolent Society have escaped yellow fever by adopting the same precaution.

When the grip was attacking almost every family in Boston some years ago, I sent an officer to the Byam match factory, who reported that out of the large number of persons employed there not one had been attacked by the grip. I distinctly remember reading some years ago that all persons working in the Italian sulphur mines escaped the malaria that prevailed all about them: I remember, also, in a book written by an eminent German physician, (Hering) translated into English, his assertion that persons observing the ordinary rules of health and wearing sulphur constantly in their shoes were completely protected from cholera.

It may be that the old New England custom of our forefathers and foremothers, giving to their children every spring brimstone and molasses, was not without a good foundation, and the effect of a few doses, as many of us know, is sufficiently powerful to blacken the silver pieces carried in one's pocket-book, so that car conductors and others sometimes hesitate to receive them. I think, in view of the present epidemic in the South, which may increase, it is well to send out this information widely through channels where it will be likely to attract public attention. *Boston Herald*, Aug. 14.

COMMENTS:—Dr. Hering says, *Guiding symptoms* Vol. III, page 346: "just as the milk of sulphur applied to the skin (worn in the stockings) is the best preventive of Cholera, so *Carbo vegetabilis* is the best preventive of yellow fever."

Dr. L. D. Morse says:—In Memphis, in 1873, charcoal came into much favor as a prophylactic; out of more than fifty persons who took it and were constantly exposed to yellow fever, not one was attacked. The usual dose was half a teaspoonful of the crude powder, two or three times a day." As effectual as the crude drug appears to have been in rendering immune to cholera and yellow fever, there is little doubt but the effect of the dynamic preparations of these remedies would be still more prophylactic.

## NEW PUBLICATIONS:

**Physiological Economy in Nutrition.** With Special Reference to the Minimal requirements of the healthy Man. An Experimental Study. By Russel H. Chittenden, Ph. D., LL. D., Sc. D. Director of the Sheffield Scientific School of Yale University and Professor of Physiological Chemistry, etc. etc., Pp. 478. Cloth. \$3.00 net., Illustrated. Frederick A. Stokes Co's Publishers, New York, 1905.

The scientific experiments which have been conducted in New Haven by the author in the last year, in a study of the food required to meet the true physiological needs of the body under different conditions of life and activity, have been widely published in both magazines and the daily press and have attracted the attention of the medical world. In his work he took a leading part and was assisted by his colleagues in the Sheffield Scientific School and by the officers and 13 men of the Hospital Corps of the United States Army who volunteered for the service. There are no questions with which the practitioner has to deal in the care and cure of the sick more pregnant with great results in the welfare of the human race than those of assimilation, nutrition and elimination. It is of these vital questions that the experiments of Dr. Chittenden treats, "How best to maintain the body in a condition of health and strength, how to establish the highest degree of efficiency. are questions in nutrition that every enlightened person should know something of, and yet even the expert physiologist today is in an uncertain frame of mind as to what constitutes a proper dietary for different conditions of life and different degrees of activity."

The experiments were made by three classes of men:

*First:* A group of five men of varying ages, professors and instructors in the University; men leading active lives mentally, but not in active muscular work.

*Second:* Thirteen men from Hospital Corps of U. S. A., representatives of the worker, who for 6 months took daily

systematic work in the gymnasium in addition to their daily duties.

*Third:* Eight young men in the University all thoroughly trained athletes, and some with exceptional athletic records.

The following is the author's general deductions which bid fair to revolutionize our methods of diet in many patients and many diseases.

"Our results, obtained with a great diversity of subjects, justify the conviction that the minimal proteid requirements of the healthy man is far below the generally accepted dietary standards, and far below the amounts called for by the acquired taste of the generality of mankind. The amount of proteid or albuminous food needed daily for the actual physiological wants of the body is not more than one-half that ordinarily consumed by the average man.

Body-weight (when once adjusted to the new level), health, strength, mental and physical vigor, and endurance can be maintained with at least one-half of the proteid food ordinarily consumed; a kind of physiological economy which, if once entered upon intelligently, entails no hardship, but brings with it an actual betterment of the physical condition of the body. It holds out the promise of greater physical strength, increased endurance, greater freedom from fatigue and a condition of well-being that is full of suggestion for the betterment of health."

"Physiological economy in nutrition means temperance, and not prohibition. It means full freedom of choice in the selection of food. It is not cereal diet nor vegetarianism, but it is the judicious application of scientific truth to the art of living, in which man is called upon to apply to himself that same care and judgment in the protection of his bodily machinery that he applies to the mechanical products of his skill and creative power."

"The total consumption of food by the average individual, non-nitrogenous as well as nitrogenous, is considerably greater than the real needs of the body demand, although here we must give closer heed to the varying requirements of the body, incidental to varying degrees of activity."

In his work on Disorders of Metabolism and Nutrition Dr. Carl Van Noorden, rides roughshod over moss covered tradition, in treating diseases due largely to over eating. Dr. Chittenden demonstrates that prevention is better than cure. If people were carefully and systematically instructed how to eat, and not overeat, a nutritious, non-stimulating diet, the first step would be taken to eradicate the Graat White Plague.

**A. Syllabus for Diagnosis; being a Series of questions based upon a work on Clinical Medicine by Dr. Clarence Bartlett.** By William F. Baker, A. M. M. D., Clinical Instructor of Medicine in the Hahnemann Medical College, Philadelphia. Paper, 12 mo. Pp. 107, Boericke & Tafel: Philadelphia and Chicago, 1905.

The title of the work speaks for itself. It is simply questions of 23 chapters on as many subjects taken from Dr. Bartlett's work on Clinical Medicine, which is Diagnosis. It will be found of great value in reviewing any special topic in the field of diagnosis and will be of special interest to the student.

**Operative Surgery for Students and Practitioners.** By John J. McGrath, M. D., Professor of Surgical Anatomy and Operative Surgery at the New York Post-Graduate Medical School, Surgeon to the Harlem, Post-Graduate, and Columbus Hospitals, New York. *Second Edition, Thoroughly Revised.* With 265 illustrations, including many Full-Page Plates in Colors and Half-tone. Pp. 628, Cloth, \$4.50, net; Half-Morocco, \$5.50, net. Sold only by Subscription. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia, Pa.

Here is a work on operative surgery that should be on the office table, within easy reference of every surgeon; because both in conception and execution it is very different from the ordinary works to which he has access. The object has been to practically combine surgical anatomy and operative surgery. The numerous illustrations throughout the work are anatomical, rather than those that pertain to surgical technique, because the author considers them most satisfactory for teaching, and we think his position correct. But the anatomical drawings are of great value in studying or preparing for surgical operations.

No better estimate of the value of the work or the reception it has met in the surgical world can be had, than this call for a second edition. In the revision the surgery of the abdominal organs has been enlarged and treated in minute detail and the recent advances in the surgery of the prostate gland fully considered. It should be in the library of every surgeon.



**The Practice of Medicine.** By H. V. Halbert, M. D., Senior Professor of Clinical Medicine in Hahnemann Medical College, Chicago; Attending Physician at Cook County Hospital, etc., Published by the Author, Pp. 1110. Cloth \$5.00, 1905.

A splendid volume, well printed, on good paper and well bound; a fine specimen of the book makers art.

But, what of the contents! The preface says: "My object in writing this book has been to present to *our* profession a concise work on the theory and practice of medicine which shall be, so far as possible, up to date." And it is true that in the history, etiology, pathology and differential diagnosis of the various diseases it is fully abreast of the latest teachings of the schools—the homeopathic always excepted—but what of its therapeutics, though written by a busy man and a well known teacher. Like Goodno, Lawrence, Tyson, Hare, Anders and Osler it teaches the principles of diagnosis and practice of medicine, in fact every thing pertaining to the practice of medicine except *how to cure the sick*.

"My next purpose has been to present a book which shall, as far as justifiable, meet the present demand for a *broad view* in the line of treatment. It is impossible for me to write and not express the liberal idea which is in harmony with my practice. I am thoroughly convinced that the homeopathic principle of practice is a correct one, etc." But while professor of clinical medicine in a homeopathic college there is no reference on the title page to Homeopathy, and throughout the entire work of over 1000 pages there is not an indication for a remedy, in any disease, worthy the name; merely the *names* of allopathic palliatives and homeopathic remedies. It is not even up to Cowperthwaite or Goodno in this respect, hence must be considered more scientific? Yet those who have read the "broad views" of the author in clinical reports, editorials in the *Clinique*, and in clinical reports from Cook County Hospital on another page in Dr. Waring's paper, will understand the up-to-date scientific teaching of this work on the "practice of medicine," not the practice of Homeopathy. The author is "thoroughly convinced that the homeopathic principle of practice is

correct" and yet puts forth an allopathic work "for our profession." In Osler, Anders or Hare these therapeutic hints may be found in the original; what need then of second hand repetition in this work.

"A Homeopathic Physician is one who adds to his knowledge of medicine a special knowledge of homeopathic therapeutics and observes the law of similia." This is the official stamp or definition of the American Institute of Homeopathy, but like the author's new work, it says nothing about the *practice* of Homeopathy. The A. I. H. demands that the homeopath observes the law of similia, in theory at least, and so does this latest work on the Practice of Medicine. Perhaps the work is within the official definition, but how that will ever aid the student or practitioner to cure the sick is a problem.

Figs do not grow on thorns, and the seed sown by the liberal homeopaths of the A. I. H. against which Hering and Lippe made such vigorous protest is reaping, as they predicted, a harvest of empiricism. Every honest allopathic physician admits that his school is impotent in therapeutics, yet here is a professed homeopath "convinced that the homeopathic principle is correct," writing a work on allopathic practice so as to make it scientific (?). It will be news to his colleague to learn that "the liberal idea" means empiricism.

Some of the students and alumni of "Old Hahnemann" may want a copy, out of respect for its author, but after reading the report of cases in Cook County Hospital treated according to the liberal (?) therapeutics recommended in this work, we doubt it. Such liberal (?) Homeopathy as is here taught has been the mark of Cain upon our school. We sincerely regret we are compelled to write thus of any work pretending or professing to be homeopathic, but in justice to our readers who have asked our opinion we cannot say less. He has presented "to our profession" a work which every homeopath true to his principles will regret ever was written. It is the weakest apology for a textbook on the homeopathic practice of medicine that has ever appeared in the homeopathic school. For the homeopathic practitioner it is like "Hamlet with Hamlet omitted".

**NEWS NOTES AND PERSONALS.**

The Homeopathic Medical Society of New York held its Thirty-ninth semi-annual meeting in Syracuse on Sept. 26th and 27th, 1905. It was one of the most enjoyable meetings in the history of the society. The sessions were held in the handsome new hall of the Woman's Union Building, and the parlors were devoted to the exhibits. About three hundred physicians and visitors were in attendance, and all expressed themselves as having had not only a delightful but a most profitable session. The scientific program was exceptionally good, and the various papers elicited an active and instructive discussion.

**To Our Readers.**—This number closes volume 43, nearly 800 pages, and editors and publisher return sincere thanks to the many contributors for timely and valuable aid during the year that is closing.

A magazine is what its contributors make it; and while returning grateful acknowledgement for the past we ask renewed enthusiasm and the same generous support for the coming volume.

The **MEDICAL ADVANCE** will be as devoted to Homeopathic therapeutics in the future as it has been in the past. *Similia similibus curantur, simplex similia minimum*, will be its motto. Everything that relates to the practice of pure Homeopathy, materia medica, new or old provings, verifications of our symptomatology, the cure of acute or chronic diseases—from every source that exemplifies the law of the similars, will be welcomed. Our pages belong to our readers, in which the individual experience of each becomes the common property of every Hahnemannian. Our column of "Comment and Criticism" is the battle ground of modern thought in which the vagaries of our school and its departures from the principles of the *Organon* may be illustrated and criticised.

There are "signs of promise" for encouragement of every true follower of Hahnemann. There are more Hahnemannians, men and women, who use the single, simple remedy in the world today than ever before, and every reader can aid the cause materially by obtaining a single subscriber for the **ADVANCE** for 1906. A Happy New Year to all.

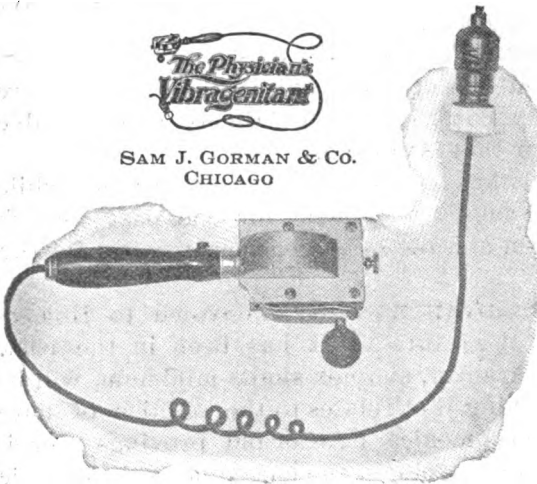
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## CONTENTS FOR DECEMBER.

	PAGE.
A Case of Leprosy, by Milton Rice, M. D . . . . .	709
Some Cases of Diarrhea, by Grace Stevens, M. D. . . . .	714
Diagnosis and Symptomatology, by W. J. Hawkes, M. D. . . . .	715
A Mismanaged Diarrhea, by W. H. Freeman, M. D . . . . .	721
An Obstetrical Tragedy, by Stuart Close, M. D. . . . .	724
The Diagnostic Power of Silicea, by Mary V. A. Maxson, M. D. . . . .	729
The Preparation for Childbirth, by W. H. Leonard, M. D. . . . .	730
Tuberculosis in Its Relation to the Public, by Benj F Bailey, M. D. . . . .	732
Notes from the Missouri Valley Society, by James G. Gilchrist, M. D. . . . .	742
Retained placenta, by Dr. A. McNeal. . . . .	744
The Present Status of Homeopathy, by Joseph Fitz Mathew, M. D. . . . .	745
Two Centre Shots. . . . .	748
Editorial. . . . .	748
In Memoriam. . . . .	754
Comments and Criticism . . . . .	655
New Publications . . . . .	770
News Notes and Personals. . . . .	774

## INDEX TO VOLUME FORTY-THREE.

Abortion—Rhus tox.....	155
Adrenalin, Communication on, P. Jousset.....	521
Albuminuria in Pregnancy, F. A. Gustafson.....	602
Allen, H. C., Address at 13th Annual Commencement, Hering College	245
Valeriana: A Verification.....	158
Alliaume, C. E., Gelsemium.....	647
The Prepuce in Male and Female.....	15
Alpha Sigma Fraternity.....	100
American Institute of Homeopathy	564
American Medical Society for the Study of Alcohol and other Narcotics.....	368
Angel, Geo. T.....	753
Another Wonderful Discovery?.....	306
Antivaccinationists, What They Say.....	307
Appendicitis.....	211
Appendicitis—Chamomilla.....	267
Phosphorus.....	146
Silica.....	147
Stramonium.....	147
Appendicitis, Is the Knife Necessary in, Josephine Howland.....	145
Appendicitis, Is the Knife Ever Necessary in, T. D. Stow.....	160
Appendicitis, Surgery in.....	46
Are Cures Cures? W. D. Gorton.....	141
Argentum Metallicum, W. M. Follett.....	197
Argentum Nitricum, Clinical and Verified Pathogenetic Symptoms of, R. F. Rabe.....	519
Arsenicum.....	404
Arsenical Poisoning, C. M. Boger.....	653
Association of American Colleges.....	234
Asthma—Cuprum.....	298
Atwood, Dr. H. A., Tuberculum in eczema.....	213
Augur, Dr. Geo. J., Dengue: Break-Bone Fever.....	219
Leprosy.....	222
Aural Abscess—Kali Sulph.....	518
Austin, Dr. A. Eugene, Malaria Officinalis.....	84
Lachesis and Its Complement	85
Bailey, Dr. Benj. F., In Memoriam Dr. Chas. C. Ellis.....	98
Tuberculosis in Its Relation to the Public.....	732
Ballard, H. E., Homeopathy in Dentistry.....	88
Banquet in Celebration of Hahn-	
mann's Birthday.....	431
Baylies, Dr. B. Le. B., Typhoid Fever; Hemorrhage.....	17
Further Particulars Concerning Typhoid Case.....	304
Beatty, Dr. Eleanor, Syphilitic Angina.....	351
Tuberculinum Case.....	350
Beckwith, Dr. Seth R., Obituary.....	58
Belding, Dr. R. E., Homeopathy. What Is It?.....	70
Bell, Dr. Jas. B., On the Use of Repertories.....	112
Bernreuter, Dr. C., Cerebro spinal Meningitis Cured by Arsenicum.....	353
Berridge, Dr. E. W., Rheumatism of the Heart.....	396
Biegler, Dr. Joseph A., Homeopathy Militant.....	634
Birth Record, A Remarkable.....	561
Blood Poisoning, A Case of, W. H. Stover.....	265
Bluff of Science?.....	244
Bönninghausen, Portrait of.....	367
Boger Dr. C. M., Arsenical Poisoning.....	653
A Contribution on the Relation of Homeopathy to the Sciences.....	26
Formica.....	162
Petroleum; A Proving.....	651
What is there Left of Homeopathy?.....	567
Boland, Dr. J. T., Hahnemannian Treatment of Pneumonia.....	413
Book Reviews:	
Appendicitis from a Homeopathic Physician's Standpoint, Clarke.....	558
Blakiston's Physicians' Visiting List, 1906.....	707
Bönninghausen's Characteristics and Repertory.....	556
A Clinical to the Dictionary of Materia Medica, Clarke.....	103
The Chemistry of Foods, King.....	773
Conservative Gynecology and Electro-Therapeutics, Massey.....	372
The Country Calendar.....	435
The Diagnosis from the Eye, Lane	241
The Diseases of the Uterine Cervix, Ostrom.....	177
The Elements of Homeopathic Theory, Materia Medica, Practice and Pharmacology, Bœricke & Anshutz.....	629

Eye, Ear, Nose and Throat Nursing, Davis.....	242
The Foundation of All Reform, Carque.....	434
Homeopathy Explained, Clarke.....	500
International Clinics, 63, 377, 557, 706	
Journal of the British Homeopathic Society.....	373
Lectures on Homeopathic Materia Medica, Kent.....	61
Malformation of the Genital Organs of Woman, Debierre.....	373
Man: An Introduction to Anthropology, Rotzell.....	374
The Man Who Pleases and the Woman Who Charms, Cone.....	239
A Manual and Atlas of Orthopedic Surgery, Young.....	559
Manual and Clinical Repertory of a complete List of Tissue Remedies.....	
Manual of Diseases of the Eye, May.....	630
Manual of Operative Surgery, Binnie.....	706
Mnemonic Similiad, Jones.....	109
Modern Ophthalmology, Bell.....	243
Operative Surgery for Students and Practitioners, McGrath.....	772
The Pharmacopoeia of the U. S. of America.....	501
A Philosophy of Therapeutics, Price.....	175
Physician vs. Bacteriologist, Rosenbach.....	
Physiological Economy in Nutrition Chettenden.....	770
Practical Massage, in Twenty Lessons, Nissen.....	629
Practical Pediatrics, Graftzer.....	108
Proceedings of the 41st Annual Session of the Homeopathic Medical Society of Ohio.....	631
Studies in the Psychology of Sex, Ellis.....	229, 375
The Surgery of the Abdomen, Part I, Lydston.....	240
Surgical Gynecology and Obstetrics.....	432
Steven's New Book on the Motor Apparatus of the Eyes.....	559
A Treatise on Urological and Venereal Diseases, Carleton.....	309
The Treatment of Injuries by Friction and Movement, Andrews.....	560
Text Book of Diseases of the Chest, Rankin.....	432
Text Book of Insanity Based on Clinical Observations, v. Kraft- Ebing.....	105
Text Book of Materia Medica and Therapeutics, Cowperthwaite.....	376
Transactions of the American Institute of Homeopathy.....	173
Transactions of the Connecticut Homeopathic Medical Society.....	375
Transactions of the Homeopathic Medical Society of New York.....	109
Transactions of the Homeopathic Society of Ohio.....	110
Transactions of the Homeopathic Society of Pennsylvania.....	110
Boyer, Samuel.....	536
Bracket, A. C.....	286
Brooklyn Hahnemannian Union.....	508
Brown, Dr. Plumb, Drug Dynamics.....	383
Bryant, Dr. F. V.....	708
Burd, Dr. Emma D. L., Obituary.....	754
Burgess, Dr. Margaret E., Gall-Stone Colic and Its Lesson.....	533
Butler, Dr. Clarence W., Resolutions on Death of.....	99
Obituary.....	59
Cajeput, E. Schlegel.....	281
Calcarea Ostrearum and Calcarea Phos., A Comparison.....	321
Calendula.....	670
Cameron, Dr. H. A., Center Shots with the Single Remedy.....	347
Cancer, A Case of Metastatic.....	344
Cured by the Leaves of the Violet.....	306
Hope for.....	330
Surgery in.....	43
Carbonic Acid Gas, Potentized as a Possible Remedy in Phthisis.....	290
Carcinoma.....	119
From Vaccination Scar.....	422
Carcinoma, The Genesis of, With Some Hints as to Metastasis and Recurrence, J. G. Gilchrist.....	742
Cardiac Asthma, with a Few Indications for Remedies, W. McGeorge.....	321
Carr, Dr. C. S.....	625
Cataract, Incipient; Nux vom.....	675
Cases of Common Ringworm, Cured by Constitutional Treatment Alone, Thos. Skinner.....	222
Case from Practice, J. Howland.....	37
Central N. Y. Homeopathic Society Transactions.....	153, 209
Center Shots with the Single Remedy, H. A. Cameron.....	347
Cerebro-spinal Meningitis Cured by Arsenicum, C. Bernreuter.....	353
Challenge, A, The N. A. Journal of Homeopathy.....	305
Chamomilla, Dr. Jas. T. Kent.....	419



Chaney, Dr. E. N., Correction by.....	555
Dynamics which Influence	
Nerve Tissues.....	63
How Dynamics Influence	
Nerve Tissues.....	454
Chapman, Dr. S. E., Medorrhinum:	
A Verification.....	196
Sensation of Cavity in the Re-	
gion of the Heart.....	366
Cheal, Thos. A.....	707
Chicago Greeting to the A. I. H.....	360
Chicago Homeopathic Hospital.....	562
Childbirth, the Preparations for, W.	
H. Leonard.....	730
Chininum Arsenicosum, Dr. Jas. T.	
Kent.....	177
Chittenden, Prof. R. H.....	753
Chloroforming Sexagenarii.....	168
Chlorosis—Natr. mur.....	431
Cholera, Winter.....	77
Choudbury, Dr. H. W. K., Single	
Remedy Cures.....	401
Chronic Remedy, The, J. Hutchin-	
son.....	662
Chronic Sick Headache—Carbo veg	747
Circumcision, J. Hutchinson.....	599
Clark, Dr. Geo. H., A Tapeworm	
Cure for Tuberculosis.....	237
Criticism of Hingston's Clavi-	
cle Splint.....	171
Selections from Letters of the	
Late Dr. S. Swan, of N. Y.....	609
Clinical Cases:	
Aconite, 282; Adrenalin, 521; Agari-	
cus, 405; Alumina, 37; Apis, 266; Arg.	
nitr., 197, 519; Arsenicum, 353, 422,	
673; Asafetida, 671; Belladonna, 211,	
263, 534; Bryonia, 49, 184, 715, 744;	
Calcarea Carb., 443. Cantharis, 228;	
Carbo. veg., 222, 344; Causticum, 349;	
Chamomila, 267, 401, 715, 721; Cina,	
350, Cinnabar, 197, Colchicum, 51;	
Colocynth, 597; Cuprum, 76, 298, 407;	
Drosera, 466; Eupatorium perf., 139,	
416, 505; Formica, 162; Gelsemium,	
285, 417, 650, 651; Graphites, 405, 406;	
Hepar, 51, 226; Ignatia, 402. Kali bi.,	
727; Kali c., 296, 396; Kali sulph.,	
518; Lachesis, 85, 265, 348, 481; Lycop-	
podium, 49, 85, 140, 159, 283, 348, 416,	
482, 533, 534, 598, 714; Malaria, Offic.,	
84; Marum verum, 156; Medorrhinum,	
205; Merc. bin. jod., 51; Merc. jod.	
rubr., 296; Merc. sol., 402, 597; Merc.	
xiq., 139, 295, 505; Morphia, 207; Nat-	
rum. mur., 214, 394, 421, 505; Nicot-	
tine, 207; Nitric Acid, 207, 532; Nux	
vom., 284, 671, 676, 505; Phosphorus,	
142, 146; Phosph. acid, 714; Psori-	
num, 672; Pulsatilla, 297, 403, 596,	
598; Pyrogen, 266, Ranunc. bulb, 162;	
Rhus, 153, 286; Sabadilla, 284; San-	
guinara, 400; Sarsaparilla, 205, 534	
Sepia, 142, 225, 347, 395; Silica, 51;	
Sinapis nigr., 416; Stramonium, 147,	
393, 447; Sulphur, 66, 224, 225, 284,	
403, 406, 710. Sumbul, 322, 326; Tara-	
xacum, 284; Terebinth, 487; Theridi-	
on, 487; Thuja, 205, 421, 506, 531, 533;	
Tuberculinum, 142, 213, 284, 350, 405,	
655.	
Close, Dr. Stuart, Diagnosis in Hom-	
eopathic Prescribing.....	630
Notes from the Proceedings of	
the Brooklyn Hahnemannian	
Union.....	508
An Obstetrical Tragedy.....	724
The Quest of the Similimum.....	496
The Simple Life in Medicine.....	249
What Knowledge is of Most	
Worth to the Homeopathician?.....	578
Coffee, Constitutional Effects of, S.	
Hahnemann.....	337, 408
Coincidences, A Few, F. A. Gustaf-	
son.....	139
Coleman, Dr. D. E. S., Some Verifi-	
cations of Nux Vomica.....	674
Collyer, A. E., Gall Stone Colic.....	159
Comment and Criticism...101, 167, 235,	
314, 362, 496, 544, 618, 698, 755	
Conjunctivitis—Argent. nitr.....	519
Constipation, Obstinate, A. Decker.....	283
Contribution to the Relation of Hom-	
eopathy to the Sciences, C. M.	
Boger.....	26
Convulsions—Pulsatilla.....	297
Cook County Hospital.....	626
Cough—Pulsatilla.....	403
Cough: Nocturnal Enuresis, R. E.	
S. Hayes.....	403
Crosby, Dr. W. S., Dr. Thornhill's	
Case.....	496
Crotalus horr.: Whooping Cough.....	482
Cured by the Indicated Remedy, G.	
B. Ehrman.....	48
Cutting, Dr. Chas. T. Winter Chol-	
era.....	76
Cyclamen, Jas. T. Kent.....	72
Decker, Dr. Amanda, Obstinate Con-	
stipation.....	28
Dengue: Break-Bone Fever, G. J.	
Augur.....	219
Dever, Dr. I., The Need of the Pur-	
ity of Practice of Homeopathic	
Principle.....	50
Diagnosis in Homeopathic Prescrib-	
ing, S. Close.....	630
Diagnosis and Symptomatology, W.	
J. Hawkes.....	7

Diarrhea, Chronic. Cured by a Single Dose of a High Potency; Calcareo, C. Dunham.....	443	Our Friends Across the Water	695
Diarrhea, A Mismanaged, W. H. Freeman.....	721	Our Medical Societies.....	231
Diarrhea, Some Cases of. G. Stevens	714	Our "Unscientific" Materia Medica.....	357
Did Hahnemann Recognize the Real Cause of Disease? C. B. Gilbert.....	273	Propagandism of Homeopathy Among Homeopaths.....	542
Differential Diagnosis: Rheumatic Endocarditis, F. W. Winter.....	513	The Quest of the Similimum.....	488
Diphtheria, Laryngeal—Bromide.....	38	The Repetition of the Dose When Using the Nosodes.....	427
Laryngo-tracheal—Kali bi.....	727	Uniformity of Methods and Practice in Our Hospitals and College Clinics.....	299
Diphtheria? A Case from Practice, E. P. Hussey.....	38	Vaccination by Homeopathic Methods in Iowa.....	693
Dose, On the Repetition of the, Ad. Lippe.....	215	The Wary Homeopath.....	697
Drug Attenuation as I Understand It, P. Rice.....	131	The X-Ray in the Treatment of Cancer.....	355
Drug Dynamics, P. Brown.....	383	Yellow Fever and Arsenization	540
Dunham, Dr. Carroll, Chronic Diarrhea Cured by a Single Dose of a High Potency; Calcareo.....	434	Ellis, Dr. Chas. C., Obituary.....	98
Dynamics Which Influence Nerve Tissues, E. N. Chaney.....	63	Enuresis—Pulsatilla.....	403
Dysentery—Ignatia.....	402	Epithelioma—Thuja.....	421
Sulphur.....	403	Erysipelas—Rhus.....	155
Earache—Chamomilla.....	401	Experience in Two Obstetrical Cases, S. G. Eberle.....	282
Eberle, Dr. Julia G., Experience in Two Obstetrical Cases.....	282	Farrington, Dr. Harvey.....	707
Editorials, The Agnostic Homeopath.....	358	Favorite Fallacies, E. A. Taylor.....	593
The American Institute of Homeopathy.....	220	Fenneman, Dr. Prudence, Infant Pneumonia, Stammering.....	269
American Patriotism.....	329	Freeman, Dr. W. H., A Mismanaged Diarrhea.....	721
Baron Komura's Experience.....	697	Remarks on Prescribing.....	501
The Bureau of Homeopathy.....	430	Fincke, Dr. B., Paracelsus and Fluxion Potencies.....	643
Compulsory Vaccination.....	164	Fiske, Dr. Wm. L. M., Obituary.....	60
The Great American Fraud.....	751	Fitz-Matthew, Dr. J. M., Hysterical Convulsions.....	297
Hahnemann's Dynamic Cause of Disease.....	424	The present Status of Homeopathy.....	745
The Hahnemannian Association and the Institute.....	55	Follett, Dr. W. M., Argentum Metallicum.....	197
Hering College and Hospital.....	55	Syphilitic Condylomata: Cinnabar.....	197
Homeopathic Statistics Wanting. Why?.....	750	Formica, C. M. Boger.....	162
Indiscriminate Vaccination an Impediment to Progress in Therapeutics.....	90	Fourth of July Casualties.....	429
The I. H. A.....	230	Gall Stone Colic, A. E. Collyer.....	159
Japanese Military Hygiene.....	52	E. Burgess.....	533
The Late Lamented Chicago Homeopathic Medical College.....	53	Gall Stone Colic—Belladonna.....	534
The Libel or the Stegyomia.....	748	Lycopodium.....	159, 533, 534
The Local Treatment of Infected Wounds.....	612	Sarsaparilla.....	534
Meat Eating Expensive; Often Unnecessary.....	753	Ganglion—Rhus.....	153
Modern Vaccination.....	614	Gangrene—Arsenicum.....	673
Mortality in American Cities.....	94	Gelsemium, C. E. Allsaume.....	647
New Homeopathic Hospitals.....	303	Ghose, Dr. S. C.....	233
		Gilbert, Dr. C. B., Did Hahnemann Recognize the Real Cause of Disease?.....	273
		Gilchrist, Dr. Jas. G., The Genesis of Carcinoma with Some Hints as to Metastasis and Recurrence.....	742
		Glasgow, Dr. Wm. A.,.....	232

Gorton, Dr. W. D., Are Cures Cures?	151
Graham, Dr. Merritt E., Obituary.	563
Surgery in Cancer and Pelvic Disorders of Women.	43
Graphites and Sulphur Cases, G. H. Peters.	405
Great Eternal, The (Poem) Ella Wheeler Wilcox.	298
Great Lakes in Summer.	361
Grindelia Robusta—Cardiac Asthma Squamosa.	325
Griesslich, Dr. L., On the Administration of the Remedies in Water.	280
Guild-Leggett, Dr. S. L.	703
Gustafson, Dr. Frank A., The Albuminuria of Pregnancy.	602
A Few Coincidences.	139
Helps in the Treatment of Summer Diarrhea.	527
What the Single Remedy Has Done for Me.	416
Hahnemann, Samuel, Birthday Celebration in Washington, D. C.	238
The Constitutional Effects of Coffee.	337, 408
Taking the Case and Selecting the Remedy.	184
Hahnemann Hospital of Rochester, N. Y.	563
Hall-Williams, Dr. Mary J., Hope for Cancer.	330
Hanchett, Dr. A. P., Keynotes as a Guide in Prescribing.	418
Hawkes, Dr. W. J., Diagnosis and Symptomatology.	715
Hay Fever—Marum Verum.	155
Rhus.	641
Sinapis Nig.	156
Hayes, Dr. Royal E. S., Cough: Nocturnal Enuresis.	403
Painless Labor.	404
Helieborus, J. T. Kent.	320
Helps in the Treatment of Summer Diarrhea, F. A. Gustafson.	527
Hemorrhoids, Their Pathology and Homeopathic Treatment, F. H. Lutze.	293
Kali Carb.	296
Merc. iod. rubr.	296
Merc. viv.	295
Hepar Sulphur, A. S. Mukerjee.	226
Hering College Commencement.	245
Hernance, Dr. A. C., Nephrectomy in Pyonephrosis.	691
Herpes in the Palms, Dr. Koelle.	162
Herpes Circinatus.	214
Hewitt, Dr. Myra P., Osmic Acid. A Short Study and Comment.	270
Hingston's Clavicle Splint, Jas. W. Hingston.	8
A Criticism of.	171
Hoehne, Dr. Evelyn.	628
Hodgskin's Disease, A Case of, Jno. V. Shoemaker.	187
Holmes, Dr. H. P.	627
Homeopathy vs. Anti-pathy, G. P. Waring.	544, 618, 639, 698, 755
Homeopathy, A Contribution on the Relation of, to the Sciences, C. M. Boger.	26
Homeopathy in Dentistry, H. E. Ballard.	88
Homeopathy is not Built that Way.	767
Homeopathy Militant, J. A. Biegler.	634
Homeopathy and Modern Serum Therapy and Homeopathy's Claim as a Science in Medicine, C. F. Nichols.	1
Homeopathy in Its Relation to Surgery, R. F. Rabe.	475
Homeopathy, the Present Status of, J. FitzMathews.	745
Homeopathy, What Is there Left of? C. M. Boger.	567
Homeopathy, What Is It? R. E. Belding.	70
Hopke, Dr. E. W., Warts of Various Kinds.	531
Hope for Cancer, M. J. Hall-Williams.	230
How Dynamics Influence Nerve Tissues, E. N. Chaney.	454
How I Treat Typhoid Cases.	703
How to Manage an Obstetrical Case.	277
How Physicians are Made, Wm. Osler.	202
Howland, Dr. Josephine, Case from Practice.	37
Is the Knife Necessary in Appendicitis?	145
Huffman, Dr. J. E., § 9 of the Organon.	671
Hunt, Dr. V. V., Criticism of.	362
Hutchinson, J. J., The Chronic Remedy.	662
Circumcision.	599
Was It Diphtheria? A Case from Practice.	38
Hygiene in Hahnemann's Writings, T. G. McConkey.	435
Hysterical Convulsions, J. Fitz-Mathew.	297
Infant Pneumonia, P. Renneman.	268
Infantile Convulsions—China.	350
Intermittent Fever—Eupat. Perf.	416
International Hahnemannian Association, 26th Annual Meeting.	432
Announcement of.	361
Iridium Chloride, Proving of.	345

Jackson, Dr. J. H., Mongrel Homeo- paths.....	205	in Rheumatism.....	400
Jousset, Dr. P., Communication on Adrenalin.....	521	McDonald, Dr. Jos. J.....	367
Kali Sulphuricum, A Short Note on, R. E. Rabe.....	518	McGeorge, Dr. W., Cardiac Asthma.....	321
Kennedy, Dr. Alonzo L., Obiuary.....	370	McNeil, Dr. A., Retained Placenta.....	744
Kent, Dr. Jas. Tyler, Chamomilla.....	319	Medical Advance, A Criticism.....	235
Chininum Arsenicosum.....	177	Medical Education in the United States.....	628
Cyclamen.....	72	Medorrhinum, A Verification, S. E. Chapman.....	196
Helleborus.....	320	Men Under Forty, Workers.....	117
Manganum.....	311	Metastatic Cancer, A Case of G. F. Thornhill.....	344
Nitric Acid.....	448	Missouri Valley Homeopathic Ass- ociation.....	562
Notes From Lectures of.....	311	Notice of Meeting.....	367
Observations Regarding the Selection of the Potency.....	590	Notes from.....	742
Pyrogen.....	287	Model Cure.....	298
Temperaments.....	13	"Mongrel!" S. Hahnemann.....	208
Zincum.....	318	Mongrel Homeopaths, J. H. Jackson 205	
Key-nots as a Guide in Prescribng, A. P. Hanchett.....	418	Morgan, Dr. W. L., A Thing that is Worth Doing is Worth Doing Right.....	199
King, Dr. J. B. S., Note on Lachesis.....	555	Mortality Among Field Surgeons.....	423
A Potent Remedy.....	479	Mukerjee, Dr. A. S. Hepar Sulphur 226	
Klug, Dr.....	552	Substitute for Iodide of Potash 226	
Koelle, Dr. Herpes in the Palms.....	162	Variolinum As a Prophylactic 226	
Krichbaum, Dr. P. E.....	443	Natrum Muriaticum in Syphilis, K. W. Higgins.....	214
Labor Pains, The Use of Remedies In, G. Stearns.....	684	Natrum Sulphuricum, R. F. Rabe.....	679
Labor, Painless,—Arnica.....	404	Need of the Purity of Practice of Homeopathic Principles.....	150
Lachesis and Its Complementary, A. E. Austin.....	85	Nephrectomy in Pyonephrosis, A.C. Hernance.....	691
Lachesis, Note On, J. B. S. King.....	555	Neurasthenia—Causticum.....	348
Lactuca Virosa—Cardiac Asthma.....	324	Lycopodium.....	349
Larynx Occluded as A Sequel to Diphtheria.....	38	New Discovery, Substitute for Iodide of Potash.....	226
Laurocerasus—Cardiac Asthma.....	324	Nichols, Dr. C. F., Homeo- pathy and Modern Serum Therapy, and Hahnemann's Homeopath's Claim as a Science in Medicine.....	1
Leonard, Dr. W. H., The Prepara- tion for Childbirth.....	730	Nine Triplets.....	102
Leprosy, G. J. Augur.....	222	Nitric Acid, J. T. Kent.....	448
Leprosy, A. Case Of, M. Rice.....	709	North American Journal of Homeo- pathy, A Challenge.....	305
Lippe, Ad., On the Repetition of the Dose.....	215	Nosodes, The, F. Wieland.....	391
Lippe Society: 1882, Notes From a Meeting of the.....	528	Nux Vomica, Some Verifications of D. E. S. Coleman.....	674
Loos, Dr. Julia C., The Relation of Generals to Particulars.....	574	Cardiac Asthma.....	326
Luton, Dr. Leonard, Other Coincid- ences.....	227	Obstetrical Tragedy, An, S. Close.....	724
Lutze, Dr. F. H., Hemorrhoids: Their Pathology and Homeopathic Treatment.....	293	On the Administration of Remedies in Water.....	280
Malaria Officialis, A. E. Austin.....	84	One Way to Study the Materia Medica, L. M. Stanton.....	33
Mallcry, Lucy A.....	286	Organon Par. I A.....	571
Manganum, J. T. Kent.....	311	Par. IV.....	209
Materia Medica. One Way to Study the, L. M. Stanton.....	33	Original Thought, Dr. G. Wigg.....	163
Maxson, Dr. Mary V. A., The Diag- nostic Power of Silica.....	724	Osler, Dr. Wm.....	167
McClatchey, Dr. R. S., Sanguinaria			

How Physicians are Made.....	202	Ridpath.....	394
Opium—Painless Ulcers.....	668	Repertories, On the Use of, J. B. Bell.....	112
Osmic Acid: A Short Study and Comment, M. P. Hewitt.....	270	Retained Placenta, A. McNeil.....	744
Other Coincidences, L. Luton.....	227	Rheumatism of the Heart, E. W. Berridge.....	396
Our Society Work.....	101	Kali carb.....	396
Painless Labor.....	404	Rhus Tox.....	153
Paracelsus and Fluxion Potencies, B. Fincke.....	643	Rice, Dr. Milton.....	563
Peake, Dr. A. F.....	367	A Case of Leprosy.....	709
Peterman, Dr. H.....	8	Rice, Dr. Philip, Drug Attenuations as I Understand Them.....	131
Peters, Dr. C. H., Graphites and and Sulpher Cases.....	405	Ridpath, Dr. David, How to Use the Repertory.....	394
Petroleum.....	412	Ring-worm Calc. carb.....	223
Petroleum, A Proving, C. M. Boger.....	651	Roberts, Dr. H. A., A Proving of Iridium Chloride.....	345
Phaseolus Nana.....	110	Sanguinaria Canadensis in Rheu- matism, R. J. McClatchey.....	400
Picturesque Materia Medica.....	102	Scarlatina,—Lycopolium.....	416
Pleuro-pneumonia During Pregnancy J. Watson.....	86	Schlegel, Dr. E., Cajeput.....	281
Pneumonia, Hahnemannian Treat- ment of, J. T. Boland.....	413	Sciatica—Sepia.....	395
Pompe, Dr. A. A. Chronic Occipital Headache: Carbo Veg.....	745	Senate of Seniors, A. I. H.....	561
Two Center Shots.....	747	Senn, Dr. Nich, Is Brilliance and Genius Harmful in Surgery?.....	143
Porrigo Scutulata.....	224	Sensation of Cavity in the Region of the Heart.....	366
Postum Cereal.....	228	Shed, Dr. P. W., Subkatabolism: Carcinoma.....	119
Potency, Observations Regarding the Selection of the, J. T. Kent.....	590	Shoemaker, Dr. J. V., A Case of Hodgkin's Disease.....	187
Potent Remedy, A, J. B. S. King.....	497	Silica, The Diagnostic Power of, M. V. A. Maxson.....	729
Potent Values, J. C. White.....	420	Simple Life, The, in Medicine, S. Close.....	249
Practitioners Course, N. Y. Hom Med. College and Hospital.....	101	Single Remedy Cures, H. W. K. Choudbury.....	401
Pratt, E. H. Spring Course at Hering 19th and Final Course.....	561	Skinner, Dr. Thos., Case of Common Ringworm Cures by Constitutional Treatment Alone.....	222
Preaching and Practice.....	362	Smallpox, Death of.....	244
Prescribing, Remarks on, W. H. Freeman.....	501	Some Verifications and Observations R. F. Rabe.....	596
Prepuce in Male and Female, C. E. Alliaume.....	15	Stammering—Stramonium.....	269
Principles of Prescribing, W. A. Yingling.....	377	Stanton, Dr. L. M., One Way to Study the Materia Medica.....	33
Proving of Iridium Chloride, H. A. Roberts.....	345	Stearns, Dr. Guy B., The Homeo- pathic Treatment of Ulcers.....	665
Puerperal Sepsis, C. E. Alliaume.....	687	The Use of Remedies in Labor Pains.....	684
Pyrogen, J. T. Kent.....	237	Stevens, Dr. Grace, Some Cases of Diarrhea.....	714
Rabe, Dr. R. F.....	562	Stover, Dr. W. H., A Case of Blood Poisoning.....	265
Clinical and Verified Symtoms of Argentum Nitricum.....	519	Appendicitis: Chamomilla.....	267
Homeopathy in its Relation to Surgery.....	475	Winter Cholera: Veratrum.....	267
Natrum Sulphuricum.....	679	Stow, Dr. T. D., Is the Knife Ever Necessary in Appendicitis?.....	160
Some Verifications and Ob- servations.....	596	Strains—Rhus.....	155
A Short Note on Kali Sul- phuricum.....	518	Streeter, Dr. Jno. W., Obituary.....	370
Relation of Generals and Particu- lars, J. C. Loos.....	574		
Removals.....	308		
Repertory, How to Use the, D.			

Subkatabalism: Carcinoma, P. W. Shed.....	119	Valeriana, A Verification, H. C. Allen.....	158
Sumbul—Cardiac Asthma.....	322, 328	Variolinum as a Curative Prophylactic of Small-pox, A. S. Mukerjee.....	226
Suppressed Disease, The Result of.....	284	Veratrum Album.....	3
Surgery in Cancer and Pelvic Disorders of Women, M. E. Graham..	43	Vertigo, J. Walsh.....	1
Surgical Measures, The Relief of Mental Troubles by.....	78	Vincent, Dr. A. W., The Vital Adjustment.....	391
Swan, Dr. Sam'l., Selection From Letters of.....	609	Viola Odorata: Cancer, A Correction, Dr. Klug.....	552
Syphilitic Angina—Nitric Acid.....	351	Vital Adjustment, The, A. W. Vincent.....	391
Condylomata—Cinnabar.....	197	Von Kotsch, Dr. R. H.....	707
Taking the Case and Selecting the Remedy: The Diagnosis of the Remedy, S. Hahnemann.....	184	Walsh, Dr. Jas., Vertigo.....	127
Tanacetum Vulgare.....	483	Waring, Dr. Guernsey P.....	542
Tape-worm Cure for Tuberculosis, G. H. Clark.....	237	Homeopathy vs. Antipathy.....	639, 698, 544, 755
Taraxacum, a Proving of.....	539	Waring's Crusade, S. L. Guild-Leggett.....	702
Taylor, Dr. E. A., Favorite Fallacies.....	593	Warts.....	157
Temperaments, J. T. Kent.....	13	Causticum.....	747
Terebinthina.....	487	Nitric Acid.....	532
Tetanus, The Surgical Treatment of.....	498	Thuja.....	531, 533
Theridion.....	487	Warts of Various Kinds, E. W. Kopke.....	531
Thing, A, That is Worth Doing is Worth Doing Right, W. L. Morgan.....	199	Watson, Dr. Jas., Pleuro-Pneumonia During Pregnancy.....	86
Thornhill, Dr. G. F., A Case of Metastatic Cancer.....	344	Webster, Dr. Geo. W.....	60
Comment by Dr. W. S. Crosby.....	496	Dr. Clarence J.....	60
Time to Drop the Word Irregular.....	531	Wesselhoeft, Dr. Conrad, Obituary.....	60
Titzell, Dr. F. C., The Relief of Mental Troubles by Surgical Measures.....	78	Dr. Walter.....	233
Trifacial Neuralgia—Lach., Lycop... ..	348	What Knowledge is of Most Worth to the Homeopathician? S. Close.....	678
Tubercular Meningitis—Natr. Mur.....	394	What the Single Remedy Has Done for Me, F. A. Gustafson.....	416
Tuberculinum, W. A. Yingling.....	655	Wheeler, W. H., Carbonic Acid Gas as a Possible Remedy in Phthisis.....	290
Tuberculinum Case, E. Beatty.....	350	White, Dr. J. C., Potential Values.....	420
Tuberculinum in Eczema, H. A. Atwood.....	213	Whitman, Dr. A. J.....	304
Tuberculosis in Its Relation to the Public, B. F. Bailey.....	732	Who Are the Regulars? J. E. Chapman.....	535
Typhoid Fever: Hemorrhage, B. Le B. Baylies.....	17	Whooping-Cough—Drosera.....	416
Two Centre Shots, Warts and Corns: Causticum, A. A. Pompe.....	747	Wiener, Dr. Morris, Obituary.....	708
Ulcers, The Homeopathic Treatment of, G. B. Stearns.....	665	Wigg, Dr. Geo., Original Thought.....	163
Asafetida.....	671	Winter Colera, C. T. Cutting.....	76
Calendula.....	670	Veratrum in.....	267
Nux... ..	676	Winter, Dr. F. W., Differential Diagnosis: Rheumatic Endocarditis.....	513
Ulcers, Painless—Opium, Pulsatilla.....	668	Wisconsin, Iowa and Illinois Meetings Postponed.....	368
Ulcers, Tuberculous.....	669	Yellow Fever Prophylactic.....	760
Vaccination, Death after.....	617	Yingling, Dr. W. A., The Principles of Prescribing.....	377
Herbert Spencer on.....	244	Tuberculinum.....	655
Indiscriminate, An Impediment to Progress in Therapeutics.....	90	Zincum.....	371
		Zincum, J. T. Kent.....	318

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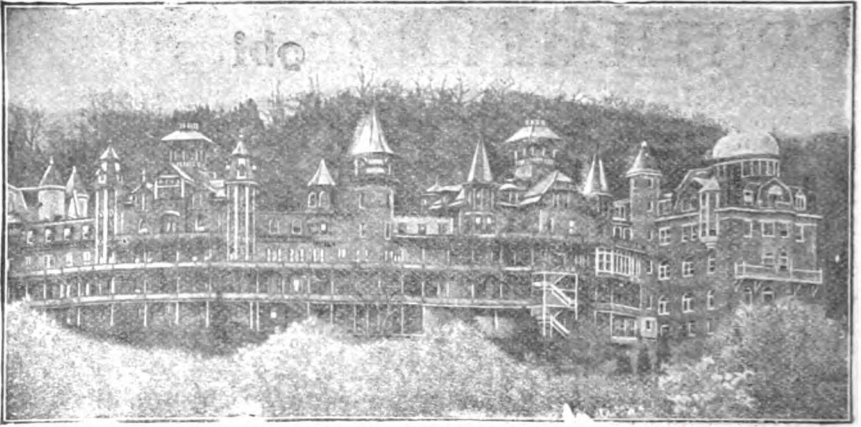
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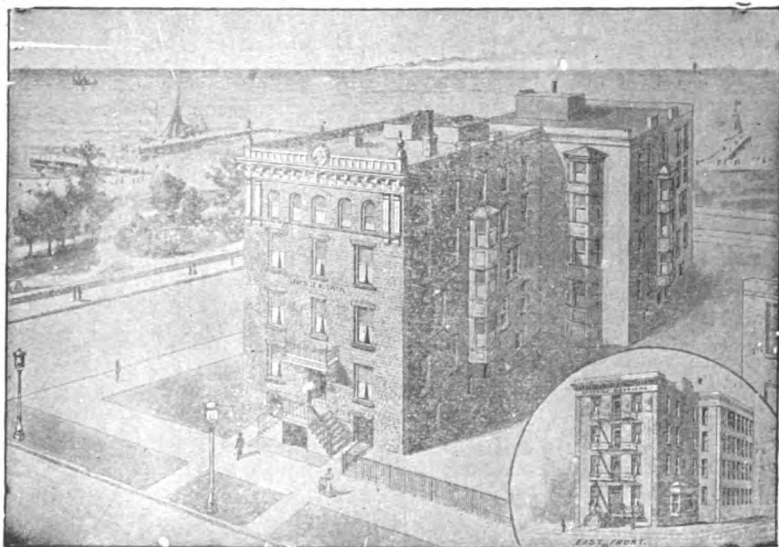
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